

Orwell Housing Association Limited

Levington Court

Inspection report

London Road South
Lowestoft
Suffolk
NR33 0PQ

Tel: 01502500683
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 ● |

Summary of findings

Overall summary

About the service: Levington Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. The service comprised of 58 flats. At the time of visit there were 54 people receiving support with personal care from the service.

What life is like for people using this service:

- People receiving support from Levington Court have their needs met by sufficient numbers of suitably trained staff. People told us the staff were friendly, kind and cared about them.
- The service provided opportunities for people to engage in meaningful activities where this was part of their care plan and reduce the risk of social isolation.
- Where required, people were provided with appropriate support to maintain good nutrition and hydration.
- People had been asked about their preferences in coming to the end of their life and this was documented.
- The service worked well with other organisations to ensure people had joined up care. External healthcare professionals made positive comments about the service provided to people.
- People told us they were asked for their consent and felt they had the independence they wished for.
- Where required, people were supported to make appointments with other healthcare professionals and attend appointments.
- People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

See more information in Detailed Findings below.

Rating at last inspection: At the last inspection on 12 and 13 May 2016 the service was rated Outstanding.

Why we inspected: This was a planned inspection following the service's registration with the Commission.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Good ●

Levington Court

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to older people living in supported living flats. Not everyone living at Levington Court receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection: This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service and two healthcare professionals to ask about their experience of the care provided.

We spoke with the registered manager, the provider's area manager and three support workers. We looked at five records in relation to people who used the service. We also looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the service's policies and procedures in relation to safeguarding and had received training in this area.
- People told us they felt safe, one said, "I'm safe." Another person commented, "I'm much safer here than I was at home." Another commented, "I feel very safe, the carers are very good."

Assessing risk, safety monitoring and management

- The service had assessed and identified the risks to people. Clear measures were in place to reduce identified risks and staff were aware of these.
- There was clear information for staff about supporting people to mobilise safely and to reduce the risk of falls. People were supported and encouraged in a way which did not compromise their independence in mobilising.

Staffing and recruitment

- There were enough staff to meet people's needs. The service had recruited a significant number of permanent staff and as a result, the use of agency staff had been reduced. This provided better continuity of care for people.
- People told us they felt there were enough staff most of the time. One said, "I don't feel they rush me." Another told us, "I have no complaints about the staffing level. Someone is always here on or about the time scheduled."
- Staff told us they had enough time to meet people's needs. One said, "Most of the time we have enough. If we fall short the manager helps out."
- The service practiced safe recruitment procedures.

Using medicines safely

- The service supported people to manage and take their medicines safely where this was required. The service had assessed the risk of people self-administering their medicines and had measures in place to enable them to do this safely. This promoted their independence.
- Staff received training in administering medicines and their competency was assessed at regular unannounced spot checks.
- Some shortfalls had been identified in medicines administration previously. However, we did not identify

any shortfalls in this area at our inspection which demonstrated actions taken by the manager had been effective.

- At the end of each month the medicine administration records (MARs) were returned to the office. We saw evidence which demonstrated these were reviewed to ensure shortfalls could be identified.
- Records also demonstrated that team leaders audited the medicines for each person using the service weekly to ensure any errors or missed doses could be promptly identified.

Preventing and controlling infection

- There were plans in place to reduce the potential spread of infection between people's flats.
- Staff told us they had access to appropriate protective clothing such as gloves and aprons (PPE) when carrying out personal care. There were adequate stocks of these in people's flats. The service checked whether staff were wearing appropriate PPE at regular unannounced spot checks.

Learning lessons when things go wrong

- Incidents and accidents were recorded and thorough investigations carried out. Actions taken following incidents, such as falls, were clearly documented.
- The registered manager carried out an incident analysis monthly to identify any possible trends in incidents which may indicate changes to people's care or support were required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Comprehensive assessments of people's needs were carried out before the service began supporting them. People told us they had an assessment before moving to the service. One said, "They came and visited me. Chatted to me about what I was going to need their help with."
- People's care records were written in a way that reflected best practice guidance.

Staff support: induction, training, skills and experience

- People told us they felt the staff were skilled enough to support them. One said, "I can say that I feel they know what to do and when to do it."
- The service provided staff with suitable training for the role. Staff were encouraged to progress in their role and improve their skills.
- One staff member told us that the registered manager had identified them as a good candidate for a team leaders course, which they were encouraged to complete. Another staff member told us they had been supported to join a program of training to be a manager. These courses were part of the providers 'Care Academy' which provides training opportunities for staff wishing to further their skills.
- The service carried out unannounced spot checks to assess the skills of staff and to ensure that training had been effective.
- There was a comprehensive induction program in place for new staff. One newly employed member of staff was complimentary about the induction they received in the role.
- Staff told us they felt supported by the management of the service and had regular one to one sessions with senior staff. One staff member told us the registered manager had helped them find their confidence again and made them feel valued.

Eating, drinking and a balanced diet

- Where they required it, the support people required to reduce the risk of malnutrition and dehydration was clearly documented in their care records.
- People told us staff helped them with their meals if they needed it. One said, "I buy my meals in but they'll do the preparation for me and bring them." Another told us, "They know how I like everything, sugars in my tea, the amount of milk."

Supporting people to live healthier lives, access healthcare services and support

- People told us the service helped them see other health professionals when they required it. One said, "If I need to see the doctor I need only say and they will get someone out to me."
- The support people required with making and attending appointments was set out in their care plans. Records were kept of the contact people had with other health professionals.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- We checked whether the service was working within the principles of the Mental Capacity Act (MCA).
- People told us that staff asked for their consent and gave them choices. One said, "I do most things but they're not imposing." Another told us, "They do always ask."
- People's capacity to make specific decisions had been assessed. This included their capacity to consent to photography, care planning and receiving support from the service. Staff demonstrated an awareness of the MCA in discussions with us.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care. At the last inspection, the service was rated Outstanding in this key question. At this inspection, we found that the service did not meet the characteristics of Outstanding. However, it did meet the characteristics of Good in this key question.

Ensuring people are well treated and supported; equality and diversity

- All the people we spoke with told us that staff were kind and caring towards them. One said, "We have a good friendship. They're always so nice." Another told us, "Everyone here is lovely. Even if I won a million pounds, I'd still live here."
- Healthcare professionals told us people were treated with kindness. One said, "The staff interact with people well, there seems to be good relationships between people and staff."
- It was clear from discussions with staff, including management staff, that they knew people well. This was confirmed by people using the service. One said, "I know [registered manager]. We get on like a house on fire."
- The service promoted meaningful relationships between people and staff. People told us they received care from the same staff the majority of the time. One said, "It's usually all the same faces. I had one introduced not long back and we know each other well now."

Supporting people to express their views and be involved in making decisions about their care.

- People and their representatives were involved in the planning of their care. People's views were reflected in their records and people signed their care plans. One person said, "We discussed what I was going to need. It's not much. I have a copy [in my flat]."
- The service understood their role in supporting people to make decisions about their healthcare options. People and their representatives were involved in these decisions as far as possible.

Respecting and promoting people's privacy, dignity and independence.

- Staff demonstrated an awareness of promoting independence in discussions with us. Care plans made clear what people could do themselves to reduce the risk of them being over supported.
- People told us staff respected their right to privacy. One said, "If my door is open they come in. If it's not, they know to leave me alone."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery. At the last inspection, the service was rated Outstanding in this key question. At this inspection, we found that the service did not meet the characteristics of Outstanding. However, it did meet the characteristics of Good in this key question.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were personalised. They included information about people's individual interests, hobbies and life history.
- Discussions with staff demonstrated they knew people well on a personal level. This was confirmed by speaking with people. One said, "The [staff] know me really well, they have good memories."
- Where people required support from staff to reduce the risk of social isolation, this was recorded in their care plans. People told us staff spent time chatting to them which demonstrated to us that the staff were not task focussed.
- Where it was a part of their agreed care plan, people were supported to attend activities. The service provided daily activities in communal areas for people who wished to join in.
- The service had set up a variety of areas throughout the building people could also access to reduce the risk of boredom.
- People told us they liked the activities on offer. One said, "They put some good stuff on. I don't go to all of it but it's nice to have an option."

End of life care and support

- There were personalised end of life care plans in place for people. People's preferences had been recorded, such as where they would like to be cared for at the end of their life.
- The service had links with other healthcare professionals so they could provide support to people at the end of their life, reducing the need for people to be moved to unfamiliar environments which could cause distress.

Improving care quality in response to complaints or concerns

- There was a suitable complaints procedure in place. People had copies of the complaints procedure and knew how to complain.
- We reviewed the records of two complaints which had been made. Records demonstrated that these were investigated thoroughly and written responses were provided to people.
- Improvements and changes were made based on people's complaints. This showed people were listened to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. At the last inspection, the service was rated Outstanding in this key question. At this inspection, we found that the service did not meet the characteristics of Outstanding. However, it did meet the characteristics of Good in this key question.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Care was taken to match people using the service with staff according to their preferences, hobbies and personal interests.
- A healthcare professional said, "We have good communication from the service. They keep in touch, the staff are responsive, the management are positive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection, there had been some management changes in the service. The registered manager at the last inspection was promoted to another post. The registered manager who followed them left the service prior to this inspection. The regional manager told us the current manager had been moved from another service to support improvements at Levington Court.
- Senior staff at the service understood the requirements of their roles. They had implemented systems to identify areas for improvement and act on these.
- Notifications and referrals were made appropriately by the management team. Notifications to the commission are required when certain incidents occur

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service regularly gave people opportunities to feedback on their care. People were asked for their comments at unannounced spot checks carried out to check staff practice.
- People were also invited to meetings to give their feedback. We could see that people's feedback had been acted on.
- People were invited to take part in the process of recruiting new staff. The service held recruitment days, where prospective staff were observed interacting with people. People were able to ask staff questions and fill in feedback forms to give their views whether they would be happy to be supported by the prospective staff.

- People were positive about their involvement in this process. One person said, "I like to ask the staff questions, put them on the spot a bit. Helps me decide if they would be right for the job."
- People were involved in making decisions about how they would like the service run. For example, people had been given the opportunity to complete a survey about whether they would prefer staff to wear uniforms or not. One person told us, "I'm all for them just wearing badges. I said it would feel homelier."
- Annual surveys of people's views were carried out with the results being analysed by the head office. Any actions arising from these surveys were added to an ongoing improvement plan for the service.
- The staff we spoke with were positive about working for the service and about the management team. One said, "This is a really good company to work for. The best I've worked for." Another told us, "I'd not work anywhere else. They're really good to us here."
- Following surveys of staff views at services owned by the provider, the company which runs Levington Court was placed in the Sunday Times top 100 best employers to work for in 2019.
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Continuous learning and improving care

- The registered manager and provider had a robust quality assurance system in place. All audits carried out by the registered manager were reviewed by the provider's area manager to ensure they had been carried out appropriately and that any areas for improvement were actioned.
- The service had a continuous improvement plan in place, which stated how the service intended to develop and continuously improve.
- The service plan included improvements such as further personalising records and reviewing manual handling risk assessments. We saw that these actions had been completed for those whose care plans we reviewed.
- The registered manager carried out a range of monthly audits, such as audits of medicines records, care planning, accidents and incidents, staff training and recruitment. They also carried out regular unannounced spot checks when staff were supporting people. During these they asked people for feedback on the service and observed staff competency.

Working in partnership with others

- The management team had built positive relationships with other health professionals. A healthcare professional was positive about the management of the service. They said, "All the staff and the management work cooperatively with us and there is good two-way communication."