

Octavia Housing

# Octavia Housing -Bridge Water House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Octavia Housing – Bridge Water House is an extra care scheme. This is a specialist housing where people can live independently in their own flats. The provider offered personal care to people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The provider also ran a lunch club and organised activities in communal areas. People were able to join these if they wanted.

At the time of our inspection, 32 people were receiving personal care and support. Most people were older adults. There were also people with learning disabilities, people with mental health needs and people with physical disabilities using the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

**Right support:** Risks to people's safety and wellbeing were managed. However, these had not always been fully assessed or planned for. Staff knew people well and could meet their needs but without proper assessment and plans, there was a chance people would not receive the right support. We discussed this with the registered manager so they could make the required improvements.

People were supported to have choice, control, and independence over their own lives. Staff focused on people's strengths and promoted these. People were supported to pursue their own interests. People lived in a safe environment and had their own private flats which staff helped them to keep clean. Staff supported people to access other professionals such as doctors, advocacy services and social workers. People were supported to take their medicines when needed and as prescribed.

**Right care:** People were treated well and with kindness. Staff understood people's diverse needs and met these. People's privacy and dignity were respected, and staff were compassionate, caring and polite. Staff understood how to protect people from poor care and abuse. There were enough skilled staff to meet people's needs and to keep them safe. People were supported to make choices and to communicate their

needs. People were supported to take positive risks.

Right culture: People led inclusive and empowered lives because of the ethos, values, attitudes and behaviour of management and staff. People received good quality person centred care. Staff understood about people's needs and had information about best practice for supporting people with learning disabilities, autism and dementia. Staff turnover was low, and staff were happy working at the service. Staff felt well supported. People using the service, staff and other stakeholders were asked for their views and these were valued. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published 27 April 2018).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

Requires Improvement 

### 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 

# Octavia Housing -Bridge Water House

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by 2 inspectors and an Expert by Experience. 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 bought or 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period of notice. This is because we planned to visit people in their own flats and wanted them to know about this in advance so they could consent to this. We also wanted to make sure the registered manager would be in the office to support the inspection.

Inspection activity started on 10 November 2023 and ended on 13 November 2023. We visited the location on 13 November 2023.

What we did before the inspection

We looked at all the information we held about the service, including notifications of significant events.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We received feedback from the local authority who commissioned care at the service and oversaw the provision of the extra care housing and support.

During the inspection

We spoke with 17 people who used the service during our visit. We also spoke with the relatives of 7 other people during our visit and on the telephone. We received feedback from the local authority commissioning and monitoring team. We spoke with 5 support workers, the activities coordinator, the registered manager and other members of the management team.

We looked at the care records for 5 people who used the service. We looked at other records used by the provider for running the service, these included records about medicines management, quality monitoring and staff training and support.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had not always been well planned for. People were cared for and there was no indication they were harmed. However, there was not enough information about the risks relating to people's individual healthcare conditions. For example, how to recognise when the person was becoming unwell or needed additional help.
- The provider had created a checklist to record the ways in which people may be at risk in the event of a fire and how to evacuate them safely. In some cases, these checklists identified further assessments were needed, for example people who had visual impairments and mobility needs. The provider had not created additional assessments or plans and therefore there was not enough personalised information about the support these people needed.
- We discussed these issues with the registered manager. They were able to assure us of steps they had already taken to help keep people safe. These included regular input from healthcare professionals, emergency protocol and in-depth fire risk assessments. They explained they would improve the individual records to help make sure staff had personalised information for each person in respect of these areas.
- The provider had assessed other risks and had developed plans to help keep people safe. For example, when supporting them to move and when using equipment.

### Using medicines safely

- People received their medicines safely. However, medicines risk assessments were not always detailed enough. For example, when people had been prescribed medicines which had to be administered at specific time intervals. We discussed this with the registered manager and there was no evidence to suggest people had not received their medicines as prescribed. The registered manager agreed to review and update medicines risk assessments.
- The staff received training to understand about the safe handling of medicines. Managers assessed their knowledge and competencies.
- The staff kept records to show when they had administered medicines. The managers audited these and responded appropriately to medicines errors.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place designed to help safeguard people from the risk of abuse. The staff had training to understand how to recognise and report abuse.
- People using the service told us they felt safe. They knew how to report concerns and felt able to speak up if something was wrong. Some of their comments included, "I have always felt safe with the staff here" and "I haven't felt this safe in years."

- There were systems to help support people with their shopping and handling money if they needed this. These were designed to help protect them from the risk of financial abuse.

#### Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People told us the staff arrived on time, attended when they used emergency call bells and were not rushed. Some of their comments included, "They are totally reliable" and "I have never had any problems or anxiety wondering if carers will show up because I know they will."
- There were systems to help make sure staff who were recruited were suitable and had the skills needed for their roles. The provider undertook a range of checks, including a formal interview and tests of their knowledge and competencies.

#### Preventing and controlling infection

- There were systems to help prevent and control infection. Staff were trained to understand about these. People told us they were happy with this support. Their comments included, "They are very good and stick to the rules about handwashing and wearing gloves" and "They are spot on with the hygiene and cleaning routines."
- Staff and people using the service were given information about COVID-19, how to stay safe, and how to minimise the risks of infections.

#### Learning lessons when things go wrong

- There were systems for staff to learn when things went wrong. All accidents, incidents and other adverse events were investigated. The registered manager analysed these to identify where improvements could be made and whether there were any reasons for these.
- Learning from these was shared with staff through regular meetings and discussions. Staff told us they felt supported to learn together and improve the service.



# 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 our last inspection we rated this key question good. The rating for this key question has remained 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 before they moved to the service. They told us they had met the registered manager and discussed their needs. Assessments included information about how people wanted to be cared for, their views and the views of others who were important to them.
- The provider created care plans based on the assessments. These were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- People were cared for by staff who were appropriately trained and supported. New staff completed an induction and undertook a range of training. Staff told us they had regular updates.
- Staff had completed training in specialist areas including autism, learning disabilities and dementia. They told us this helped them to understand people's needs.
- The staff felt well supported. They took part in regular meetings with their managers and appraisals of their work.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink. Some people were supported by staff to heat up meals and to prepare snacks and drinks. They were happy with this support.
- The provider ran a lunch club where people could pay to have a meal together which was prepared by staff. People told us they enjoyed this experience. One person told us, "The food is lovely."
- When people were at nutritional risk additional care plans were in place. The staff monitored their food and fluid intake and liaised with other professionals when they had concerns or needed advice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People generally made their own arrangements to see external healthcare professionals or did this with the help of their families. The staff helped some people when they needed this.
- The staff monitored people's health and had responded appropriately when people had become unwell.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was working within the principles of the MCA. They had asked people to consent to different aspects of their care. People living at the service were involved in making decisions about their own care.
- The staff had training regarding the MCA and were able to tell us about people's rights and how they ensured people consented to care.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. 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; respecting equality and diversity

- People were well treated and supported. They had good relationships with staff who they told us were kind, caring and polite.
- Some of the comments from people included, "[Staff] go above and beyond their duties", "The staff are brilliant, they are like family to me and the genuinely care" and "Staff do a fantastic job, they are wonderful and sometimes help me in their own time."
- People's diversity needs were known and planned for. For example, the provider organised for different religious groups to visit people.

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

- People were able to express their views and involved in making decisions. Care plans were developed and reviewed with the person.
- People told us they were able to make decisions about the things they did and how they received care. They also explained the provider had supported them to access advocacy services and to understand decisions about other aspects of their lives, including benefits.
- Comments from people included, "I feel consulted all of the time", "The registered manager helped me access an advocacy service to help me sort out my finances" and "The staff give me practical support and listen to me. They know the right words to say and help me to feel in control."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They lived in their own flats and told us staff respected their homes. Some of their comments included, "They always wait for me to say 'come in'", "The staff make me feel respected" and "All the carers are respectful."
- Staff treated people politely and they addressed them by their preferred names and pronouns.
- People were asked if their had a preference for the gender of their care workers. Their preferences were respected.
- People were supported to develop independent living skills when they wanted. Some people explained how the staff had supported them in this way and how this had a positive impact on their lives. One person told us, "I have improved so much since coming to live here. The carers talked to me about my mobility and what I wanted to achieve. They discussed the support I would need to regain my independence. My life is so much better now." Another person commented, "I had stopped cooking for myself before I moved here. The wonderful staff encouraged me to get involved when they were preparing my food and gradually I was back to my old self again."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which reflected their preferences and met their needs. They explained they were happy with their care and were able to make choices about this.
- Care plans showed people had been consulted and these had been developed in a personalised way.
- Care plans were regularly reviewed and updated. Staff kept a record of the care they had provided. This showed that care plans were being followed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was following the Accessible Information Standard. Information about the service and people's care was available in different formats if needed.
- People's assessments and care plans took account of their communication and sensory needs so staff could deliver personalised care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered opportunities to meet with others at lunch club and through organised activities.
- The provider employed a member of staff to plan and facilitate activities. There was a programme of regular events. People explained they liked these. Comments from people included, "I enjoy the yoga classes", "I go downstairs for bingo and hymn singing", "There are birthday parties and always a Christmas party" and "I like the activities, I do relaxation and keep fit. I also do arts and crafts."
- The staff supported people to celebrate their birthdays at parties together and organised activities for special events and religious festivals. There was a memorial tree in the garden which people could use to hang memories and messages on. The provider also organised some group outings and for others to visit the service, including schools and church groups.
- A hairdresser visited once a week and there were opportunities for other 'beauty' treatments in a private room.

#### End of life care and support

- The provider worked with palliative care teams and other professionals to help give people end of life care and support when needed.
- The registered manager had asked people about wishes for future care as part of their assessment and had recorded this. This meant there was information on any specific cultural or personal needs they had at the time of dying and death.
- Staff had undertaken training to understand about end of life care. No one was being cared for in this way at the time of our inspection.

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

- There were suitable procedures for dealing with complaints and concerns. These were investigated and responded to.
- People using the service, relatives and staff knew who to speak with about any concerns they or others had. They felt confident these would be addressed. Comments from people included, "Staff tell me just ask if something is wrong and we will try to sort it out" and "When I made a complaint, it was dealt with, and the staff member apologised. I was happy with that outcome."

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person-centred culture at the service. People liked their freedom, felt involved in their own care and had good relationships with staff. Some of their comments included, "I love it here, it has given me my life back. The staff cannot do enough for you, they are really great", "The staff help you to stay independent", "It is good living here. I enjoy the group activities, if I need help I get it and I can be independent. The staff never make me feel intimidated" and "This place is the best thing that has ever happened to me."
- People told us they would recommend it as a place to live.
- Staff told us they enjoyed working at the service. They had opportunities to develop their careers and they felt supported. One staff member told us, "It is a joy to see so many people having independence here. The staff work well as a team and there is good team spirit." Another member of staff commented, "The manager is very supportive. I think we are providing a good service and people have a caring and comfortable experience."

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

- The provider understood their responsibilities under the duty of candour to respond and apologise when things went wrong.

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

- The managers and staff had clear information about their roles and responsibilities. The provider had a range of policies and procedures which reflected legal requirements and good practice guidance. The staff also completed a range of training which helped to inform them about their roles.
- The registered manager was appropriately qualified and experienced. People using the service, relatives and staff spoke positively about the registered manager.
- People using the service and their relatives commented, "[Registered manager] will come to chat to me and will ask me what I think about living here", "[Registered manager] comes around often to check that I am ok. He is marvellous" and "[Registered manager] is very approachable and is always around." Comments from staff included, "[Registered manager] is wonderful. We can go to him anytime and he listens" and "We have a very supportive manager with an open-door approach."

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

- The provider engaged with people and other stakeholders asking for their views. There were regular meetings where people could voice their opinions. People were involved in planning their own care and received personalised support.
- The staff undertook training about equality and diversity. They understood about how to support and promote positive care to treat people as individuals.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. The provider and registered manager had a good oversight. They undertook regular audits and took action when things went wrong.

Working in partnership with others

- The provider worked closely with others to make sure people's needs were met. Staff liaised with health and social care professionals when needed.
- The registered manager met with other managers and the local authority to discuss the service, good practice and to share learning.