

Octavia Housing

# Octavia Housing - Burgess Field

## Inspection report

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London  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Burgess Field offers extra care sheltered accommodation in rented self-contained flats for up to 28 people. People's care and housing are provided under separate contractual agreements. The care quality commission (CQC) does not regulate premises used for extra care housing. The service is registered to provide personal care and is staffed 24 hours a day. People receive care and support from on site staff and other external domiciliary care agencies.

At the time of the inspection, the service was providing personal care to 17 people. CQC only inspects the service being received by people being supported with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service did not have a registered manager in post at the time of our inspection. 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.

What life is like for people using this service:

People using the service were happy with the support they received and felt the service provided a good standard of care. However, people were not always receiving the appropriate support to take their prescribed medicines safely.

People's needs were assessed before they started using the service. Care and support plans recorded people's needs and preferences.

Staff demonstrated an understanding of consent and capacity issues in relation to mental health legislation.

People's privacy was respected. Staff promoted people's independence and encouraged them to complete tasks and participate in the activities they enjoyed.

Risk assessments and guidance were in place. Staff were aware of how risks to people's health and well-being could be minimised.

The provider had a safeguarding policy in place which was accessible to staff. Systems were in place to safeguard people from the risk of possible abuse.

People were supported to eat and drink where this formed part of an agreed package of care.

The service worked in partnership with others. People were supported to access healthcare services when

required such as GP's and hospital departments.

Staff received supervision and support and had completed an induction period that included shadowing more experienced members of staff before working with people on their own.

People were encouraged to feedback about the service and staff acted on the comments received to improve the quality of the service.

The provider completed quality audits and spot checks. However, checks carried out to ensure medicines were managed safely were not always effective at remedying the shortfalls we identified during this inspection.

We identified a breach of the regulation relating to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

Rating at last inspection: We rated this service good overall at our previous inspection in June 2016.

Why we inspected: This was a planned inspection based on the rating at the previous inspection.

Follow up: We will continue to monitor intelligence we receive about this service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

Not all aspects of the service were effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

Not all aspects of the service were well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Octavia Housing - Burgess Field

## **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 was a planned inspection based on our scheduling of regulated services.

This inspection took place on 18, 21 and 22 January 2019. The first day of the inspection was unannounced. We informed the management team that we would be returning to complete our inspection on subsequent days. We visited the office location on all three days to talk with the management team and members of care staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector on days one and three and two inspectors on day two.

Prior to our visit, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse.

We reviewed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we spoke with three people using the service. We also spoke with a registered manager from a neighbouring service, two scheme co-ordinators, a member of care staff and an assistant director for care and support. Following our inspection, we made telephone calls to two people living at Burgess Fields and two relatives to gain further feedback about how the service is managed and organised.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were unsafe. People were not always receiving the appropriate support to take their medicines as prescribed because staff were not always following the provider's medicines policies and procedures.

### Using medicines safely

- Staff told us they read the provider's policies and procedures and completed relevant training before assisting people with their medicines. Medicines administration records (MARs) were used to evidence what medicines people had taken and when.
- The scheme co-ordinator told us MARs were checked on a regular basis to ensure staff were completing them accurately. However, we identified shortfalls in both medicines recording and the MAR auditing process. For example; we saw gaps in one person's MAR for five days in the month of January 2019 for the use of a cream prescribed for daily use. For another person a once daily medicine had been marked as refused or destroyed for eight days in January 2019 and the notes section on the reverse side of MARs had not been completed to explain what action, if any, had been taken to mitigate any risks associated with this person's non-compliance. For a third person, a twice weekly medicine was administered six times in a 14-day period and gaps were noted in MARs for a fourth person being supported with eye drops. One person's allergy status was incorrectly recorded throughout their care records.

These issues relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff sought advice from people's GPs and NHS 111 where medicines administration errors had occurred and recorded these events in the accidents/incidents log. However, the provider was not always notifying the Care Quality Commission (CQC) of medicines errors that occurred within the service.

### Assessing risk, safety monitoring and management

- Risk assessments in relation to people's nutrition and hydration, personal care support needs, home environment, level of mobility and risk of falls were completed and reviewed on a regular basis.
- Appropriate guidance was available to staff in relation to skin integrity, moving and re-positioning and any specialist equipment in use.
- Staff demonstrated a good understanding of people's needs and abilities and were able to explain how they reduced the risk of avoidable harm when supporting people with their care.
- Fire safety was considered by the provider. The service had a stay put policy in place in the event of a fire and a centralised fire alarm system. One-page summaries of people living on the premises were available on file in the main office but these did not explain what kind of assistance people may have needed to leave the building. A list of people's medicines accompanied one-page summaries although some of this information

was dated July 2018 and may therefore have been out of date.

- The provider has since informed us that this information has been updated and that fire emergency policies and procedures are currently under review.

### Safeguarding systems and processes

- Staff completed safeguarding training and demonstrated a good understanding of the provider's related policies and procedures. Staff told us they would report any safeguarding concerns they may have to their managers.
- The provider had a safeguarding log in place which included information about what action had been taken to investigate and deal with any concerns.

### Staffing levels

- At the time of the inspection, there were enough members of staff to support people using the service. A scheme co-ordinator, based in the office on the ground floor and three support staff were on duty throughout the day. Two support staff provided care during the night. Agency staff were used to fill any gaps in the staff rota.
- Staff carried hands free telephone sets which were used to respond to people's pendant alarms and a pull cord alarm system in people's flats and throughout communal spaces. Phone sets were also used to answer external telephone calls and control access via the main door intercom system.
- The provider followed safe recruitment procedures to ensure staff were suitable to work with people using the service. Appropriate checks for staff had been completed including obtaining proof of people's identification, a full work history and the right to work and references. Before starting work the provider carried out checks with the Disclosure and Barring Service (DBS). The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

### Preventing and controlling infection

- Staff told us they had access to personal protective equipment (PPE), such as disposable gloves and aprons and used these when supporting people with personal care or when preparing food.
- The premises were clean and tidy and free from any malodours.

### Learning lessons when things go wrong

- Where incidents had occurred, these were recorded by staff, including a description of what had happened. Records provided information demonstrating that accidents and incidents were used as a learning opportunity to avoid similar repeat events.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support was not always consistent.

Ensuring consent to care and treatment in line with law and guidance

- 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 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. We checked whether the service was working within the principles of the MCA. It is unlawful for staff who work with people in domestic settings to deprive a person of their liberty unless the Court of Protection has authorised this.
- Staff were aware of the legal safeguards in place to ensure that people are only deprived of their liberty when absolutely necessary. The scheme co-ordinator informed us that no applications had been submitted to authorise the deprivation of anyone's liberty and that people were free to come and go as they pleased.
- People were supported by staff who completed training in mental health legislation and who understood the principles of the MCA. Where possible people were involved in the development of their own care plans. Records evidenced that where appropriate, people had signed in agreement to the content of their support plans and consented to the delivery of care. In some instances, people had also consented to the sharing of their personal information and the use of photographs for care records, marketing and public relations purposes.
- Staff were aware that people may have capacity to make decisions in one area but not in another. A member of staff told us, "Unless a person has been assessed as not having capacity, regardless of diagnosis, you cannot say they don't have it. [They] may have capacity in one area and not another. [Capacity] is not determined by one person". Where people lacked capacity to make decisions about their care, we saw that people's relatives, senior staff and local authority representatives were involved in the care planning process.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide care and support. The scheme co-ordinator told us that people's care records and support plans were regularly reviewed. However, we found that reviews were not always achieving their purpose. Where reviews had taken place, information often lacked sufficient detail to be of any clinical use. For example, one review entry read, '[Person] doesn't take [their] medication' and '[They] have got some mental health capacity, not all'. Neither of these statements was qualified by a statement of action or a recommendation. For another person, the following statement, '[They] are no longer at risk of falling' was incorrect as this person used a walking aid and had been diagnosed with a progressive neurological condition.



- The provider supported staff to deliver care and support in line with best practice guidance. Where needed and identified at assessment the provider sourced specialist training to ensure staff could meet people's needs. The provider had plans to pilot a falls prevention scheme in the service in order to minimise unnecessary hospital admissions. The scheme would involve training staff into Falls Prevention Champion roles and permit trained staff to support people off the floor following a fall using assistive technology when appropriate. The provider was also planning to introduce a regular programme of activities aimed at maintaining and increasing people's mobility.

#### Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink sufficient amounts to meet their needs where this support had been agreed as part of their care plan. People's dietary needs and the level of support they needed, their preferences and any involvement from relatives was recorded in their care plans. One person told us, "Staff are very helpful, they cook my meals nicely."
- Any concerns with people's health and nutrition were reported to the appropriate healthcare professionals. Staff were aware of any specific guidelines in place, for example; where people had diabetes. Staff provided appropriate support and encouraged people to eat healthily. Food and fluid intake was noted in people's daily records.

#### Supporting healthier lives and access to healthcare services

- The provider worked closely with a range of health and social care professionals to ensure people received effective care and support. A visiting GP reported no concerns with care delivery at the service.
- People were supported to access additional health and social care services, such as GPs, dietitians and district nurses so that they received the care necessary for them to maintain their health and wellbeing.
- Staff consulted healthcare professionals when they felt people's health was deteriorating.

#### Staff skills, knowledge and experience

- The registered provider's training programme included an induction for all new staff, including completion of the Care Certificate. The Care Certificate is a set of standards that care and support staff adhere to in their daily working life. These minimum standards should be covered as part of the induction training for new care staff. New staff shadowed more experienced members of staff until they were competent to work alone.
- Staff training records showed that staff had completed training in areas such as safeguarding, food hygiene, moving and handling, dementia awareness and medicines administration.
- Staff received regular supervision and an annual appraisal. Staff were positive about the content and quality of training and the support they received from senior members of staff.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

The service involved people in their care and treated people with dignity and respect.

Ensuring people are well treated and supported

- People spoke positively about the staff caring for them. Comments included, "The staff are lovely" and "Everyone is very kind." Relatives told us, "[Staff] are doing a good job" and "The staff are fantastic."
- People were supported by staff who knew them well. Staff were respectful in their attitude to people and observed conversations between staff and people using the service were friendly and caring.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and supported them to be as independent as they could be. Staff knocked on people's doors and waited for a positive response before entering.
- People were encouraged to maintain their independence and continue doing the things they liked to do. People attended activities on site and nearby at a sister service. One person using the service told us, "I like the activities but there aren't enough." Activities that took place on site included chair based exercise classes and social get togethers with tea and cakes. Some people attended local day centres. One person told us, "Sometimes we sit outside in the Summer, we have BBQs and parties."
- The provider kept people's personal information private and confidential. Records were stored in filing cabinets in the main office which was staffed and lockable when staff were elsewhere.

Supporting people to express their views and be involved in making decisions about their care

- People who used the service were supported to understand the care and treatment choices available to them. People were given information about the service before they moved in and additional information about the service and other support agencies was available in the main reception area.
- Records demonstrated that where possible, people had indicated how they wished to be supported. This included decisions relating to the gender of staff delivering personal care, times of support visits, meal choices and grooming preferences.
- People had been involved in developing their life stories and staff used these to gain a better understanding of the people they were supporting.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

People received care that responded to their needs.

### Personalised care

- People's needs were assessed before moving into the service by referring social workers from the Royal Borough of Kensington and Chelsea local authority. Senior staff met with people and their relatives to discuss their care and support needs before they moved into the service. Initial assessments were used to design a package of care for people ensuring people's needs could be met by staff at the service.
- Care and support plans took account of people's individual needs and preferences and included an overview of people's health conditions and a summary of the care to be carried out.
- Staff were knowledgeable about people's preferences regarding their religious and cultural needs and knew how people liked to be supported.
- The provider was meeting the requirements for the Accessible Information Standards (AIS). The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand.

### Improving care quality in response to complaints or concerns.

- A procedure was in place for complaints and people were made aware of it. Complaints were taken seriously to improve the service and an investigation record was completed if further follow up was required.
- We reviewed a sample of compliments that the provider had received from relatives and health and social care professionals, thanking staff for their care and kindness.

### End of life care and support

- Staff communicated with health and social care professionals and other organisations on behalf of people using the service. At the time of the inspection we were told that staff were not supporting anybody receiving end of life care. Despite this, we saw that staff had completed end of life training.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

People using the service spoke positively about how the service was managed and the support they received. However, service management and leadership within the service was not always consistent. The provider was not always supporting the delivery of high-quality, person-centred care.

### Leadership and management

- The service was overseen by a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The registered manager and two scheme co-ordinators were responsible for the day to day management and running of the service.
- The provider was not always submitting the necessary statutory notifications for incidents that occurred within the service. Providers must notify the Care Quality Commission (CQC) without delay of all incidents that effect the health, safety and welfare of people who use services.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- We reminded the provider that it was a regulatory requirement to notify us about safeguarding incidents without delay. We have since received a retrospective notification in relation to a medicines error. This matter was managed and investigated appropriately.

### Continuous learning and improving care

- The provider had systems in place to monitor and assess the quality of service provision. However, checks to ensure medicines were administered safely and recorded appropriately were ineffective. The management team has since written to us to state how they intend to improve their medicines administration systems. This includes, weekly medicines audits, completing further staff observations of the task, organising further team meetings to discuss the provider's medicines policies and procedures, example case studies and a change of dispensing pharmacist.
- Spot checks and direct observations were completed to check the quality of the service staff delivered and people using the service were asked to respond to a set of standard questions about the care they received. However, senior staff acknowledged that where people's communication was poor or where understanding was limited, survey questions were not always able to capture detailed responses about care standards.

Provider plans and promotes person-centred, high-quality care and support and good outcomes for people

- Staff we spoke with told us they felt well supported in their role and that there was a positive culture and an honest and open working environment. A member of staff told us, "Staff are diligent and caring. Some places are full of complaints and in this area of work nothing is perfect but here the mindset is right and it has a positive effect on the team."
- Staff attended regular team meetings to discuss their roles and responsibilities, people's welfare and any new initiatives planned by the provider.

#### Working in partnership with others

- The provider worked in partnership with other agencies for the benefit of both people using the service and staff teams. Staff described occasions when they had sought the advice of healthcare professionals to assess people's mobility and review people's mental health.
- Senior staff attended regular provider forums and management meetings to discuss current issues within the homecare sector and to share good practice.

#### Engaging and involving people using the service, the public and staff

- Staff told us they felt valued and were encouraged to develop their skills. Staff learnt from each other by sharing knowledge and skills gained from specialist training courses. For example, staff who had attended a virtual dementia training day were able to explain to others what they had learnt about the lived experience of people with dementia and visual impairments.
- Tenant's meetings were held regularly. Meeting minutes showed that people who attended were asked to provide feedback about the running of the service. The provider sought people's views about the quality of service and their overall satisfaction via an annual survey. A comments and suggestions box was available in the reception area although comment slips to write on had not been provided.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider was not always submitting the necessary statutory notifications for incidents that occurred within the service.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People who use services were not being protected against the risks associated with the unsafe administration of medicines.