

Octavia Housing

Octavia Housing - 108 Highlever Road

Inspection report

108 Highlever Road
North Kensington
London
W10 6PL

Tel: 02089622112

Date of inspection visit:
13 June 2017

Date of publication:
08 August 2017

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 inspected this service on 13 June 2017. The inspection was announced.

108 Highlever Road is an older property divided into five separate rooms, each with en-suite wet room facilities. People have access to a comfortable communal lounge, a kitchen/dining area and a small courtyard garden. The service provides accommodation and personal care for up to five older people, some of whom have dementia. There were four people living at the address at the time of our visit.

During our last comprehensive inspection of this service which took place on 27 and 28 October 2015 we found a breach of the regulations in relation to good governance. This was because the provider had failed to notify us of a serious incident in accordance with their registration requirements.

After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a comprehensive inspection on the 13 June 2017 to check that they had followed their plan and to confirm that they now met legal requirements. At this inspection we found the provider had made improvements in relation to good governance and they were no longer in breach of the regulations.

The service had a registered manager in post. 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 based at another Octavia Housing service in the local area and divided her time between the two service locations. She was supported in her duties by a full-time deputy manager.

The service received referrals from social workers based in the Royal Borough of Kensington and Chelsea. Social workers completed an initial care and needs assessments. This information was used to inform and develop people's care plans. Relatives were asked to contribute to the care planning process where this was appropriate. This ensured people's support needs could be identified and risk assessments completed before people moved into the service on a permanent basis.

People's risk assessments covered a range of issues including guidance around falls and mobility, nutrition and personal care. Staff supported people to attend health appointments and there were protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

The provider had safeguarding policies and procedures in place and staff were able to describe the actions they would take to keep people safe. The registered manager and the deputy manager were clear about the action they would take to investigate and follow up any safeguarding concerns.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and

DoLS, and to report upon our findings. DoLS are in place to protect people where they do not have the capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others.

Senior staff understood when a DoLS application should be made and how to submit one. No applications had been made to the relevant agencies as people using the service were not subject to restrictions.

People's independence was promoted. People were supported to attend day centres during the week. There were opportunities for people to partake in a range of activities that were culturally appropriate and tailored to people's individual needs and preferences.

Staff were aware of people's specific dietary needs and preferences and offered people choices at mealtimes.

There were arrangements in place to assess and monitor the quality and effectiveness of the service. This included annual surveys, staff team meetings and auditing the administration of medicines.

Relatives expressed positive views about the service and the staff working there.

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.

Staff understood their responsibilities to report any suspected abuse.

People's needs had been assessed and where risks had been identified, risk assessments were in place and up to date.

People received their medicines when prescribed from staff who were suitably trained and competent to administer them.

Is the service effective?

Good ●

The service was effective.

People received the support they required from staff and systems made sure people received timely support from appropriate health care professionals when required.

People were offered a choice of meals and drinks that met their dietary needs.

The management team had a good working knowledge of current legislation and guidance in relation to Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Staff developed positive caring relationships with people using the service.

Care and support records contained life story booklets documenting people's childhood memories, family relationships, hobbies and interests and daily routines.

Staff had completed training in dementia care and demonstrated a good understanding of the needs of people living with dementia.

Is the service responsive?

Good ●

The service was responsive.

An initial assessment process ensured that people's individual care and support needs could be met by the service before a package of care was organised and care staff allocated.

People's care records were reviewed and updated on a regular basis.

Staff were responsive to people's needs and encouraged them to get involved in activities they enjoyed.

Is the service well-led?

Good ●

The service was well led.

The registered manager and the deputy manager were aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other external agencies (where appropriate).

Systems were in place to ensure the home was safe and the care provided was effective.

The registered manager had plans to develop the service further and was enthusiastic about making the home better for the people that lived there.

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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 13 June 2017 and was announced. The provider was given 24 hours' notice because the location provides a care service to a small number of people; we needed to be sure that members of the management team would be available to speak with us on the day. This inspection was carried out by a single inspector.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) holds about the service. This included notifications of significant incidents and/or complaints reported to CQC since the last inspection took place in October 2015.

Some people living at 108 Highlever Road were out attending day centres when we visited. We spoke briefly with two people using the service, spent time in the communal areas of the home and observed the care and support people were given by staff.

We spoke with the registered manager, the deputy manager and three care staff members. Following the inspection we contacted two relatives and a social worker to gain their views about the service and the way it was managed.

Records we looked at included care plans for all of the people using the service, staff records and records relating to the management of the service.

Is the service safe?

Our findings

Relatives we spoke with were happy with how the service was organised and trusted the staff supporting their family members. One relative told us, "[My family member] couldn't be in a better place. It's ideal. [Staff] are all absolutely brilliant and I can't praise them high enough for the work they do."

We saw that staff had completed individual risk assessments for each person using the service. Risk assessments addressed areas such as personal care provision, eating and drinking, behaviour management, social isolation, the environment and people's mobility. The registered manager told us that reviews took place every six months or before if there were any significant changes to people's health and wellbeing. Risk assessments we looked at were up to date, signed and dated appropriately.

We asked staff about protecting people from abuse. Staff told us they had completed safeguarding training as part of their induction and records we looked at confirmed this. Safeguarding training was refreshed every three years to enable staff to keep abreast of any policy changes and/or developments in safeguarding practice and procedures. Staff told us they knew who to speak to if they had any concerns about the people they supported. Staff demonstrated a good understanding of whistle blowing procedures and we were told "If you witness something happening that shouldn't be happening, you need to raise the alarm." Staff told us they would report any concerns to their managers, social workers, the police and the Care Quality Commission if and where appropriate.

We asked staff what training they had received in dementia awareness and were told they had recently attended an Alzheimer's road show and taken part in a virtual dementia tour. Staff were enthusiastic about what they had learnt and one member of staff told us, "It was really good. Like going into their world, you got a good insight into what it might be like to have dementia." A number of staff had completed training linked to the Qualification and Credit Framework (QCF) in health and social care or had previous experience of working in a care setting. Staffing levels on the day of our visit were adequate to meet the needs of people living in the home.

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. The DBS provides information on people's background, including convictions in order to help providers make safer recruitment decisions. We received confirmation from the provider via email that all necessary checks had been completed and staff were safe to work with people using the service.

Medicines were stored and managed safely and systems were in place to make sure people received their medicines safely from staff who were suitably trained. Staff completed in-house training and completed competency checks carried out by managers. Medicines were dossetted by dispensing pharmacists for each person using the service. We saw pictures of people on each record so staff could cross check medicines were given to the correct person. Medicine administration records (MAR) confirmed each medicine had been administered and signed for at the appropriate time.

On the day of our visit, the service was clean and free from odours. Staff had access to gloves and aprons when needed to help prevent the spread of infection.

Is the service effective?

Our findings

People were supported to maintain good health. People's care plans contained adequate information relating to their healthcare needs and included relevant guidelines in relation to specific areas such as, positive behaviour support and dietary requirements. Staff completed diary sheets detailing all healthcare appointments people were required to attend and had systems in place to ensure people were seen by the appropriate healthcare professionals at the appropriate time. We saw evidence of people being seen by their GPs, district nurses, mental health specialists and occupational therapists. Relatives told us they received feedback about their family members on a regular basis.

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's health and wellbeing. Staff told us that if someone they were supporting became unwell they would contact a manager and/or emergency services. Staff had access to a 24 hour on-call manager support service. We saw evidence that staff had accessed NHS emergency services when they needed to.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people's capacity to consent to their care, demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The registered manager informed us that no DoLS applications had been submitted by the provider. We did not observe people's freedom being restricted in any manner during our visit.

Staff understood the principles of the MCA and told us they assumed people had capacity to make everyday decisions. Staff understood their responsibility to act in people's best interests when it had been identified the person lacked the capacity to make a specific decision. We saw evidence that demonstrated staff communicated with relatives and people's GPs to make decisions in their best interests.

A relative told us, "[Staff] are very well trained. They are as calm as anything. I have no complaints." Staff were supported to carry out their roles effectively. Records showed that staff had completed mandatory training in areas such as moving and positioning, safeguarding and fire safety management. Staff confirmed they had completed an induction and received adequate ongoing training and supervision. A member of staff told us, "The training is impeccable and the supervision is very good, you get feedback about your performance." We saw evidence in staff records that supervision sessions were conducted on a regular basis.

Staff told us they had received training in food hygiene and were aware of food safety issues. The home had been awarded a '5' star food hygiene rating in November 2016. (A top rating of '5' means that a service/business was found to have 'very good' hygiene standards). Staff were knowledgeable about people's routines when it came to mealtimes and we were told, "[person using the service] likes to have breakfast in [their] pyjamas and [another person using the service] eats with the group because [they] like eating with other people." People were supported at mealtimes to access the food and drink of their choice.

We were told that snacks and drinks were available throughout the day to anyone wanting them.

Is the service caring?

Our findings

One relative told us, "The staff do an excellent job from the top to the bottom" and another relative told us, "It's a fantastic place. I'm hoping to get in there myself when the time comes!" Staff developed positive caring relationships with people using the service and were well informed about people's lives, their family members and favourite past times. Staff we met during our visit were friendly, polite and enthusiastic about the people they supported.

We saw staff interacting kindly with people using the service, asking them about their day and responding to their comments with humour and patience. Staff supported people to express their views and involved them in day to day decisions about their daily lives and support. For example, people were asked what they would like to eat at mealtimes, what clothes they would like to wear and what activities they would like to take part in.

We looked at people's files which included their care planning documentation, risk assessments, healthcare documentation and other records. Staff had completed story booklets documenting people's childhood memories, family relationships, hobbies and interests, likes and dislikes and daily routines. These were illustrated with family photographs and mementos of past events. This demonstrated that staff and relatives were aware of the importance of developing and using tools that helped people to recall and talk about significant events, holidays, family and friends and all the other things that were central to their lives past and present. One relative told us that whenever they visited they always found staff chatting to their family member and said "[Staff] are always friendly, always informative; I can not fault the place. [My family member] loves it there."

Relatives told us their family members were well looked after and were visited by a hairdresser and had their nails painted by staff. Staff told us they observed good practice when supporting people with their personal care needs and grooming. A member of staff described how they supported people in their care, "I let [the person using the service] know what I'm here for, I give [them] control, I ask if [they] would like me to help, I make sure the doors and windows are closed and the curtains drawn. [They] choose what [they] want to wear. [They] can speak to me about what [they] like and don't like."

People were able to make their own day to day decisions such as when to get up, shower or when to eat. Staff tried to make the environment homely and people had been encouraged to decorate their rooms as they wished. The registered manager told us she had devised a home environment improvement plan which would address the need for new net curtains, a new dining room table and chairs of a suitable height and design, new flooring, kitchen cupboards and fresh paint throughout. We will report on these improvements when we next visit the service.

Staff told us they entered daily information in people's daily logs. Information included a brief overview of the support given, activities participated in and details regarding health and well-being. Relatives told us they were kept updated about any changes in the health and welfare of their family members.

Is the service responsive?

Our findings

People were referred to the service by social workers based in the Royal Borough of Kensington and Chelsea. The registered manager told us she completed an initial assessment of people's needs before they moved into the service and considered carefully the suitability of any new residents and how they might fit comfortably into the group of people already residing at 108 Highlever Road. People and their relatives were encouraged to visit the service before moving in on a permanent basis.

Each person moving into the service was allocated a keyworker who was responsible for conducting key working sessions and monitoring people's progress. People were encouraged to make their own decisions about their care and support needs. Where people were unable to make these decisions for themselves, family members (if appropriate) and/or health and social care professionals contributed to the development of care and support plans. The initial assessment process ensured that people's individual care and support needs could be met by the service before a package of care was organised and care staff allocated.

There were no restrictions on visitors to the service and family relationships were encouraged and maintained. The registered manager told us that reviews and best interests meetings were held regularly to monitor people's progress particularly in the absence of any family involvement. We were told that one person who had recently moved in had "settled in well and there were no concerns." Social workers reviewed people's care and support needs on an annual basis where this was required. All the care plans we looked at were up to date, had been signed and dated accordingly.

However, we noted that people's care records did not always address how people wished to be cared for towards the end of their lives. We found no Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) records in place and the will and testament areas of peoples' care plans were blank indicating that discussions around these issues had not yet taken place. One staff member told us that end of life training would be helpful. The registered manager informed us that this training would be made available to staff in the near future. We shall ask the registered manager to update us when this training has been completed by all members of staff working with people living at 108 Highlever Road.

The provider had a complaints policy which was available for people using the service and their family members. Relatives told us they had no complaints. Any informal complaints were managed as soon as they were received and formal complaints were investigated in line with the provider's policies. We noted that no complaints had been logged in the past 12 months. We were shown cards and emails praising and thanking staff for their dedication and kindness.

Is the service well-led?

Our findings

When we inspected 108 Highlever Road in October 2015 we found the provider had failed to notify us of a serious incident that had occurred within the service. The provider is legally obliged to send us notifications of incidents, events or changes involving the service within a required timescale. This enables us to monitor any trends or concerns within a service. At this inspection we were assured that the registered manager and the deputy manager were aware of their responsibilities with regards to reporting significant events and safeguarding concerns to the Care Quality Commission and other external agencies (where appropriate). We have received three notifications from the provider since our last inspection. The provider took appropriate action to address these incidents.

The registered manager was based at another Octavia Housing service in the local area and divided her time between the two service locations. She was supported in her role by a full-time deputy manager. Staff told us, "We are a good team, we support each other. [The registered manager] is supportive and kind" and "She's hands on and gets involved."

There were systems in place for checking and recording whether various aspects of the service were safe. People's MAR charts were audited on a weekly basis and any errors or omissions identified were discussed with the relevant staff members. We saw records that verified this auditing process had been completed. A range of audits looked at other areas within the home including the occurrence of falls, fire safety and health and safety issues.

We read documents that demonstrated systems were in place to log, monitor and respond appropriately to any accidents and/or incidents. The registered manager told us they completed regular and ongoing checks on fire safety, water temperatures, legionella risk and first aid equipment. We noted that fire equipment had been tested and first aid boxes were fully stocked and kept in an appropriately accessible place.

The registered manager told us staff meetings were held every six to eight weeks. Staff told us they had regular opportunities to get together and discuss the service, any concerns or good practice. They said they felt confident enough to report poor practice and that action would be taken. Minutes from the staff meetings held showed that issues such as people's well-being, care practice and the provider's policies and procedures had been discussed.

Relatives told us the service was "fantastic" and the staff "really friendly." Staff we met during our visit demonstrated a good understanding of their roles and responsibilities. One member of staff told us, "When my time comes, I'd like to be here. I would really recommend this place. It's a good company to work for."

Two people using the service had completed a satisfaction survey in 2016. The results showed that people were very satisfied with the support they received from staff, the activities on offer and the service overall. The ratings from our previous inspection visit were prominently displayed in the home.