

Octavia Housing

Octavia Housing - 108 Highlever Road

Inspection report

108 Highlever Road

London

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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?

Requires improvement 

Overall summary

This inspection took place on 27 and 28 October 2015 and was unannounced. The service was meeting all of the essential standards of quality and safety we checked the last time we visited in January 2014. During this visit we found a breach of the Care Quality Commission (Registration) Regulations 2009.

108 Highlever Road is an older property divided into 5 separate rooms, each with en-suite wet room facilities. People also 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 three people living at the address at the time of our visit.

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

Summary of findings

and associated Regulations about how the service is run. The registered manager was based at another Octavia Housing service in the local area and was not available during our visit.

The provider was not always notifying the Care Quality Commission of incidents which should have been reported to us in line with the provider's registration requirements.

The service received referrals from social workers based in the London 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 in consultation with people and their family members (where 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.

Staff were familiar with the provider's safeguarding policies and procedures and able to describe the actions they would take to keep people safe. We had received no safeguarding notifications from the provider since the last inspection took place in January 2014. During our visit the deputy manager told us about two incidents which should have been reported to CQC in line with the provider's registration requirements. We have requested that in future all notifications are sent us in a timely fashion so that where needed, action can be taken.

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. One person was supported to attend a day centre during the week. People took trips out and we were told that activities were organised on an ad hoc basis for those who wished to participate.

Staff were aware of people's specific dietary needs and preferences and offered people choices at mealtimes. People's opinions as to the quality and quantity of food provided were positive. Fruit and drinks were available at each meal and tea and snacks were served throughout the day or when requested.

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. People using the service expressed positive views about the service and the staff.

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?

The service was safe. A range of risk assessments were completed in relation to the environment, and people's mobility and personal care needs.

Staff were able to explain their understanding of safeguarding and whistle blowing policies and provide examples of how they related to their duties and responsibilities.

There were enough staff to meet people's needs. Before commencing their employment, staff were required to undergo criminal record checks and provide satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK.

Good



Is the service effective?

The service was effective. People had access to a wide range of healthcare professionals including mental health specialists, dietitians and diabetes specialists.

People were supported at mealtimes to have the food and drink of their choice. People's opinions as to the quantity, quality and choice of food on offer were positive.

The deputy manager had a good working knowledge of current legislation and guidance in relation to Deprivation of Liberty Safeguards (DoLS). Staff had completed mandatory training in areas such as equality and diversity, safeguarding and health and safety.

Good



Is the service caring?

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, likes and dislikes and daily routines.

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

Good



Is the service responsive?

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.

Care plans were reviewed regularly, up to date and had been signed and dated accordingly.

Good



Summary of findings

The service had a complaints policy which was available for people using the service and their family members.

Is the service well-led?

Not all aspects of the service were well led. The provider was not always notifying the CQC of incidents which should have been reported to CQC in line with the provider's registration requirements.

The service had quality assurance systems in place which included regular checks on fire safety, water temperatures, first aid equipment and medicines records.

Staff meetings were held on a monthly basis which gave opportunities for staff to feedback ideas and make suggestions about the running of the service.

Requires improvement



Octavia Housing - 108 Highlever Road

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 27 and 28 October 2015 and was unannounced. The 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 in January 2014.

During the inspection we spoke with two people using the service. We also spoke with a deputy manager, a shift leader and two care staff.

Records we looked at included care plans for all of the people using the service, three staff records and records relating to the management of the service. We sought feedback from two health and social care professionals with knowledge about the service and the people using it.

Is the service safe?

Our findings

People were protected from harm by a range of risk assessments that were completed in relation to the environment, people's mobility and personal care support needs. Records showed that care plans and risk assessments were reviewed annually or more frequently if and when people's healthcare needs changed. Risk assessments were up to date, signed and dated appropriately.

Appropriate arrangements were in place to protect people from the risk of abuse. Staff were able to access information outlining the provider's policies and procedures relating to areas such as safeguarding adults and whistle-blowing. Staff had a good understanding of these key policies and provided examples of how they related to their duties and responsibilities.

Staff had completed training in adult safeguarding prior to working with people who used the service and knew what to do if they felt someone they were supporting was being abused. Staff understood how to recognise the signs of abuse and told us they would speak to their manager and/or social workers if they had concerns about a person's safety and/or welfare and knew to ensure the relevant incident forms and body maps were completed.

We saw evidence that the home worked collaboratively with health and social care professionals to ensure people received specialist care and treatment. District nurses, occupational therapists, and podiatrists visited the service on a regular basis. The service completed diary sheets

detailing all healthcare appointments people were required to attend and had systems in place that ensured people were seen by the appropriate healthcare professionals at the appropriate time.

Staff had previous experience of working in care settings. Most of the staff had completed training in dementia awareness and many had completed or were working towards completing training linked to the Qualification and Credit Framework (QCF) in health and social care. Staffing levels on the day of our visit were adequate to meet the needs of people living in the home.

The deputy manager told us that before staff were employed they were required to undergo criminal record checks and provide satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK. We were unable to review this information on the day of our visit as these records were held at the provider's head office. Following our visit, we received email confirmation and documented evidence that staff had been recruited safely.

Medicines were well managed. Where staff were responsible for prompting people's medicines, staff had completed training in medicines administration and first aid awareness. Medicines consent forms were signed appropriately and medicines administration records (MAR) were signed by staff each time medicines were administered. Medicines were stored safely.

On the day of our visit, the service was clean and free from odours. Staff had access to gloves and aprons when needed. The service employed a domestic staff member on a part-time basis who maintained the cleanliness of people's rooms and communal areas.

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, sensory equipment and dietary requirements. Where people had complex healthcare needs or staff were unfamiliar with a specific procedure such as catheter care, staff told us they sought relevant guidance from people's GPs and district nurses.

Staff made appropriate appointments for people to see their GPs as and when needed and accompanied them to all healthcare appointments. We saw evidence of people being seen by a wide range of healthcare professionals including mental health specialists, dietitians and diabetes specialists.

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.

The deputy manager had a good working knowledge of current legislation and guidance in relation to Deprivation of Liberty Safeguards (DoLS). DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. No DoLS applications had been submitted by the provider and we did not observe people's freedom being restricted in any manner.

Staff were supported to carry out their roles effectively. Records showed that staff had completed mandatory training in areas such as equality and diversity, safeguarding and health and safety. Staff told us they had received training in food hygiene and were aware of food safety issues. Staff confirmed they had completed a two day induction and received adequate supervision. We saw evidence in staff records that supervision sessions were conducted on a regular basis.

People were supported at mealtimes to access the food and drink of their choice. We saw staff offering people choices and preparing meals using fresh ingredients. Fruit, water and various juices were available and offered at each meal. People's opinions as to the quantity, quality and choice of food on offer, were positive.

Is the service caring?

Our findings

Staff developed positive caring relationships with people using the service. One person told us, “Staff are kind and very helpful.” Staff we met during our visit were friendly, polite and caring. Staff were well informed about people’s lives, their family members and favourite past times.

We saw staff interacting with people using the service, explaining their actions and offering reassurance when needed. 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, if they wished to partake in any activities and what programmes they would like to watch or listen to on the television and/or radio.

We looked at people's files which included their care planning documentation, risk assessments, healthcare

documentation and other records. Some of the care and support records we read contained life story booklets documenting people’s childhood memories, family relationships, hobbies and interests, likes and dislikes and daily routines.

Staff told us that respecting people’s privacy and dignity was an important part of their work and they always made sure they observed good practice such as asking people’s permission, telling them what they were going to do and making sure doors were shut whilst people attended to or were being supported with their personal care.

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

People were supported to attend day centres and partake in activities, parties and trips organised by care staff.

Is the service responsive?

Our findings

The service tailored support to each individual. When people were referred to the service, they were visited in their own homes or in hospital by a manager in order to complete an initial needs assessment. Where possible, people were involved in making decisions about their care and support needs. Where people were not able 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. Each person moving into the service was allocated a keyworker who was responsible for conducting key working sessions and monitoring people's progress.

People and their family members were encouraged to visit the service before moving in. Regular review meetings were held to monitor people's progress and welfare in order to ensure that people were happy and settling in well.

The manager told us that they reviewed people's care and support needs on a regular basis and involved family members where appropriate. All the care plans we looked at were up to date, had been signed and dated accordingly.

Staff told us they entered 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.

In the event of a medical emergency staff had been trained to call 999 and stay with people until an ambulance arrived, offer reassurance and keep the person warm and safe. Staff told us they would always contact senior staff members and family members to inform them of any emergency situation.

The provider had a complaints policy which was available for people using the service and their family members. The deputy manager told us that complaints were managed as soon as they were received and that formal complaints were investigated in line with the provider's policies. We noted that no complaints had been logged in the past 12 months and that the service had received compliments from people's relatives.

Is the service well-led?

Our findings

During our visit the deputy manager told us about two incidents which should have been reported to CQC in line with the provider's registration requirements. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We have requested that in future all notifications are sent us in a timely fashion so that where needed, action can be taken.

The service had a registered manager who was based at another Octavia Housing service in the local area. On the first day of our visit the service was being managed by a permanent care staff member as neither the registered manager or the deputy manager were available. We spoke with a deputy manager on the second day of our visit who told us she had been managing the service since June 2014.

Staff told us, "The [deputy] manager is very supportive and knows what she is doing." People responded well to staff at all levels and told us they were "happy" and "comfortable" living at the service.

We saw documents that demonstrated systems were in place to log, monitor and respond appropriately to any accidents and/or incidents. Staff were aware of the

reporting procedures for any accidents or incidents that occurred and told us they would record any incidents in people's daily communication records and report the matter to senior staff.

The service had quality assurance systems in place. The deputy manager told us they completed regular and ongoing checks on fire safety, water temperatures, first aid equipment and medicines records. We noted that fire equipment had been tested and first aid boxes were fully stocked and kept in an appropriately accessible place.

The deputy manager told us they audited people's MAR charts on a weekly basis and that any errors or omissions identified were discussed with the relevant staff members. We saw records that verified this auditing process had been completed and staff confirmed that MAR information was checked on a regular basis.

The provider conducted surveys on an annual basis. We looked at the results of the last survey carried out in 2014 and noted that the responses of people who used the service were positive.

The deputy manager told us that staff meetings were held on a monthly basis which gave opportunities for staff to feedback ideas and make suggestions about the running of the service. Minutes from the staff meetings held in August and September 2015 showed that issues such as people's well-being, training needs and activities had been discussed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered provider must notify the Care Quality Commission of any important event that affects people's welfare, health and safety so that where action is needed, action can be taken. Regulation 18 (1), (2) (e) (f).</p>