

# Orwell Housing Association Limited

## Blackbourne View

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Blackbourne View is a domiciliary care agency. It provides personal care to people living in their own flats in a sheltered housing complex. It provides a service to adults. At the time of this announced inspection of 19 June 2018 there were 29 people who used the personal care service. We gave the service 24 hours' notice of our inspection to make sure that someone was available.

At our last inspection of 9 December 2015, the service was rated Good overall. However, the key question for Safe was rated Requires Improvement, this was because improvements were needed in the service's medicines procedures and processes for monitoring the management of medicines. We found the evidence continued to support the rating of Good overall and improvements had been made in the key question for Safe. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service provides a safe service to people. Improvements had been made in the medicines procedures and monitoring medicines. Where people required support with their medicines, this was done safely. There were systems in place which were intended to minimise the risks to people, including from abuse and in their daily lives. There were enough care workers to cover people's planned care visits. Recruitment of care workers was done safely. There were infection control procedures in place to guide care workers in how to minimise the risks of cross infection.

The service continued to provide an effective service. People were supported by care workers who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people required support with their dietary needs, systems were in place to support them. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

The service continued to provide a caring service. People had positive relationships with the care workers, team leaders and registered manager. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

The service continued to provide a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. There were systems in place to support and care for people at the end of their lives, where required. A complaints procedure was in place and complaints were acted upon and used to improve the service.

The service continued to provide a well-led service. The service used comments from people and incidents in the service to learn from and to drive improvement. 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 was safe.

People were provided with the support they needed to take their medicines safely.

There were systems in place to minimise risks to people and to keep them safe from abuse.

There were sufficient staff numbers to cover people's planned care visits. The systems for the safe recruitment of staff were robust.

The service had infection control policies and procedures which were designed to reduce risks to people.

### 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.

# Blackbourne View

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 by one inspector on 19 June 2018. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be available.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with four people who used the service. We spoke with the registered manager, two team leaders, and a care worker. We reviewed four people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of three care workers.

Prior to our inspection we sent questionnaires to seven people who used the service, seven relatives, 21 of the service's staff and 23 community professionals. This was to gain their views about the service. We received completed questionnaires from five people, two staff and five community professionals.

# Is the service safe?

## Our findings

At our last inspection of 9 December 2015, the key question for Safe was rated Requires improvement. This was because improvements were needed in the service's medicines procedures and processes for monitoring medicines management. At this inspection, we found this key question had improved and is now rated Good.

People told us that they were satisfied with how their care workers supported them with their medicines. One person said, "They [care workers] remind me, and watch me take them. Never any problems."

Since our last inspection the provider had updated and reviewed their medicines policy and procedure. It clearly identified the processes that staff should follow to ensure that people were provided with safe care and support relating to their medicines. Each person had a medicines risk management in place which identified the support they required with taking their medicines and measures in place to reduce any assessed risks. Care workers were trained in the safe management of medicines and their competency was checked by the senior team.

There were monitoring systems in place which assisted the registered manager to identify any shortfalls in medicines management. This included, checks on received medicines, weekly and monthly audits and checks. Where shortfalls were identified actions were taken, for example providing further training for care workers. One community professional, in their questionnaire, stated, "I felt the Blackbourne View manager had a good understanding of her staff and came to see me to prevent medication waste of 'when required' medication. We updated the directions and quantities on certain medication so these were only dispensed when needed." This demonstrated that the service had systems in place to identify where they could improve.

The service continued to have systems in place designed to protect people from avoidable harm and abuse. People told us that they felt safe with their care workers. All of the questionnaires we received from people said that they felt safe from abuse and or harm from their care workers.

All of the questionnaires from care workers said that people were safe from abuse or harm and that they knew what to do if they suspected a person was being abused or at risk of harm. This was confirmed in discussions we had with team leaders and a care worker. People received support from care workers who were trained in safeguarding. The registered manager understood their role and responsibilities in reporting abuse and to learn from incidents to drive improvement in the service.

Risks to people's safety continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and in their homes. There were risk assessments relating to people's specific conditions to guide care workers how to reduce the risks to people. Where people were at risk of developing pressure ulcers, the service had worked with other professionals and introduced support to move them regularly to reduce the risks.

People told us that their care visits were always completed. One person said, "They always come when they are supposed to." All of the questionnaires we received from people said that their care workers arrived on time, stayed at their visits for the agreed length of time and completed all of the tasks that they should do at each visit.

The staffing level continued to be appropriate to ensure that there were enough care workers to meet people's needs safely. Care workers told us that there were enough staff to cover people's care visits. The registered manager told us that the service rarely used agency staff. There was a bank of relief staff who could be used if needed. This meant that people were provided with consistent care from care workers who were known to them. The registered manager had a system to provide enough care workers to cover planned visits to people. This was reviewed to manage any changes in people's times or increased visits. The service continued to maintain recruitment procedures to check that prospective care workers were of good character and suitable to work in the service.

All of the questionnaires from people said that their care workers did all they could to prevent and control infection, including using gloves and aprons. All of the questionnaires from community professionals said that the care workers followed good hygiene and infection control procedures.

Care 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 care workers with personal protection equipment (PPE), such as disposable gloves and aprons. Staff meeting minutes identified that they were reminded of the importance of wearing PPE.

## Is the service effective?

### Our findings

At our last inspection of 9 December 2015, the key question for Effective was rated Good. At this inspection, we found this key question remained Good.

People's care needs continued to be assessed holistically. This included their physical, mental and social needs. The registered manager, team leaders and care workers worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. A team leader told us about the positive relationships they maintained with the local GP surgery and pharmacy. All of the questionnaires from community professionals said that the service acted on any instructions they gave.

People continued to be supported to maintain good health and had access to health professionals where required. People's records identified that where care workers were concerned about people's wellbeing, health professionals were contacted for guidance. The records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans.

The service continued to support people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. Where concerns about people's nutrition were noted, such as weight loss or the risk of choking, referrals were made to the appropriate professionals. There was information in people's records to provide to other services, for example if a person was admitted to hospital.

The service continued to have systems in place to provide care workers with the training they needed to meet people's needs effectively and to achieve qualifications in care. All of the questionnaires from people said that the care workers had the skills and knowledge to give them the care and support they needed. All of the questionnaires from community professionals said that the care workers were competent to provide the care and support required by people. All the questionnaires from care workers said that they received training to enable them to meet people's needs, choices and preferences.

Records showed that training provided included safeguarding, moving and handling, health and safety, and medicines. Care workers were also provided with training in people's diverse needs and conditions to meet the needs of the people they supported. This included training in dementia, equality and diversity, challenging behaviour, and person centred support. Before they started working in the service care workers were provided with an induction which provided them with the training they needed to meet people's needs and shadowed more experienced care workers. New care workers who had not achieved a recognised qualification in care were assessed on the Care Certificate, which is a set of induction standards that care workers should be working to. All of the questionnaires from care workers said that they were provided with an induction which prepared them fully for their role before they worked unsupervised.

Records and discussions with care workers showed that they continued to receive one to one supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive

feedback on their practice and identify any further training needs they had. All of the questionnaires from care workers said that they received regular supervision and appraisal which enhanced their skills and learning.

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 care workers asked for their consent before providing any care.

People had signed their care records to show that they consented to the care they were being provided with. All of the questionnaires from care workers said that they had training and understood their responsibilities under the MCA.

# Is the service caring?

## Our findings

At our last inspection of 9 December 2015, the key question for Caring was rated Good. At this inspection, we found this key question remained Good.

People told us that their care workers continued to treat them with kindness and respect. One person said, "You won't find anything wrong here. The [care workers] are all lovely." Another person commented, "The [care workers] are very kind, we never have a bad word." All of the questionnaires received from people said that their care workers were caring and kind and that their care workers always treated them with respect and dignity. All of the questionnaires from care workers and community professionals said that people were always treated with respect and dignity.

We saw that care workers, team leaders and the registered manager continued to interact with people in a caring manner. They clearly shared positive relationships. The registered manager and care workers spoke about people in a compassionate manner. A team leader told us, "We are one big happy family, with lots of grandparents." Care workers knew the people they cared for well. This showed that the people using the service were provided with a consistent service.

Care workers were provided with guidance on how people's rights to dignity and respect were promoted in people's care plans. All of the questionnaires received from people said that the support and care they received helped them to be as independent as they could be. This was also confirmed by the questionnaires received from care workers and community professionals. People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected.

People told us that the care workers listened to them and acted on what they said and they were consulted relating to their care provision. One person said, "They listen to me. Before I came here we visited and they asked me what I wanted." All of the questionnaires received from people said that they were involved in making decisions about their care and support needs.

People's care records identified that they continued to be involved throughout their care planning. This included their choices about how they wanted to be cared for and supported, such as their usual routines and their likes and dislikes.

## Is the service responsive?

### Our findings

At our last inspection of 9 December 2015 the key question for Responsive was rated Good. At this inspection we found this key question remained Good.

People using the service and relatives said that they were happy with the care and support provided. One person said, "I am very happy, they are good at looking after me." All of the questionnaires received from people said that they were happy with the care and support they received. The questionnaires from people and care workers said that people received care from familiar and consistent care workers. The registered manager told us that, as far as possible, people were provided with care from care workers who were known to them.

The service continued to ensure that people's care was personalised and care records identified how the service assessed, planned and delivered person centred care. The records demonstrated that people received care and support which was tailor made to their needs and preferences. Care reviews were undertaken regularly with people and relatives, where appropriate, to ensure that the service was meeting their needs and preferences. People's daily records included information about the care and support provided to people each day and their wellbeing.

All of the questionnaires we received from people said that they knew how to make a complaint, and that their care workers and management responded well to any complaints or concerns they had. One person in their questionnaire stated, "Management respond quickly to any concerns or complaints that are raised." The questionnaires also said that they knew who to contact in the service if they needed to.

There was a complaints procedure in place, each person was provided a copy with their care plan documents. We received a letter of concern from a person's relative, we contacted the service and they investigated the concern fully. Records of complaints showed that they were listened to, addressed and used to improve the service. This included how archived records were maintained to give access if required. The minutes from tenant's meetings showed that people were reminded how they could raise a complaint and that these were used to drive improvements.

Where people were at the end of their life the service provided the care and support that they wanted. People's wishes, such as if they wanted to be resuscitated, were included in their care records. The registered manager told us that there were no people receiving end of life care at the time of our inspection. They explained to us the systems in place, should people require this support, which included developing a new care plan and increasing the care and support they provided. Care workers had access to end of life training and also some had attended end of life training provided by a local funeral director.

## Is the service well-led?

### Our findings

At our last inspection of 9 December 2015, the key question for Well-led was rated Good. At this inspection, we found Well-led remained Good.

There was a registered manager 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. The registered manager told us that they felt supported by their line manager and the provider. They told us, and records confirmed, that meetings were held with the provider's registered managers where they shared examples of good practice.

All of the questionnaires from community professionals said that the service was well managed. They also said that they would recommend this service to members of their own family. All of the questionnaires from people said that they would recommend the service to others.

The registered manager and the provider continued to carry out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. Where shortfalls were identified these were included in an action plan, which showed when the improvements had been made. Incidents and accidents, including falls, were analysed and actions taken to reduce future incidents. Care workers were observed in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. The service's Provider Information Return (PIR) identified that the provider and management team understood their roles and responsibilities and plans were in place to continually improve the service.

The registered manager continued to promote an open culture where people and care workers were asked for their views of the service provided. People completed satisfaction surveys to express their views of the service. Where comments from people were received the service continued to address them. We saw the minutes from tenant's meetings and they discussed the results from the surveys and asked for their agreement for the implementation of, for example a floor plan to assist people to orientate themselves around the building. All of the questionnaires we received from people said that the service asked what they thought about the service they provided.

All of the questionnaires received from staff said that the managers were approachable and dealt with any concerns they had and asked what they thought about the service and took their views into account. A staff member in their questionnaire stated, "Blackbourne View is a good place to work. We have a diverse team who complement each other. Our tenants are the main focus of what we do, supporting people to live happy contented lives." One team leader we spoke with said, "It is a lovely place to work, staff and tenants are all friendly, everyone seems happy." Care workers said that they would feel confident in reporting any concerns or poor practice to their managers. The registered manager provided us with examples of when care workers had concerns about practice, which were investigated to ensure people were safe, this included seeking guidance from safeguarding professionals.

Staff meeting minutes identified that they were kept updated with any changes and discussed people's wellbeing and any concerns they had. If any concerns were received these were discussed in the meetings, including the systems that had been put in place to reduce any further concerns.

There were systems in place which were not expected of a domiciliary care service. For example, there was a catering company who provided meals, if people wished to have them and an activities team to reduce the risks of people being lonely and isolated. A team leader told us that there was live entertainment which was a hit with people. The minutes from meetings showed that people made choices about the catering and activities provision.

The registered manager continued to work 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. The minutes from a staff meeting identified that children from a local school had visited people living in the service.