

Octavia Housing

# Octavia Housing - Burgess Field

## 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

### About the service

Burgess Field is an extra care sheltered housing scheme comprising of 28 studio and one-bedroom flats. People's care and housing are provided under separate contractual agreements. Tenancy agreements are managed by the Royal Borough of Kensington and Chelsea local authority. The care quality commission (CQC) does not regulate premises used for extra care housing.

CQC only inspects the service being received by people being supported 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. People receive care and support from 24-hour on-site staff. At the time of the inspection, the service was providing personal care to 18 people. A small number of care and support packages are provided privately and by other external domiciliary care agencies.

### People's experience of using this service and what we found

People using the service were happy with the support they received, and the service was providing a good standard of care.

People's needs were assessed before they moved into the service. Care and support plans recorded people's support needs and provided a brief personal history, past and present.

Risk assessments and guidance were in place. Staff were aware of how risks to people's health and well-being could be minimised.

Systems were in place to safeguard people from the risk of possible abuse and staff completed and updated safeguarding training as and when needed.

Staff demonstrated a good understanding of consent and capacity issues in relation to current mental health legislation.

Staff promoted people's independence and encouraged them to complete daily tasks and take part in social and leisure activities where appropriate. Staff respected people's privacy when supporting them with personal care.

The service worked in partnership with others. People were supported to access healthcare services when required such as GP's and hospital departments. Staff knew how to respond to medical emergencies.

People were supported with meal preparation where this formed part of an agreed package of care.

Staff received supervision and support and had completed an induction period that included shadowing

more experienced members of staff before working with people on their own.

The registered manager operated an open-door policy and people felt comfortable speaking with staff about any concerns or complaints they may have. People were encouraged to feedback about the service via tenant's meetings and an annual survey.

The provider completed quality audits and spot checks. Medicines records were audited on a regular basis. The registered manager and his team assured us that all care documentation would be fully audited and updated where required to ensure people continued to receive appropriate care and support.

#### Rating at last inspection

We rated this service requires improvement overall at our previous inspection in January 2019.

#### Why we inspected

This was a planned inspection based on the rating at the previous inspection.

#### Follow up

We will continue to monitor intelligence we receive about this service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

# Octavia Housing - Burgess Field

## **Detailed findings**

### Background to this inspection

#### The 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.

#### Inspection team

This inspection was carried out by one inspector. Following the inspection, an Expert by Experience contacted people using the service for their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service 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 had a registered manager in post at the time of our inspection. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

This inspection took place on 9, 10 and 11 March 2020. We visited the office location on all three days to talk with the management team and members of care staff; and to review care and support records, staff recruitment and training information, policies and procedures, quality audits and other relevant information about the service.

#### What we did before the inspection

Prior to our visit, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as safeguarding concerns, accidents and incidents.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people using the service, the registered manager, a service manager, a scheme co-ordinator, three members of care staff and an assistant director for care and support.

#### After the inspection

Following our inspection, an expert by experience made telephone calls to six relatives to gain further feedback about how the service is managed and organised. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our previous inspection in January 2019, we found a breach of the regulations in relation to the safe management of medicines. At this inspection, we saw evidence that people were receiving the appropriate support to take their medicines as prescribed where this formed part of an agreed package of care.

- Relatives told us their family members received appropriate support with their prescribed medicines. One relative told us, "[Staff] give [my family member] medication from a little cabinet on the wall – they have the key." Another relative explained, "[Staff] give medication on time. The medication is kept locked in a cupboard. If we are out; [staff] will give me lunch time medication, so I can give it to [my family member]. One time [my family member] had blood shot eyes and had to have drops six times a day and [staff] did that for me - that's very good."
- A member of staff told us, "We've done quite a lot of work around medication, ordering, receiving, logging, checking, weekly audits." Another staff member told us, "It's about the five R's. Right person, right medicines, right dose, right route at the right time. They've added another, a sixth R now; the right to refuse."
- Medicines training and regular competency checks ensured staff continued to provide safe support to people requiring support with their medicines. Medicines administration records (MARs) were used to evidence what medicines people had taken and when. MARs were checked on a regular basis to ensure staff were completing them accurately. Where minor errors had occurred, staff sought appropriate advice from people's GPs and NHS 111. Where repeated errors had occurred, the provider took appropriate disciplinary action, suspending staff from medicines duties until further training and competency checks were completed.
- MARs we reviewed demonstrated that people were receiving the correct support with their prescribed medicines, topical creams and eye drops.

### Assessing risk, safety monitoring and management

- The provider mitigated any known risks to people's health and safety. Risk assessments in relation to people's nutrition and hydration, personal care support needs, home environment, level of mobility and risk of falls were completed and reviewed on a regular basis.
- Staff demonstrated a good understanding of people's needs and abilities and were able to explain how they reduced the risk of avoidable harm when supporting people with their care. A relative told us, "To be honest I think [my family member] is very safe. The flooring is non-slip so I think [they] are safe. [My family member] has a wet room and I have asked that [staff] are there when [they] have a shower and they do

that."

- Fire safety was considered by the provider. Staff completed fire risk assessments for each person using the service. These were stored securely in the main office along with related MARs.

#### Safeguarding systems and processes

- The provider implemented appropriate safeguarding policies and procedures to ensure people were safe. Relatives told us, "[My family member] is safe, and if there was anything there that would cause harm, they would let me know", "[A member of staff] is there all the time", and "I would say [my family member] is quite safe."
- Staff completed safeguarding training and demonstrated a good understanding of the provider's related policies and procedures. Staff told us they would report any safeguarding concerns they may have to their managers, social workers, family members, the police and CQC as appropriate.
- Information was available to demonstrate what action the provider took and the outcome of any safeguarding investigations.

#### Staffing levels

- The provider ensured people were supported by staff qualified to perform their duties safely. Appropriate checks for staff were completed before staff began working at the service. We were provided with electronic access to HR records which documented appropriate Disclosure and Barring Service (DBS) checks and requests for employer references. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- There were enough members of staff to support people using the service and keep people safe at all times. A scheme co-ordinator and three support staff were on duty on the days we visited the service. Two support staff provided care during the night. The registered manager covered two neighbouring service locations.
- Relatives told us, "Someone is there all the time" and "[Staff] are on site all the time." Staff told us, "[The registered manager] is always on hand, when he's not here, we can call him, or email, when we need him he comes."

#### Preventing and controlling infection

- The provider implemented infection control policies and procedures to ensure safe hygiene standards and reduce the risk of any preventable infections within the service. Staff had access to personal protective equipment (PPE) such as disposable gloves, aprons and shoe covers. PPE was used when supporting people with personal care and when preparing food.
- Notices providing information about Covid19 were posted throughout the service and hand sanitisers were available at the entrance to the service and along communal corridors. Staff adopted appropriate measures to reduce the spread of infection and followed rigorous handwashing procedures when providing support to people using the service. The provider told us they would be able to cover staff shortages in the event of staff absences and were formulating further contingency plans to ensure the service and staff continued to operate effectively during the coming months.
- The premises were clean and tidy and free from any malodours.

#### Learning lessons when things go wrong; Continuous learning and improving care

- The provider ensure that the service and staff learnt from mistakes and improved their practice and procedures in order to continue providing a safe service. Where incidents had occurred, these were recorded by staff, including a description of what had happened.
- Records demonstrated that accidents and incidents were discussed at team meetings and during one to one supervision sessions and appropriate action taken to avoid similar repeat events.



- The registered manager held meetings with staff to discuss service improvements, training and development needs and to share best practice information.
- The provider undertook spot checks to monitor staff performance and the quality of the care and support they delivered.

# 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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good.

This meant 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

- People's needs were assessed by social workers before they moved into the service to ensure the service and staff were able to meet their care and support needs. The provider carried out further assessments where this was indicated and used all of this information to produce person-centred care and support plans.
- Care plans were comprehensive and provided staff with a good level of detail about people's healthcare needs, past and present personal circumstances, social networks, likes, dislikes and preferences.
- The registered manager was aware that some of the information in people's care and support needs required updating in order to support effective care provision.

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 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 MCA. It is unlawful for staff who work with people in domestic settings to deprive a person of their liberty unless the Court of Protection has authorised this.

- Prior to receiving a service, people were asked to sign in agreement to the content of their support plans and consent to the delivery of care. Where people's capacity to make certain decisions was in question, relatives, senior staff and local authority representatives were involved in appropriate assessments and best interest meeting.
- Relatives told us their family members were supported to make their own decisions about all aspects of their life where this was possible and appropriate. A relative told us, "If [staff] offer [my family member] things, [they] are able to refuse - like social activities and able to say yes or no to simple discussion in [their] day to day life." Another relative told us, "We make all the decisions; we have power of attorney."
- Staff were aware of the legal safeguards in place to ensure that people are only deprived of their liberty when absolutely necessary.

Supporting people to eat and drink enough with choice in a balanced diet

- People received the appropriate amount of support to maintain a healthy and nutritionally balanced diet. People were supported with meals, snacks and drinks where this formed part of an agreed package of care. Staff recorded the meals prepared and drinks provided in people's daily logs.

- Relatives told us "[Staff] try very hard to give nourishing foods", "[My family member] is vegetarian and does not have a good appetite. The dietitian has assessed [them] and prescribed high calorie drinks" and "I always do the shopping for [my family member]; [they] always have one hot meal at lunch time. [They] have a good balanced diet, fresh fruit and veg."
- Staff completed food hygiene training as part of their induction and were aware of any guidelines in place where people required a specific type of diet. Any concerns with people's health and nutrition were reported to the appropriate healthcare professionals.

#### Supporting healthier lives and access to healthcare services

- Staff maintained contact with people's relatives and friends (where appropriate) and kept them up to date with any significant changes to their health and well-being. Care records included key contact details for family members, people's GPs and other relevant health and social care professionals, agencies and services.
- Staff supported people to access additional health and social care services, such as specialist nurses and mental health clinicians to support and maintain optimum health and wellbeing.
- Staff were aware of emergency policies and procedures and relatives told us they were always contacted if their family members became unwell or required medical assistance. One relative told us, "Quiet a few times [staff] have called the ambulance because [my family member] is not steady on [their] feet." Another relative commented, "Straight away - the day [my family member] had chest pains - they called the paramedics and me straight away."

#### Staff skills, knowledge and experience

- The provider supported staff to deliver care and support in line with best practice guidance. The provider's training programme included an induction for all new staff, including completion of the Care Certificate. The Care Certificate is a set of standards that care and support staff adhere to in their daily working life. These minimum standards should be covered as part of the induction training for new care staff. A relative told us, "[Staff] are very good and sensitive to my family member's] needs. Another relative told us, "I have a good relationship with [staff] and I have great respect for them."
- Training records showed that staff completed training in areas such as safeguarding, moving and positioning, health and safety, first aid, food hygiene, moving and handling, fire safety and medicines administration.
- New staff shadowed more experienced members of the staff team to ensure they were competent and confident before delivering appropriate care and support to people using the service.
- Staff were supported in their roles and received regular supervision and an annual appraisal.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Relatives spoke positively about the staff caring for their family members. We were told, "[Staff] are immensely patient" and "I would describe [staff] as caring and friendly."
- People were supported with tasks, activities and interests that were important to them. A relative told us, "They allowed [my family member] to take [their] cat with [them] to Burgess Field and that made [my family member] very happy."
- People were supported by a friendly and caring team of staff who knew them well. We observed friendly and caring interactions whenever staff engaged with people using the service, visitors and relatives.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A relative told us, "[Staff] never walk in without knocking the door. When they give [my family member] a shower, they will always put a towel over [their] private parts, they are very good - I have witnessed that several times, they are very good."
- All activities have currently been suspended in accordance with current government guidelines. However, people were able to go out into the communal garden and for short walks locally. The service manager told us in an email that staff were facilitating contact with families and assisting with food shopping where this was needed.
- Prior to the outbreak of Covid-19, activity co-ordinators organised a programme of activities on site and at neighbouring services. These included, gentle exercise classes and tea parties. Transport was arranged for people attending local day centres and when embarking on organised day trips further afield.
- A relative told us, "On Friday they have fish and chips all together, they also do chair yoga or art and craft afternoons." Other relatives told us, "On Thursday afternoon they have chair exercise – the group from Queens Park Rangers come up and they all get to have a group discussion and do ball games. They also have movie evenings and visit the American school and speak to the children and [my family member] told his life story. They always do something at Christmas, Easter and all public holidays" and "They take [my family member] over to James Hill House – [they] love dancing and that is where [their] male friend is. It makes [them] happy and [they] get exercise."
- The provider kept people's personal information private and confidential. Records were stored in filing cabinets in the main office which was staffed and lockable when staff were elsewhere.

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

- Relatives told us they were involved in the care planning process and invited to attend reviews when these took place. One relative told us, "We were both involved with the plans and we are very happy that [our family member] was able to move in here." Another relative commented, "I try to attend meetings as much as possible. They do give feedback as well."
- Information about the service and other support agencies was available in the main reception area. A relative told us, "I would say [staff] are very dedicated and caring and good at communicating issues. I think [my family member] is very lucky and we were surprised at the calibre of care [they] are getting - we are very happy."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

### Personalised care

- Care and support plans took account of people's individual needs and preferences and included an overview of people's health conditions and a summary of the care to be carried out. In some cases, these records required auditing to ensure all relevant health information was accurate and up to date.
- Brief personal histories were included in people's care plans. This meant that staff were provided with important information about people's lives and what had brought them to Burgess Fields.
- People were supported as individuals to be part of the wider community and to take part in local events and use community resources.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the requirements for the Accessible Information Standards (AIS).
- Staff spent time getting to know people well and understood how to communicate with the people they cared for.
- Information about whether people wore glasses or used hearing aids was included in people's care documentation.

### Improving care quality in response to complaints or concerns.

- A procedure was in place for complaints and people were made aware of it. We asked people and their relatives if they knew how to make a complaint and to whom if they were unhappy with the service provided. We were told, "Yes, I would first complain to [the scheme co-ordinator]; I can communicate by email – but I don't have any complaints", "I suppose I would complain to the office in the first instance - but I don't have any complaints. If it was something to do with the building it would be the council" and "I would have a word with [the scheme co-ordinator], she is very responsive – otherwise I would speak to [the registered manager]."
- The registered manager told us that no complaints had been received since our previous inspection in January 2019.

### End of life care and support

- At the time of the inspection staff were not supporting people with palliative care needs.

- Some but not all staff members had completed end of life training. The provider was confident that where staff were required to support people with complex care needs, they would be able to provide the appropriate care in conjunction with community healthcare professionals and local hospice services.

# 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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our previous inspection in January 2019, we found a breach of the regulations in relation to the submission of notifications. At this inspection, we confirmed that the provider was notifying CQC of incidents that effect the health, safety and welfare of people who use services.

- The service had a registered manager. He was aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to the care and support provided.
- Regular service quality audits were carried out and action plans were developed with timescales when needed. However, we noted that quality assurance systems were not always effective in ensuring people's care documentation was completed accurately and in full, with relevant, informative and up to date information. We spoke to the registered manager about these issues. We were told that a thorough audit of all care documentation would be undertaken immediately.

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

- The registered manager created an environment where people felt safe and where diverse needs were understood and respected.
- The registered manager had an open-door policy and worked alongside the staff team to deliver effective care and support. Throughout our inspection visit we saw people interacting positively with all staff members. The staff team knew people well and fully understood how people communicated.
- People and their relatives were positive about the way the service was managed. Comments included, "I have no concerns; they do take us seriously", "Thank God I am happy with them and I think [my family member] is quite safe down there", and "I am happy with the overall service [my family member] gets; [they] have been there for three years and I have not had a problem."
- Relatives told us staff were responsive and updated them about incidents effecting their family members.

Continuous learning and improving care

- The registered manager and staff team looked at ways they could improve the quality of the service to benefit the people who lived there and promote their independence.



- The registered manager welcomed advice from other professionals to ensure he kept up to date with current good practice.
- People were encouraged to complete an annual survey and 24-hour staffing meant that staff were always available to anyone requiring assistance or wishing to make a suggestion or complaint.
- Staff held regular tenant's meetings and sought people's views about all aspects of care delivery and how the service was organised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Planning and promoting person-centred, high-quality care and support; Working in partnership with others

- The service was well-led. Staff provided positive feedback about the leadership within the service. A member of staff told us, "We are so happy to have [the registered manager]. He's one of the best managers we've had." Another staff member commented, "[The registered manager] is very approachable and very supportive."
- Staff and relatives also spoke very highly of one particular scheme co-ordinator. Staff told us, "[Name of scheme co-ordinator] is very competent", "A lot has changed and [their] presence has lifted this place up, we are now a very good team." Relatives described the scheme co-ordinator as, "friendly" and "very conscientious."
- The provider had key policies and procedures in place to help them meet health and social care regulations.
- Staff worked closely with a range of health and social care professionals to promote good outcomes for people using the service.
- Staff were knowledgeable about people's personal preferences regarding their religious and cultural needs and knew how people liked to be supported.
- Staff attended regular team meetings to discuss their roles and responsibilities, people's welfare and any new initiatives planned by the provider.