Care Quality Commission

Octavia Housing

Octavia Housing - Leonora 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

Summary of findings

Overall summary

This inspection took place on 8 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service; we needed to be sure that someone would be in. At our previous inspection on 11 June 2014 we found the provider was meeting the regulations we inspected.

Leonora House is a supported living scheme and offers 21 one-bedroom flats, each of which features en-suite facilities and its own kitchen and living area. There is a separate unit which consists of 5 open-plan studio flats which include en-suite facilities and a small kitchenette. Staff are on site 24 hours a day providing support to people.

At the time of the inspection there were 25 people receiving support from the service, although they were not all receiving support with personal care. There were 21 people living in the main building and four in the side unit.

There was a registered manager at the service. 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.

People using the service said they felt safe and care and support workers were familiar with safeguarding procedures.

People led independent lives and were supported by staff to do so. People were assessed with regards to how well they were able to manage their medicines and were offered the appropriate levels of support.

Care records documented goals and outcomes for people. Staff supported people to achieve these goals and to maintain a level of independence. Each person had a key worker. Care and support workers displayed a good understanding of people's support needs.

Care records included details of the support that people required to maintain good health. Records were kept of healthcare professional's involvement in people's care and people were referred to health professionals when their health deteriorated.

People told us they enjoyed the food at the home and staff helped them to prepare meals if they needed it.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). People were involved in planning their care and their views were taken on board. They had signed their care records, medicine consent forms and also their tenancy agreement. People were free to come and go as they pleased; each person had a key fob for leaving and entering the building.

There was a friendly, relaxed atmosphere at the service. People felt comfortable coming into the staff office and speaking with the registered manager and other members of staff.

The provider carried out pre-employment checks on care and support workers, which included criminal record checks which helped to ensure they were suitable to work with people. There were enough staff employed to meet people's needs.

A training programme for care and support workers, which included both induction and ongoing training, was available to all staff. Care workers told us they felt supported and records showed that they received regular supervision and annual appraisals. They were asked to demonstrate how they projected the provider's values and behaviours during these meetings.

Feedback surveys, self-assessment audits, incident reporting and team meetings were used to monitor the quality of service.

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.

People using the service told us they felt safe.

There were enough staff employed to meet people's needs.

People were supported to take their medicines according to their level of independence.

Risk assessments were individual to people's needs and were reviewed regularly.

Is the service effective?

Good

The service was effective.

Staff received both induction and ongoing training relevant to people's needs. They received regular supervision and annual appraisals.

The provider was meeting its requirements in line with the Mental Capacity Act 2005 (MCA).

People's health and dietary support needs were met by the provider.

Is the service caring?

Good

The service was caring.

Staff were familiar with people's support needs and their preferences.

People using the service led independent lives.

Is the service responsive?

Good

The service was responsive.

Care and support plans were in place and were reviewed regularly.

Each care plan included a tool for monitoring people's progress towards their assessed goals.

Complaints were documented and responded to in a timely manner.

Is the service well-led?

Good

The service was well-led.

The standards and behaviours of the service were discussed at one to one supervisions and during annual performance reviews.

Staff told us they felt supported by the registered manager.

Quality assurance checks such as audits and team meetings were effective in picking up concerns.

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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 checked 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 8 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

This inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service. We asked the provider to complete a Provider Information Return (PIR) prior to our inspection. 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

During the inspection, we spoke with four people using the service, five staff including the registered manager, the scheme co-ordinator and three care and support workers. We looked at records including three people's care records, training records, three staff records, and audits.

After the inspection we contacted 10 health and social care professionals to gather their views and received responses from three of them.

Good

Is the service safe?

Our findings

People using the service told us they felt safe living at Leonora House. Some of their comments were, "I feel safe" and "If I was unhappy I would tell staff." However, despite these positive comments we found that people were not always fully protected from the risks of financial abuse.

We checked the financial records for two people using the service. People's money was kept in a safe which only the registered manager and scheme co-ordinator had access to. Accurate records were kept of financial transactions and the petty cash was counted as being correct according to the records seen. People signed their own financial transactions if they were able to. We found that there were not always two staff signatures against each transaction, however there were audits in place which were effective in picking up any gaps.

Safeguarding training was delivered as part of the care and support worker's induction and also refreshed as part of their ongoing training. Staff were familiar with safeguarding procedures and who they would contact if they had concerns about a person's safety. They said, "Safeguarding is protecting people if you notice abuse. You need to report it, you can call the manager or social services" and "There is a confidential line we can call if we have concerns."
There were sufficient staff employed to meet the needs of people using the service. On any particular shift, each care and support worker was allocated between seven and 10 people and were responsible for ensuring they had their meals, had their personal care needs met and were supported with their medicines. Both people using the service and care and support workers we spoke with told us they felt the staffing levels were sufficient. Some of the comments included, "I don't feel rushed", "They come and check on me a few times a day" and "If I need help, I can call staff with the chord. They come quickly."

We spoke with the registered manager about staffing levels at the service. There were five care and support workers on the morning shift between 07:45 and 15:00. There were four care and support workers in the afternoon between 14:00 and 21:15 and two care and support workers at night between 21:00 and 08:00. Staffing levels were the same across the whole week. All the staff at night were waking care and support workers. We checked the staff rota across a two week period which confirmed the staffing levels were as stated.

We reviewed staff files and found that appropriate recruitment checks were in place to ensure that staff were suitable to work with people using the service. Some records, such as application forms, proof of identity and references were held at the provider's human resources department, however the registered manager was able to gain access and show these to us both during and after the inspection. We saw evidence that Disclosure and Barring Service (DBS) checks were in place for staff and these were all up to date. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions.

People received appropriate support with their medicines according to their level of independence. The provider's policy on medicines administration stated four levels of administration. Level one where the person was fully independent and able to self-administer, level two where the person was able to self-

administer but needed prompting, level three where the staff administered the medicines and level four which was specialised and needed district nurses intervention.

People were assessed to decide which level of support was needed and this was documented in their care records. Medicine administration record (MAR) charts were completed for those people assessed to be on level three or four. Care and support workers we spoke with were clear about who required which level of support. One staff member said, "[Person] does his/her own medicines; we just put his/her medicines from his blister pack into his dosset box." Another said, "Everyone has a medicines cabinet in their room, some have keys for them others don't depending on their level of independence."

People using the service told us, "They come twice a day to give me my medicines. I don't have the key for the cabinet" and "They collect my medicines for me and give it to me. I get out my box and put them in there."

Individual risk assessments were in place for people and these were reviewed on a regular basis. This helped to keep people safe.

Each risk had a control measure in place, to try and minimise the risk whilst balancing people's right to live as independently as possible. For example, control measures included 'never forget his/her walking stick', 'ensure his/her epilepsy pass is with them', 'inform staff and frequented places such as café of this.' Other examples or identified risks included the management of seizures and the risk of weight gain. In addition to control measures, each risk had identified actions for staff to take to further manage the risk, for example ensuring people had appropriate footwear to reduce the risk of falls and ensuring local cafés were aware of the contact details for the service. One staff member said, "Loves going out to the coffee shop, we just advise him/her to be careful."

Risk assessments were written in clear English, were easy to understand and had been signed by people using the service, indicating their understanding and consent to their content. They were reviewed every six months.

Good

Is the service effective?

Our findings

People using the service said that the care and support workers were helpful and did not raise any concerns about their competency. They said they were supported well in all aspects of their care, such as medicines, meal preparation and personal care.

Staff files contained details of people's induction form, probation report, evidence of supervision and appraisals, training and performance monitoring.

Care and support workers told us the training provision within the service was good. Comments included, "Octavia are very good on their training", "We have refresher training annually", "I did fire training yesterday" and "We get external trainers and some from within Octavia."

The registered manager told us staff training was overseen by a training coordinator at the head office who was responsible for arranging and managing the training of all staff.

Staff completed induction training which included health and safety, medicines, manual handling, first aid, fire safety, food hygiene, safeguarding and moving and handling.

Mandatory training included basic life support, conflict management, equality and diversity, fire safety, food hygiene, medicines, manual handling, first aid, fire safety, food hygiene, safeguarding and moving and handling. Each staff member had a personal development and training record and an online programme for tracking training.

The registered manager said that care and support workers received three monthly supervisions and monthly observations of their competence in safe medicines management, personal care or meal preparation. A care and support worker said, "We have regular supervision and we also get a senior staff member observe us supporting people." We saw that workplace supervision checklists were in place but these were not always carried out monthly as stated by the registered manager.

Topics discussed at supervision included what support staff needed, what was important to them, how they demonstrated company behaviours, yearly objectives, training and learning and actions for their next meeting. Annual appraisal records included objectives set, success measures and timescales along with any support needed to achieve that. They included team and individual objectives.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in domiciliary care agencies are to be made to the Court of Protection.

People had consented to their care. People had signed their care records, risk assessments, their medicine consent forms and also their tenancy agreement.

Training records showed that staff had received training in the MCA and they were familiar with the Act and its application. One staff member said, "I had MCA training earlier this year." Another said, "You can't assume people don't have capacity." Other care workers gave us examples of when they came close to holding best interests meetings where there were concerns that a person using the service did not have the capacity to consent or understand decisions related to a hospital admission. There was guidance posted in the staff room on MCA and its application.

There were no restrictions in place for people and they were free to come and go. We saw people going out to the community, to the local shops. Each person had a key fob to get in and out of the building. People told us they were free to come and go.

People using the service told us, "All of our meals are prepared. It's all fresh", "I enjoy our communal dinners", "They do shopping for me and make my lunch and dinner" and "If you want you can eat together or by yourself."

People were supported in relation to their dietary needs. People lived in individual flats with a kitchen and those that were able prepared their own meals. Each person had a fridge in their flat and were able to prepare their own food if they wished. Those that needed staff support were given it. Staff were familiar with the dietary support needs of people, for example those that were diabetic.

Staff prepared a communal dinner for everyone to enjoy together twice a week and people were invited to join in if they wished. Staff told us they asked people on a Friday what they would like to eat the following week. Shopping was bought for the whole service online and delivered to individual flats if people had requested specific items.

The communal kitchen was well stocked with good quality food which people were free to eat. The kitchen was clean and tidy and good infection control measures such as checking the temperature of the food and using colour coded preparation boards for different types of food were followed.

People told us if they were not feeling well, they were looked after. One person said, "If I'm not feeling well I just tell the staff." Staff told us if a person was not feeling well out of hours, "We call 111 or the out of hours GP." They gave us examples of when they had contacted health professionals when they noticed people were not feeling well. We also heard a staff member contacting a health professional after supporting them with personal care and making an appointment for them to be seen.

The information sheet in each person's care records contained medical information, details of healthcare professionals, and any allergies. There was evidence seen in people's records about referrals made to other health care professionals, such as community nurses which helped to ensure a consistent approach to meeting people's health needs.

Good

Is the service caring?

Our findings

People using the service told us that staff treated them well and were caring towards them. They said, "They are very nice", "They are very helpful", "They come and help me" and "Staff are friendly."

There was a calm and relaxed atmosphere in the service. Some people were in the communal lounge speaking with staff in a friendly manner. Others came into the staff office throughout the day to speak with the registered manager or other staff and appeared comfortable in their company.

The care and support workers that we spoke with had been working at the service for over five years. This meant they were able to form meaningful relationships with people using the service. This was evident when we spoke with them about the people they key worked and supported. They displayed an in depth knowledge about them, their history, likes and dislikes and preferences. People using the service told us, "All the staff know me" and "I've got lots of friends."

People using the service led independent lives. Throughout the inspection we saw them leaving the service to access the community. People told us they sometimes prepared their own meals but staff were always available to help them if needed. Other areas in which people were encouraged to lead independent lives were in relation to their personal care and medicines administration.

We asked people if they would like to show us their flats. Each flat was personalised and people were encouraged to furnish them with personal mementos and possessions such as books, DVDS, posters and other memorabilia. People told us, "This is my flat, my home", "It's very comfortable here" and "I brought all this myself, I like collecting badges."

We asked people if staff respected their privacy and dignity, they said "Yes, they knock before coming in" and "They help whenever you need it." We observed this to be the case during the inspection. Care and support workers gave us examples of how they respected people's privacy such as not going to people's room uninvited, allowing them to be as independent as possible with regards to personal care and only supporting them if they needed help.

Good

Is the service responsive?

Our findings

Care records were well laid out and easy to read. They contained people's care plans and outcome monitoring records, risk assessments, keyworker monthly summaries, information about day to day contact, individual service agreements and consent forms.

They also included details of the people that were involved in producing care plans, which included people using the service, staff, healthcare professionals such as their GP and any friends or relatives (where appropriate). Care plans also included the views of people using the service, comments from other people such as professionals and relatives and a brief overview of people's needs such as their diagnosis, level of independence, relationships and support needs.

Each care plan included a tool for monitoring people's progress towards goals. The provider used a 'star outcome tool' for this. The Outcomes Star™ is a suite of tools for supporting and measuring change when working with people. The Outcomes Star™ both measures and supports progress for service users towards self-reliance or other goals. In the records that we saw, the outcomes included 'staying as well as you can', 'keeping in touch', 'feeling positive', 'treated with dignity', 'looking after yourself', 'staying safe' and 'managing money'. Each outcome was given a score between one and 10. A person scoring between one and two in an outcome needed more support and a person scoring 10 needed no support.

Each outcome had a need and goal, action to take, who by and the date achieved. In one example we saw, for the outcome 'staying as well as you can', the need was to help the person with doctors' appointments and support them with their foot care. The goal was to stay healthy and the action was for staff to support the person with all hospital visits and appointments.

Staff told us they were responsible for meeting with people that they keyworked, ensuring their needs were met and updating any records. People's care and support plan was reviewed by their key worker every six months which helped to ensure that they were up to date and was also a good way of monitoring people's dependency according to their outcome star.

Day to day contact sheets were completed by staff with details of appointments and notes related to people's activities and wellbeing. We attended part of a handover meeting between the morning and afternoon staff. This was a thorough meeting in which staff discussed issues related to people's needs, including any upcoming appointments, their health and wellbeing and whether they had received their personal care and medicines.

key worker meetings were not taking place at the time of our inspection while the provider was looking at whether the current system was under review.

People using the service told us they led independent lives and were supported to do some activities, go out in the community and maintain relationships that were important to them. Some of their comments included, "My friends come and visit me. I'm going to Banbury with them", "I love sitting down on a Sunday

with a film and cup of tea. Nobody disturbs me", "We go out in the garden. I go out with my family", "Every Wednesday I go shopping in the minibus to Ladbroke grove", and "I go to the communal lounge, socialise with staff."

Staff told us they had time during their shifts to spend one to one time with people. They said, "[Person] gets books delivered three times a week, I read to her", "I do baking with [person]" and "A lot of the tenants go out."

People using the service said, "There's nothing to complain about" and "If I'm not happy I would talk to staff."

We reviewed the provider's complaints policy which included details of the steps that people could take if they were not happy with the care and support they received. This included timescales of when to expect a response and details of who would listen to their concerns and other organisations they could speak with if they were not happy.

There had been one recorded complaint from April 2016 which was recorded and responded to appropriately and in a timely manner.

Good

Is the service well-led?

Our findings

The registered manager had only been in post since February 2016 and she was supported by a scheme coordinator and a scheme support officer. There were 16 care and support workers employed, 12 for the day shift and four for the night shift.

Care and support workers told us that they felt well supported and there was an open door policy within the service. They said the registered manager was approachable and listened to their views. Some of their comments included, "It's a good place to work", "[The registered manager] is new but she's approachable", "We work well together", and "I feel comfortable talking to her (the registered manager)."

During the inspection, we observed a good atmosphere at the service. There was friendly interaction between staff and people using the service. We saw on occasion that people felt comfortable coming into the office to chat with staff or the registered manager. Staff spoke to them in a friendly manner, did not rush them and treated them with respect. A residents meeting was held in July 2016, people were asked how they were, what activities they wanted, their views on the meals and emergency procedures.

There were posters in the staff room asking for staff feedback to help improve aspects of the service such as end of life care. There were posters about safeguarding and the Mental Capacity Act 2005 and one that highlighted the importance of maintaining professional boundaries for care and support workers and volunteers. This talked about physical contact, abuse of power, finance, sharing personal information, discrimination and hospitality.

The provider's standards and expectations in relation to staff behaviour were for staff to be, 'Reliable, Responsive and Respectful'. Staff we spoke with were aware of these and spoke about how they demonstrated these values in their work. These values were discussed at one to one supervisions and during the annual performance reviews to ensure that these were understood and demonstrated by all staff when meeting people's needs.

Team meetings for all staff were held monthly, topics discussed included key working and activities, handover and financial records. The minutes were effective in picking up some of the concerns we identified including the frequency of the key worker monthly reports and the lack of staff signatures on financial records. Records were also seen for a senior's team meeting and a managers meeting.

Feedback from people was sought via an anonymous survey that was sent to people in April 2016. 24 people were contacted and 21 responses were received. We reviewed the feedback and saw that it was positive with no concerns highlighted by people.

Another way in which the provider monitored the quality of the service provided to people was through completing an 'ASC contracts management provider's self-assessment framework' – a self-assessment tool looking at the care of people who used the service, safety, organisation, staffing, performance and a provider robustness statement. This was last completed on April 2016 and sent to the contracts

management team at the local authority.

Risks to the service were assessed which helped to ensure the environment was safe. A care scheme risk assessment carried out on 3/1/2016 looked at risks to place hazards, personal safety, work activities (manual handling, Control of Substances Hazardous to Health), risks to other people, accidents and incidents. This was carried out by the health and safety fire officer.

Monthly health and safety checks on the doors, fire doors, exits, windows and monthly water temperature checks and fridge /freezer temperature checks were completed. A fire safety inspection checklist took place in August 2016 and weekly fire alarm tests were conducted. Current certificates were seen for the fire system, fire equipment and emergency lighting.

Incident and accident reporting took place, this was completed by staff and a senior member of staff carried out medicines checks.