We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Emily Bray House

300 Woodbridge Road, Ipswich, IP4 4BA

Date of Inspection: 03 April 2013

Tel: 01473720610

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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<thead>
<tr>
<th>Standard</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Complaints</td>
<td>✔️ Met this standard</td>
</tr>
<tr>
<td>Records</td>
<td>✗ Action needed</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Orwell Housing Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Jane Elizabeth Macdonald</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Emily Bray House is a care service that provides personal care and daily living support to people who live in their own accommodation within the grounds managed by the provider and hold their own tenancy agreements.</td>
</tr>
<tr>
<td>Type of services</td>
<td>Domiciliary care service</td>
</tr>
<tr>
<td></td>
<td>Extra Care housing services</td>
</tr>
<tr>
<td>Regulated activity</td>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Four people we spoke with told us that staff always included them in the delivery of their care. They told us that staff always respected their privacy and listened to and responded to their wishes. One person said that staff were, "Very good to me." Another person said they were, "Very helpful."

People told us that they were always given choices for their meals and staff told us that they would report any concerns regarding people’s nutrition for further investigation.

People said they felt safe and had no concerns about the care provided. They told us that they felt confident to express any concerns they might have.

We spoke with three staff members who said they received regular training, supervision and felt well supported.

The premises were in a good state of repair and the provider had a robust auditing system in place to ensure the safety of the people who used the service.

We found shortfalls in the provider's record keeping. This meant that there was insufficient evidence to show that people were being cared for safely and appropriately.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 02 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service.
(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

| Care and welfare of people who use services | ✔️ Met this standard |
| People should get safe and appropriate care that meets their needs and supports their rights |

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at five care plans for people who used the service. We saw that an assessment of needs had been completed but this information was not used to develop the care plans further. This meant the service might not have sufficient information to be confident that they could meet a person's individual needs.

We saw that care plans had been completed and included basic information about people's support needs. People who used the service confirmed that there was a care plan in their home and that staff regularly wrote in it.

We spoke with four people who used the service about their care. They were all complimentary about the service they received and the staff that supported them. One person told us they thought the staff and the service were, "Excellent." Another person told us about the staff and said, "They are very good to me." Although the information contained in people's care plans was not completed appropriately in all instances, the provider still assured us that people's needs were communicated effectively and met.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that the service had identified risks in relation to the health and safety of people who used the service. But these were not communicated into full risk assessments were risks had been identified in all cases. The registered manager assured us that staff were well inducted and trained to support people's health and safety needs.

The people we spoke with told us that they were involved in their care delivery and that staff respected their choices and treated them with dignity and respect. We observed staff interacting with people who used the service. We saw that they spoke to them appropriately and listened to their requests. However, we could not see evidence of how people were involved in their care within their care records.

The manager explained that people were given allocated time for activities and they were
asked how they would like to spend this time. We saw an example of a personal support plan which included the person's wishes regarding activities of daily life. The manager explained that some people chose to interact and engage in group activities whilst others chose to use their time for one to one visits with staff. This meant that people had a choice of how they wished to engage and spend their time.

We spoke with three staff members about how they would respond in an emergency situation and they all explained appropriately how they would respond. We spoke with the registered manager who confirmed that all staff completed cardio-pulmonary resuscitation training. We saw staff training records to confirm this. This meant that staff were able to support people's health and safety.
Meeting nutritional needs  ✔ Met this standard

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

During our visit we discussed nutritional support of people who used the service with the manager. They explained that for some of the people, support was provided with meals but others did not require this type of support.

Because of the nature of the support provided by the service, they were not directly responsible for the management of people's nutritional wellbeing but the staff confirmed that they always monitored people's eating and drinking and where concerns were noted these would always be reported and recorded for further investigation by the person's GP. One staff member told us that previously a person had been identified as at risk nutritionally and they had kept a food diary to ensure the person's food intake was being monitored. This meant that the provider would respond appropriately if a person did require additional nutritional support.

People we spoke with told us that they were always given a choice at mealtimes. Staff confirmed that they would always ask people what they preferred to have to for their meals and where needed offer them visual choices from the fridge. This enabled people who used the service to eat what they wanted and they received appropriate support from staff.

Staff were trained in food safety and hygiene and when we spoke with them they were able to explain how they would support people with their meals. Where people required additional support with eating or drinking this was noted in their care plans. People were provided with a choice of suitable and nutritious food and drink.
Safety and suitability of premises

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During our inspection we found that the communal areas of the premises were in a good state of repair. The provider showed us all the different audits and checks they completed regularly. These included portable electrical equipment checks, fire safety, deep clean and water checks. We also saw the results from a recent internal provider audit completed with the attached action plan which had been completed by the service. This showed us that the service had an active maintenance program.

We noted that in general the environment was clean, free of offensive odours and there were no visible safety hazards. Legionella testing was being carried out six monthly. Water temperatures were being checked on a monthly basis.

Fire alarms were being tested weekly, this included checking the emergency lighting. An annual Fire Safety audit was carried out by an external company which included all fire safety equipment. We saw that the service also completed regular fire drills to ensure that staff were aware of how to safely evacuate the building.

On the day of our inspection the maintenance team was supporting people who used the service with maintenance tasks where required. The service also had a tenants committee that met regularly to discuss the running of the service and any maintenance concerns they might have. This informed the practice of the service and ensured continual improvement and high maintenance standards.

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We saw that staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications. The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well.

We looked at training records and saw that staff members attended different courses including manual handling, safeguarding of vulnerable adults, fire safety, health and safety, first aid awareness, medication and dementia awareness. We spoke with three staff members who told us that their induction was structured and training was good.

A recently employed staff member told us, "I felt very welcome. I feel part of the team already."

Staff told us that they felt supported. They told us that they received regular supervision and staff meetings were held at regular intervals. They confirmed that they had access to the manager or a senior staff member if they needed to discuss any concerns they had. This meant that staff were provided with the opportunity to discuss their work, raise concerns and to receive feedback and direction from their line manager.

We looked at three staff records which included regular supervision and appraisals as required. The provider showed us the training matrix for the staff team and we were able to verify that staff received a wide range of training at regular intervals. This meant that people experienced care, treatment and support that met their needs and protected their rights.
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. The information was provided in a format that met their needs. The formal complaints procedure was included in the provider's statement of purpose. This was also available in people's care plans which were kept in their homes. It gave the names of the people to contact if people who used the service were not happy with the service and encouraged them to do so.

The manager told us that they had one complaint since the service was last inspected in May 2012. We saw that the service responded to the complainant in writing to resolve the matter in an appropriate timeframe. Staff confirmed that they would report any concerns or complaints raised to them by people who used the service to the manager. This meant that the service had a robust complaints process in place.

People we spoke to said they could tell someone if they were not happy. One person said, "Everything is good. No problems." We saw that people had been asked for their views about the service in a survey at the end of 2012. This recorded that people felt confident that they could express their concerns to the staff of the service. One person commented on their survey form, "I very much have confidence in the support workers. I trust them implicitly."
Records

**People's personal records, including medical records, should be accurate and kept safe and confidential**

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service in terms of their personal care records.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our inspection we found that staff records, maintenance and quality monitoring records relevant to the management of the service were accurate and fit for purpose.

We found shortfalls in the care records of people who used the service. The manager explained that they were in the process of changing to a new format of care plans and this could account for the inconsistencies we found.

We looked at the care records of five people who used the service. We found that although all the care records contained a good assessment of needs and plans for daily support, individual care plans had not been completed for three of the five people. Where risks had been identified risk assessments were not always completed. Three of the five care records did not contain risk assessments for medication or falls prevention where people had been identified as at risk. In one instance a person recently suffered a fall, but was not injured. Another person had bed rails in situ but no risk assessment had been completed. This meant that staff did not have up to date and accurate information to care for people safely.

We found that a person's bowel movements were being monitored but there was no reason for this within their care records. When we asked the manager they confirmed that this was because the person suffered with regular constipation. Another person suffered from skin frailty and had previous had broken skin areas. A risk assessment was in place for their skin integrity but there was no indication within the care records of this person showing how the service was monitoring and recording this person's skin health on a day to day basis. The manager confirmed that the person's skin was being cared for by the district nurse team. This meant that people's health was not clearly being taken into account within their care records.

The daily records we reviewed were of different standards from person to person. One care record contained good detail about the person's daily support, their personal state of
wellbeing and types of meals provided, whilst other records contained no person centred
details at all. This meant that care staff was following an inconsistent approach to the
recording of care delivered.
Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
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<tbody>
<tr>
<td>Personal care</td>
<td>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td></td>
<td>Records</td>
</tr>
</tbody>
</table>

**How the regulation was not being met:**

The registered person did not ensure that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of records as per Regulation 20(1)(a) and (b).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 02 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service’s records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th><strong>✓ Met this standard</strong></th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>✗ Action needed</strong></td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td><strong>✗ Enforcement action taken</strong></td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
</tr>
</tbody>
</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.