Care Quality Commission

Octavia Housing and Care

James Hill House

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

Overall summary

We conducted an unannounced inspection of James Hill House on 24 November 2014. The service provides extra care housing for up to 30 older people with mental health problems, physical or other disabilities. There were 28 people using the service when we visited.

At our last inspection on 3 January 2014 the service met the regulations we inspected.

The service had a registered manager in post. 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.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. The registered manager and staff had received training on safeguarding adults and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Summary of findings

Risk assessments were based on people's individual needs and lifestyle choices. We saw evidence that people were involved in decisions relating to risks they wanted to take in order to increase their independence.

Staff received first aid training and were able to explain how they would respond to a medical emergency. The service operated an out of hours on call system which ensured a manager was always on duty to respond to emergencies and give advice.

There were enough, safely recruited staff available to meet people's needs. Staffing numbers were adjusted depending on people's requirements.

Medicines were managed safely. Records were kept when medicines were administered, and appropriate checks were undertaken by staff. Records were clear and accurate and regular auditing of medicines was undertaken.

Staff were trained in the Mental Capacity Act 2005 which is a law to protect people who do not have the capacity to make decisions for themselves. Staff were also trained in the Deprivation of Liberty Safeguards which are part of the Mental Capacity Act and exist to make sure that people's freedom is not inappropriately restricted where they lack the capacity to make certain decisions. Staff demonstrated a good understanding of their responsibilities.

People and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs and staff followed these.

Recruitment procedures ensured that only people who were deemed suitable worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with a range of ongoing training to help them carry out their duties. Staff received regular supervision and appraisal to support them to meet people's needs.

People were supported to eat and drink a balanced diet that they enjoyed and their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals. Healthcare professionals spoke positively about their working relationship with staff at the service.

People told us staff treated them in a caring and respectful way. People's privacy and dignity was respected and we observed positive interactions between people and staff throughout our visit. Staff demonstrated a good understanding of people's life histories and their individual preferences and choices.

Staff and people who used the service felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was an effective complaints policy and procedure in place. We found complaints were dealt with appropriately and in accordance with the policy.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified action plans were put in place to rectify these.

Staff worked with other organisations to implement best practice. We saw evidence of multi- disciplinary team working and this was monitored to ensure best outcomes were achieved for people. The service also had good links with the local community. People told us they participated in activities at local day centres and that they enjoyed doing so.

Summary of findings

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. Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and appropriate action was taken to minimise these.

Enough staff were available to meet people's needs and we found that staff recruitment processes helped keep people safe.

Safe practices for administering medicines were followed, to help ensure that people received their medicines as prescribed.

Is the service effective?

Good

The service was effective. We found staff were meeting the requirements of the Deprivation of Liberty Safeguards (DoLS), and other aspects of the Mental Capacity Act (MCA) 2005.

People were supported by staff who had the skills and understanding required to meet their needs. Staff received an induction and regular supervision, training and annual appraisals of their performance to carry out their role.

People were supported to eat a healthy diet and were able to choose what they wanted to eat.

People were supported to maintain good health and had access to healthcare services and support when required.

Is the service caring?

Good

The service was caring. Staff understood people's needs and knew how to support them.

People were involved in decisions about their care. People were treated with respect and staff maintained people's privacy and dignity. The service understood people's needs and helped them to meet these.

Staff knew people's life histories and were able to respond to people's needs in a way that promoted their individual preferences and choices.

Is the service responsive?

Good

The service was responsive. People and their families were involved in decisions about their care. Staff monitored and understood how to respond to people's changing needs.

People who used the service knew how to make a complaint. People were confident that staff would address any concerns. There was a complaints policy available and we saw records to indicate that people's complaints were dealt with in line with the policy.

Is the service well-led?

The service was well-led. There was an open and transparent culture and staff reported they felt confident discussing any issues with the registered manager.

Summary of findings

Systems were in place to assess and monitor the quality of the service people received. We saw evidence of regular auditing. Where improvements were required, action plans were put in place to address these. Staff had good links with the local community and worked with other organisations to ensure the service followed best practice. The service had participated and achieved success in local and national competitions in care delivery.

James Hill House

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.

We undertook an unannounced inspection of James Hill House on 24 November 2014. The inspection was carried out by a single inspector.

We reviewed the information we held about the service which included a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with three healthcare professionals and a representative at the local authority regarding safeguarding matters to obtain their views of service delivery.

During our inspection we spoke with four people who used the service, two relatives and the registered manager. We spoke with two care assistants after our inspection on the telephone. We spent time observing care and support in communal areas on the day of our inspection. We also looked at a sample of three care records of people who used the service, three staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. Comments included, "I have an alarm. I feel safe here" and "I feel safe. Nobody bothers me." People told us they knew who they could speak with if they had any concerns.

Staff understood how to recognise signs of potential abuse and how to report their concerns. Staff members gave examples of the possible signs of abuse and correctly explained the procedure to follow if they had any concerns. Staff told us, and training records confirmed, that they had completed safeguarding adults training within the last year, and they were aware of the provider's policy on safeguarding.

We contacted a member of the local authority safeguarding team. They confirmed they did not have any concerns about the safety of people living at the service.

We spoke with the registered manager and other staff about how they protected people from the possibility of discrimination. The registered manager told us they were given information by the referring social services team on admission to the service and this included details about whether people had any cultural or other requirements. The registered manager told us and records confirmed that these questions were also asked as part of the initial assessment when a person arrived at the service. All staff told us they worked to meet people's specific, identified requirements regarding their cultural needs. A relative told us staff helped one person meet their cultural needs in terms of the type of food they liked to eat and we saw detailed written analysis of another person's cultural needs in a care record we looked at.

Risk assessments were based on people's individual needs and lifestyle choices. Risk assessments covered known risks, which included those relating to the person's physical health, personal care and behaviour. Risk assessments included detailed, practical guidance to staff on how to manage risks. For example, we saw detailed, up to date, and practical written guidance for one person in relation to substance misuse and this included advice from other healthcare practitioners.

People were involved in decisions relating to risks they wanted to take in order to increase their independence. The registered manager gave us an example of how they balanced the risk of one person leaving the building alone with the advantages gained from the independence this brought them. They told us and other staff confirmed that precautionary measures were put in place in consultation with the person's social worker to enable them to do this. We saw care plans included details of risks to people, but also included specific goals for staff to help people to reach with timeframes, which included those related to promoting their independence.

Staff received first aid training annually and appointed first aiders attended an additional three day first aid training course every three years. The care assistants we spoke with were able to explain how they would respond to a medical emergency and both gave us examples of how they had dealt with medical emergencies in the past. This included reporting incidents to the registered manager or on call manager when out of hours and recording any accidents or incidents. We looked at accident and incident records and saw that they contained sufficient detail with clear actions for staff. Staff told us all accidents and incidents were discussed in team meetings to identify any further learning.

People told us there were enough staff available to meet their needs. Comments included, "There is enough staff," and "I get the help I need, there are enough staff for that." Staff also told us that there were enough of them available to meet people's needs. Staff told us "There are enough of us on duty, but we do have access to bank staff as well just in case" and "We manage really well- there are enough of us around. We help each other."

The registered manager explained that they were given an allotted number of hours by the referring social services team. However, people were also assessed on admission to determine their dependency and we saw records to demonstrate this. If any discrepancies were identified the registered manager told us they would liaise with social services to increase the number of hours' of funding that had been agreed. We reviewed the staffing rota for the week of our inspection and this accurately reflected the number of staff on duty.

We looked at three staff files and saw there was a process for recruiting staff that ensured all relevant pre-employment checks were carried out to ensure they were suitable to work with people using the service. These included appropriate written references, proof of identity and criminal record checks. Records also indicated that appropriate disciplinary procedures were followed where required.

Good

Is the service safe?

Staff followed safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for named individuals by the local pharmacy who also provided copies of the medicines administration record (MAR). These medicines were logged into the service computer system and checked against the prescription forms which were also provided by the pharmacy. Medicines were stored safely for each person in a locked cupboard in their room. The current MAR chart was kept with the person's medicine and filled in each time medicine was administered.

We saw examples of completed MAR charts for three people in the month preceding our inspection. We saw that staff had fully completed these and each record had been signed and the controlled drug chart countersigned by a second person. We were given permission by one person to count their medicines and check the amount against their current MAR chart. We saw that the numbers tallied with the record kept.

We saw copies of weekly checks that were conducted of medicines. This included a physical count of medicines as well as other matters including the amount in stock and expiry dates of medicines. The weekly checks we saw did not identify any issues.

All staff had completed medicines administration training within the last year. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines. Staff told us if a person made a medicines error, they were required to re-take their training.

Good

Is the service effective?

Our findings

People were supported to eat a balanced diet that they enjoyed. People made positive comments about the quality of food provided such as, “Staff help me with cooking food I like” and another relative told us one person only wanted food from one particular store, which staff bought.

People’s records included information about their dietary requirements and appropriate advice had been obtained from their GP or dietitian where required. Staff told us and people confirmed that staff helped them to go shopping, cook their meals and provided them with guidance about what was suitable to meet their dietary needs. Staff demonstrated detailed knowledge about people’s nutritional requirements and gave examples of the type of food people ate. For example one care assistant gave examples of people who were vegetarian and other people with diabetes and what type of food they prepared for these people. Another care assistant cited an example of one person whose nutritional intake was being closely monitored. Staff had to complete food and fluid charts for this person and maintain regular contact with their dietitian for advice. We saw this person’s care record and saw documents were complete and up to date as well as evidence of regular communication and advice sought from the dietitian.

People were supported to maintain good health and had access to healthcare services and support. Care records identified people’s healthcare needs, which included matters such as mental health needs and other specific health problems. We saw evidence that people’s medicines were reviewed by their GP and other health practitioners, where required, to monitor appropriate use. There was evidence of close working with other healthcare practitioners at monthly multi-disciplinary meetings and advice being given and followed. The GP also conducted weekly visits to the home. We spoke with three healthcare practitioners which included two GPs. They all confirmed staff followed their advice and understood people’s health needs. Their comments included “The level of care is extraordinary” and “I would be happy for my own family to live there.”

People were supported by staff who had the skills and understanding required to meet their needs. People and their relatives felt staff understood how to meet their needs. One relative told us, "I am happy with the help staff give" and another person said “Staff are good, they help me with what I need.” Staff training records showed that staff had completed training in areas such as safeguarding adults, medicines administration and emergency procedures. Staff told us and records confirmed that they had completed an induction prior to starting work with the organisation. Staff told us they felt the induction prepared them for their role.

Staff told us they received supervision on a monthly basis. They told us this varied according to staff performance. If a staff member needed further monitoring they were supervised twice a month. Supervisions included “workplace supervisions” which involved a senior member of staff shadowing the staff member and assessing their skills in certain areas. Thereafter, the senior staff member met with the person to discuss their performance in the “workplace supervision” as well as their general performance to discuss any issues and monitor their targets. Records demonstrated that supervisions were held monthly and included a copy of the results of their “workplace supervision”.

Staff told us they had received an appraisal in the last year and we saw records to confirm this. Staff told us they had a personal development plan that was reviewed annually and identified areas of future training and development. They said they found this helpful in supporting them to develop their skills further so they could meet people's needs effectively.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found that the service had policies and procedures in place that ensured staff had guidance if they needed to apply for a DoLS authorisation to restrict a person’s liberty in their best interests. Staff had received training in the last year to understand when an application should be made. At the time of our inspection there were no DoLS authorisations in place and we did not observe any restrictions of people’s liberty.

We found that the service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent and how they would support people who lacked the capacity to make

Good

Is the service effective?

specific decisions. We saw mental capacity assessments in people's files for specific decisions. We found that these were properly completed in accordance with the requirements of the MCA.

The service had other safeguards in place to ensure they were providing care in accordance with people's valid consent. Care records included information about people's specific arrangements in relation to financial or other decisions or whether someone else had been assigned with Lasting Power of Attorney. We saw various consent forms in people's files which helped the service ensure they had people's consent. For example, all files we viewed contained a signed consent form which authorised the service to manage people's medicines on their behalf.

Behaviour that challenged the service was managed in a way that maintained people's safety and protected their rights. Staff gave us examples of how they would respond to people's behaviour and we saw examples of specific advice for staff within one person's care records. Specific arrangements were in place for staff when providing this person with care. We asked the care assistants about what these arrangements were and they were able to describe these to us.

Good

Is the service caring?

Our findings

People told us that staff treated them in a caring and respectful way and said they were involved in decisions about their care. One person said, "Staff are friendly and have a laugh with you," and another person told us, “All staff are nice.” We observed positive interactions between staff and people who used the service. Conversations were conducted at the person’s pace and were light hearted.

Staff demonstrated a good understanding of people’s life histories. They told us that they asked questions about people’s life histories and people important to them when they first joined the service. One care assistant told us, “These are extremely important questions for us to get to know people”. Both care assistants we spoke with gave us details of people’s lives and demonstrated that they knew them well.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices. Care plans recorded people's likes and dislikes in relation to matters such as their preferred activities, routines as well as their diet. Staff spoke knowledgably about these matters when questioned. People and their relatives also confirmed that staff met people’s preferences in relation to these matters.

People and their relatives confirmed staff encouraged them to be as independent as possible. Care records included details about the level of support people required. Initial assessments included an assessment of people’s living skills and included targets for helping them to maintain and develop these. For example, one person told us they were very independent and told us, “I don’t need help from staff. I don’t want help unless I ask.” We asked the care assistants about this person and they confirmed they respected and encouraged this person to maintain their independence. All staff gave us examples of how they monitored people’s independence and living skills. Staff gave “re-ablement training” to people in skills such as personal care and cooking and gave us examples of the success they had in these areas.

People were involved in decisions about their care. One person said, “Staff help me with what I need,” and a relative told us, “They help with my [family member’s] needs.” We saw evidence in care plans that people were involved in making decisions about their own care. For example, all care plans we saw included extensive comments from the person about the type of care they wanted. The registered manager told us they operated a keyworking system, whereby each person was assigned a specific care assistant who conducted monthly care panning reviews with them and their relatives. A key worker is someone who is assigned to work closely with the person using the service. Both the registered manager and other staff told us the key working system ensured a closer relationship between people and staff. People were also able to choose their own key worker which ensured they were well matched to one another.

Staff told us that people had access to advocacy services if required. The registered manager told us they ensured people’s families were involved in decisions regarding their care in the first instance, but where required they would contact an Independent Mental Capacity Advocate for those people who were lacking capacity or contact another advocate where this was required. At the time of our inspection no one at the service was using an advocate.

Staff respected and promoted people’s privacy and dignity. A relative told us, “Staff are very respectful.” We observed staff knocking on people’s doors before they entered and people confirmed that staff did this routinely. Care assistants gave examples of how they protected people’s privacy and dignity. One care assistant gave the example of personal care and told us they always made sure the door was closed and that only necessary body parts were exposed to protect the person’s dignity.

Staff told us that they communicated with people’s relatives on a regular basis and kept them informed of any changes in their family member’s care where appropriate. A relative we spoke with confirmed this and told us they visited the service unannounced whenever they wanted and staff always made them feel welcome.

Good

Is the service responsive?

Our findings

People told us they were involved in decisions about their care and that staff supported them when they needed them to. Care records showed that staff took people's views into account in the assessment of their needs and care planning. These documents were detailed with specific advice to staff on how to provide care for people and were reviewed at least every six months. People who used the service and their families had been involved in writing and reviewing care plans. We saw detailed risk assessments in people's records that determined people's skills in everyday tasks as well as their social skills and how the service could promote these.

Care records included details about how to maintain the person's mental health and emotional wellbeing. We saw detailed, practical guidance in one person's file about the support they needed as well as the precautions staff were required to take and staff demonstrated that they understood this person's needs.

Each person had their own keyworker who was a member of staff assigned to work with them in order to meet their objectives. We saw records to indicate that people met with their keyworker every month to monitor their wellbeing and discuss their objectives. Key workers discussed numerous issues with people which included "feeling positive" and "staying as well as you can" and people's responses were written in relation to these key areas. We saw that care plans were then updated to reflect any changes to their objectives following these meetings. Therefore care plans were regularly updated to reflect people's progress and aspirations.

People were supported to engage in a range of activities that reflected their personal interests and supported their emotional wellbeing. Care records described people's hobbies and interests. Staff monitored people's involvement in activities in keyworking sessions and recorded this in their care records with specific objectives for people to help ensure their social and leisure needs were met.

People knew how to make a complaint and told us they felt confident that staff would deal with their concerns. People gave us the name of the person they would speak to if they had a complaint. Copies of the complaints policy were available in the service in an easy-read format and we saw a copy displayed in a communal area. People were also provided with a copy of the complaints policy on admission. Records showed that the registered manager had taken action to address complaints that had been made. Staff from the provider's head office also reviewed complaints to monitor for trends or make additional recommendations. The registered manager told us that complaints were discussed at staff meetings and other staff confirmed this.

Good

Is the service well-led?

Our findings

Is the service well- led?

The service had an open culture that encouraged people's involvement in decisions that affected them. People who used the service and staff told us the registered manager was available and listened to what they had to say. We observed the registered manager interacting with people using the service throughout the day and conversations demonstrated that they knew people well and spoke with them regularly. The registered manager told us that they occasionally worked "on the floor" with care assistants and said their manager also occasionally did this. The registered manager told us this ensured they maintained their understanding of the requirements of the care assistant role and the pressures this involved.

Monthly 'residents meetings' took place so people could share their views, plan activities and identify any support they needed. We read the minutes of the most recent meeting and saw that relatives were also invited to these meetings to discuss matters. People told us they found these meetings helpful and felt comfortable speaking in them.

Staff told us they felt able to raise any issues or concerns with the registered manager. One member of staff told us, "He is so approachable." The registered manager told us monthly staff meetings were held to discuss the running of the service. Staff told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

The registered manager demonstrated that they understood their responsibilities to report significant matters to the CQC and other relevant authorities. Notifications were submitted to the CQC appropriately.

Staff gave a consistent view about the vision for the service. The registered manager told us the values of the service were discussed with people as part of their induction and these were described within the organisation as "the three R's". All staff gave a consistent definition of what the "three R's" were and told us they stood for, "respectful, reliable and responsive" service. All staff told us they discussed what this meant in terms of the type of service they wanted to provide. A care assistant told us, "It means we want to be respecting people's wishes and making sure they can count on us to give them the service they want." The registered manager told us that the keyworking system was in place to deliver "responsive" care to people by ensuring they had the chance to meet and speak with people about their goals "on a one to one basis."

The service had strong links with the local community. People using the service participated in activities at other organisations such as local day centres. People using the service regularly visited these organisations and we saw their care records detailed the type of activities they carried out there. One person told us about two day centres they visited. They told us, "I go every week. I enjoy it".

We saw records of complaints, and accident and incident records. There was a clear process for reporting and managing these. The registered manager told us they reviewed complaints, accidents and incidents to monitor trends or identify further action required. They told us all accidents and incidents were also reviewed by a specific "health and safety committee" which was based at the provider's head office. This team monitored incidents for trends and made further recommendations where required.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were outlined in their initial job descriptions and additional responsibilities were in their learning and development plans. Staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result. Staff also explained that there was a "daily routine sheet" for new staff members. This provided a quick guide of the responsibilities staff had in relation to specific people. Staff also explained that they had handovers at the beginning of every shift so they were aware of any new information and were also expected to read a "communication book" which contained any new information before every shift.

The provider had systems to monitor the quality of the care and support people received. We saw evidence of audits covering a range of issues such as care planning, medicines administration and safeguarding. We saw a quality assurance report was completed by a senior manager on a

Good

Is the service well-led?

quarterly basis and this monitored different aspects of the care delivered as well as people's feedback. Where issues were identified, targets for improvement were put in place with timeframes.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included dietitians and local social services teams. We spoke with three healthcare professionals which included two GPs and they commented positively on their working relationship with staff at James Hill House. We also saw separate reports were completed which monitored the effect of joint working with other healthcare professionals and whether this was achieving the required objective of reducing hospital admissions. We saw the report demonstrated that joint working had resulted in a drop in the number of falls and hospital admissions.

We saw records to demonstrate that the service worked with another external organisation to monitor its safeguarding processes. We saw this did not identify any issues and included recommendations to the management of the service.

The service also participated in the "Great British Care Awards" and the "Care Innovation Awards". The registered manager explained that both competitions involved being interviewed and extensively questioned on their individual practice. They explained that this had been "a good learning experience" and as a result had won the award for "Best Home Care Manager in London" in the "Great British Care Awards" and was a finalist in the "Care Innovation Awards".