

Octavia Housing

Octavia Housing - Burgess Field

Inspection report

57 Wornington Road
London
W10 5PT

Date of inspection visit:
31 May 2016
01 June 2016

Date of publication:
20 July 2016

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

We carried out an unannounced inspection on 31 May and 1 June 2016. Burgess Field offers extra care sheltered accommodation in self-contained flats for up to 28 people. The service is registered to provide personal care and is staffed 24 hours a day. People supported by the service were living with a range of needs including chronic health conditions, physical disabilities and dementia. People can choose whether they wish to receive support from staff on site and/or from other external domiciliary care agencies. At the time of our inspection, twenty five people were living at Burgess Field of whom 16 were receiving support directly from care staff employed by the provider. This is our first inspection since the service transferred to its current provider in December 2014.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on leave at the time of our visit. Following the inspection he contacted us by phone to discuss aspects of the service.

People's needs were assessed before moving into the service. Initial assessments were used to design a package of care for people ensuring their needs could be met by staff at the service. We were unable to locate assessments in the all of the care records we looked at during our visit because older records had been archived off site. Where we were able to ascertain that people's needs had been assessed, care and support plans took account of people's individual needs, preferences, and choices.

Risk assessments were in place that gave guidance to staff on how risks to people could be minimised. The provider had an up to date safeguarding policy which was accessible to staff and systems were in place to safeguard people from the risk of possible harm. Most staff were able to demonstrate a good understanding of the provider's whistleblowing policy.

We were unable to review the provider's staff recruitment records as these were held off site. We asked the registered manager to confirm that staff had been recruited safely, completed the necessary Disclosure and Barring Service checks, provided proof of identity and had the right to work in the UK. We received confirmation from the provider that all necessary checks had been completed and staff were safe to work with people using the service.

People were supported by caring and respectful staff and were supported to access other healthcare services when required such as GP's and district nursing services.

Staff had received training in mental health legislation and demonstrated an understanding of consent and capacity issues in relation to this legislation. Where possible, care plans had been signed by people using the service.

Staff received formal 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 provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

There were a range of quality monitoring processes in place to ensure care practices and service delivery were continually monitored and improvements made where indicated.

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.

Staffing levels were sufficient to meet the needs of people using the service.

Risk assessments provided sufficient guidance to staff on how to manage and mitigate risks to people's health and welfare.

Staff had been trained in safeguarding vulnerable adults and knew what to do in the event of suspected abuse.

Is the service effective?

Good ●

The service was effective.

People were supported to eat and drink sufficient amounts to meet their needs.

The registered provider's training programme included an induction for all new staff, including them working towards attaining the care certificate.

When required, people were supported to access health and social care services in order to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

People's preferences, likes, dislikes and diverse cultural needs had been recorded and care and support had been provided in accordance with their wishes.

People were supported by kind and considerate staff and people and their relatives confirmed staff were caring, respectful and polite.

Is the service responsive?

Good ●

The service was responsive.

People's care plans took into account their needs and wishes. These were reviewed in line with the provider's policies and procedures.

People were given choices and support to make decisions for themselves.

People knew how to contact the registered manager if they were unhappy about anything. We saw a copy of the complaints procedure.

Is the service well-led?

The service was well-led.

Staff told us they felt supported by the registered manager. People and relatives we spoke with said that the service was run well.

Quality monitoring audits were completed regularly and these were used to improve the quality of the service.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 31 May and 1 June 2016 and was carried out by one inspector. We reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events which the provider is required to send to the Care Quality Commission.

During our visit, we spoke with a scheme co-ordinator for the service and three support staff. We also visited and spoke with five people who used the service and three family members. Following the inspection we contacted two family members to gain their feedback about the service and spoke with a further three members of care staff.

We looked at care records for six people using the service and the supervision and training records for five staff members. We also reviewed information on how the provider assessed and monitored the quality of the service. We spoke with a visiting pharmacist during our inspection and contacted them by email for further information regarding the service and staff.

Is the service safe?

Our findings

People we spoke with told us they felt safe and well cared for. One person told us, "I'm the happiest person living here, it's very safe, there's CCTV throughout the building and I've never had any problems." Another person said, "I'm happy here, I think it's safe, I'm ok."

A scheme co-ordinator, based in the office on the ground floor and two support staff were on duty throughout the day. Two support staff provided care during the night. Staff carried hands free telephone sets which were used to respond to people's pendant alarms and a pull cord alarm system in people's flats and throughout communal spaces. Phone sets were also used to answer external telephone calls and control access via the main door intercom system.

People's care records contained risk assessments, including instructions to staff on action to take in order to reduce risks to people and themselves. We saw copies of individual risk assessments that covered areas such as moving and handling, self-neglect, catheter care and financial management. One person we visited had been prescribed pressure relieving equipment and was at risk of developing pressures sores. Despite documentation relating to the equipment's safe and proper use, staff seemed confused as to exactly when the equipment should be in use and for how long. We discussed this with the registered manager following our visit who told us this person's care was due to be reviewed within the next few days and that they would be discussing the above matter with the relevant healthcare professionals and staff.

Staff completed training in adult safeguarding procedures as part of their induction training. Staff we spoke with demonstrated a good understanding of the different types of abuse and were able to tell us what action they would take if they suspected abuse was taking place. One member of staff told us, "We report and investigate and contact social services." The provider had a safeguarding adults policy in place which had been reviewed in 2015 and was accessible to staff. The provider had a whistleblowing policy in place dated 2016. Most staff we spoke with were able to demonstrate a clear understanding of this policy and explain how it related to their roles.

Medicines were administered safely. People told us that if they needed assistance to take their medicine staff supported them to do so. One person told us, "[Staff] get me a cup of tea at the same time as giving me my medication." And another person said, "I get help with my medicines." We saw each person had a medicine record in place and staff signed to say people had taken their medicines as prescribed. Each week the medicines administration records (MAR) were reviewed by senior staff. We saw where a person had been prescribed new medicine by their GP this was recorded in their care records and on their MAR chart. Staff had completed training in the administration of medicines and procedures were in place for re-training and observation if errors occurred whilst carrying out this task.

Information regarding recruitment was held at the provider's main office. We requested and received information to demonstrate effective recruitment processes were in place. Information included checks if applicants were eligible to work in the UK, proof of identity, two verified references and Disclosure and Barring Service (DBS) checks. The DBS provides criminal record checks and barring functions to help

employers make safer recruitment decisions.

The provider had arrangements in place to deal with foreseeable emergencies. The scheme co-ordinator told us they operated an 'out of hours on call' system. This meant staff could contact the on call person at any time for assistance to ensure people's care was not compromised. Fire safety and evacuation assessments had been completed and we saw that regular fire safety checks were carried out by an external company.

The service was well maintained, clutter free, clean, and free from odours. Staff had access to disposable gloves and hand gels when needed. The outside areas, including an extensive mature garden area was also well maintained and accessible to people using the service.

Is the service effective?

Our findings

Staff told us that people were supported to eat and drink sufficient amounts to meet their needs where this support had been agreed as part of their care plan. Staff told us that if there were concerns regarding a person's fluid and nutritional intake, charts were in place to record this. We reviewed one person's fluid chart and noted that there was no record of any fluid intake over three separate days in May 2016. Staff told us they also recorded this information in people's daily notes and we saw that this was the case. However we noted inconsistencies across the two sets of information. We discussed this matter with the registered manager who acknowledged the inconsistencies and ensured us that this matter would be addressed with all staff members involved in this person's care.

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. 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. Senior staff were aware of the legal safeguards in place to ensure that people are only deprived of their liberty when absolutely necessary. The scheme co-ordinator informed us that no applications had been submitted to authorise the deprivation of anyone's liberty. Staff told us that people who used the service were free to come and go as they pleased.

During our observations we saw that before people received any care or treatment they were given explanations of what staff were planning to do and asked for their consent. One member of staff told us, "We make sure what we're doing is what people want us to do, we give them time and space and let them do the things they are able to." Care records contained consent forms for tasks such as administering medicines, delivering personal care and for the sharing of confidential information.

Where people were not able to give their consent, forms had been signed by members of staff and a brief reason given as to why the person was unable to sign, for example, 'person lacks capacity' and 'unable to communicate'. These reasons were supported by appropriate evidence to demonstrate that best interests meetings had been held with people's family members and/or health care professionals.

People were supported to access additional health and social care services, such as GPs, dietitians and district nurses so that they received the care necessary for them to maintain their health and wellbeing. We found evidence demonstrating that staff worked together to keep people's health and support plans up to date and consulted healthcare professionals without delay when they felt people's health was deteriorating. One person told us, "[Staff] always come in and ask me how I am." Relatives told us that staff did a good job and kept them up to date with their family member's health and welfare.

The registered provider's training programme included an induction for all new staff, including them working towards attaining the care certificate. The care certificate is a set of standards that care and support staff adhere to in their daily working life. These new minimum standards should be covered as part of the induction training for new care staff. New staff shadowed more experienced members of staff until they were competent to work alone. We looked at staff training records and saw that staff had completed training in

areas such as safeguarding, food hygiene, moving and handling and medicines administration. A computerised record of all training allowed senior staff to monitor any shortfalls in essential training, or note when updates were due. This enabled staff to update their skills and knowledge in a timely manner. Staff told us the training they received was sufficient to enable them to carry out their roles.

Staff were supported through regular supervision. This was confirmed by the staff we spoke with and records we looked at. Supervision records showed that supervision sessions were an opportunity to discuss any issues or problems staff members might have and any training requirements as well as check on their knowledge of the provider's policies and procedures. This meant that staff had the opportunity to raise any issues or concerns and discuss the care of people who used the service on a regular basis.

Is the service caring?

Our findings

People we spoke with told us staff were "friendly", "helpful" and "100% kind, thoughtful and loving." One person told us, "[Staff] are very good, I can go to them for anything." Relatives confirmed that staff were caring and considerate. Staff told us they found their work rewarding. One staff member told us, "I am happy with what I'm doing. I am happy making sure every day is better for the clients than the one before."

People said that they were involved in making decisions about their care and support needs. One person told us, "Staff asked me questions and then we made a plan." People had been involved in developing their life stories and staff used these to gain a better understanding of the people they were supporting.

People told us that staff provided care in a way that respected their dignity and privacy. Staff also demonstrated they understood the importance of respecting people's dignity, privacy and independence. A member of staff told us, "We are there to support people, physically and emotionally, we are responsible for their well-being." We saw that the copies of people's care records were held securely within the main office.

There were six permanent members of staff employed by the service and people told us they knew the staff who supported them and that staff were aware of their care needs and how they preferred to be supported. For example staff knew what people liked eating or the time they liked to have support with their personal care. This showed people received care as they wished and on an individualised basis.

People were encouraged to maintain their independence. During our visit we saw people being supported to attend activities and local day centres. One person told us, "On Wednesdays and Sundays I go to the tea parties downstairs and sometimes I go out shopping." Other activities that took place on site included chair based exercise classes, parties, singing sessions and bingo.

Family members and friends were able to visit at any time and we observed visitors coming and going, signing in and out of the visitor's book and accompanying people out to lunch and elsewhere. Relatives told us the service was, "very nice, always spotless" and that staff were "always welcoming."

During our visit we observed staff and people who used the service talking together. We noted staff were respectful in their attitude to people and conversations were friendly and relaxed. One person commented, "I admire them all" referring to care and support staff.

People who used the service were supported to understand the care and treatment choices available to them. Staff told us they gave people choices daily. This was confirmed by people we spoke with. Examples of these choices included how they wanted to be supported, meals and drinks offered and what people wanted to wear.

Staff communication within the staff team was good. There were regular handovers between the different shift patterns where information was shared among staff and also during staff meetings.

People were given information about the service before they moved in. Additional information about the service and other support agencies was also posted on the noticeboard in the main entrance area. However, we noted that information providing details as to who managed the service were incorrect and out of date as were staff photo boards.

Is the service responsive?

Our findings

People told us they liked living at the service. One person said, "I like my flat and the fact that people are always around to help, you can talk to people and go downstairs to the lounge and sit in the garden." Another person told us, "I'm independent, I love my life. If I need anything I just ask. If I need a jar opening I take it out there to staff and they open it for me." [The scheme co-ordinator] is very sweet, I can go to them with anything."

People's care plans contained details of their needs and preferences. One page summary sheets gave details about people's GPs and other health and social care professionals involved in people's care. However, these sheets were missing some important information regarding medicines, allergies and end of life decisions. We discussed this with the scheme co-ordinator who told us the one page summaries were newly introduced and were still being completed. The registered manager contacted us shortly after our visit to inform that all one page summaries had been completed and were now up to date.

Some people had initial assessments completed by social workers before moving into the service. These core assessments were used to design a package of care for people ensuring their needs could be met by staff at the service. We were unable to locate assessments in the all of the care records we looked at on the day of our visit because older records had been archived off site. Where we were able to ascertain that people's needs had been assessed, care and support plans took account of people's individual needs, preferences, and choices and had been reviewed in line with the provider's policies and procedures. People had received copies of their care plan.

People we spoke with did not raise any concerns to us. A procedure was in place for complaints and people were made aware of it. The complaints procedure set out who a complaint could be made to and how complaints would be managed. People using the service told us they knew how to complain if they were unhappy about something and that they would feel confident in doing so, although they had not needed to complain. How to make a complaint booklets were available to people and their relatives in the main reception area and in people's care records.

People's social and emotional needs were taken into account. This was because people were asked about social activities and hobbies they enjoyed. People we spoke with told us they enjoyed the activities that were provided on site. We saw that people were supported to take part in activities during the inspection. On the day of our visit we saw people enjoying a tea party in the lounge area. Staff recorded people's participation in organised activities so that they were able to monitor any potential issues with social isolation and act on these if needed.

Is the service responsive

Is the service well-led?

Our findings

People using the service had met the registered manager and knew individual members of staff by their names. People using the service and their family members told us that all the staff were approachable and friendly. Staff were aware of their roles and responsibilities within the service and told us that their main aim was to encourage people to stay independent, by providing good care and effective support.

During our visit we noted a positive, open and respectful working atmosphere amongst permanent staff members. Staff told us they felt supported by the registered manager. One member of staff commented, "The manager is very good and listens to us." Staff told us they had plenty of opportunities to raise any issues with the registered manager and felt confident in doing so. People we spoke with were positive about the service and felt the service was well-led.

The provider held regular meetings where staff could discuss the welfare of the people they were supporting and raise any issues or concerns. We read the meeting minutes for the last two staff meetings held in February and April 2016. Topics discussed included the well-being of people, health and safety, medicines recording and activities.

The service had a number of systems in place to assess and monitor the delivery of care. Senior staff monitored staff performance through observation and spot checks and gave feedback on areas such as timekeeping, incident reporting and the delivery of care provided.

Medicine records were checked for accuracy on a weekly basis. This meant that any errors identified could be addressed with staff and further training and observation provided if required. We spoke to a pharmacist working as part of the Proactive care homes project. The purpose of the project is to work within the multi-disciplinary team alongside people's GP, care managers, district nurses, falls prevention therapists and other healthcare professionals to regularly review and provide support to people where needed. As part of the project monthly multi-disciplinary team meetings took place at the service. The pharmacist told us, "I have found the staff at Burgess Field very helpful with regards to medication use. They are quick to pick up any issues with regards to medication use with residents and either directly liaise with the GPs for medication review or have highlighted these promptly to myself. They also promptly resolve any issues with supply of medication with the community pharmacy. I have found the staff to be very friendly, helpful and efficient".

People who used the service and their representatives were asked for their views about their care and they were acted on. Visitor survey forms were available in the main entrance area for people to provide feedback, comments and suggestions. Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints and concerns. Tenant's meetings were held regularly and people we spoke with told us they attended and were able to provide feedback about the running of the service. People and their relatives felt that the management were responsive when they had raised any concerns.

People using the service, relatives and friends were asked to complete an annual survey. We reviewed a summary of last year's results and noted a 90% response rate. 90% of people who responded stated they found staff helpful and 80% said that care staff always asked them how they would like things done. One relative had commented, 'The managers always make time to listen to residents and relatives concerns. They quickly resolve problems and suggest solutions and give support. They work incredibly hard to listen to everyone (residents and staff) to keep a harmonious and smooth running extra care service.'