

Octavia Housing

# Octavia Housing - James Hill House

## Inspection report

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Date of inspection visit:  
19 September 2017  
21 September 2017

Date of publication:  
28 November 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 19 and 21 September 2017 and was announced. The provider was given 24 hours' notice because the location provides extra care housing and we needed to be sure that people would be available to speak with us. We told the manager we would be returning on the second day. At the last comprehensive inspection in November 2014, with the inspection report being published in April 2015, the service was rated as 'Good'.

James Hill House provides extra care housing for up to 30 older people with mental health problems, physical or other disabilities. At the time of our visit the service was supporting 28 people, but only providing personal care to 24 of them.

There was a manager in post at the time of our inspection who had recently been recruited and was in the process of completing their application to be a registered manager. They had been a registered manager previously with another provider. 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.

People were supported to follow their interests and maintain relationships with friends and family to increase their well-being. There were opportunities for people to take part in a wide range of activities, day trips and events, which included working in partnership with local organisations. There was evidence that cultural requirements were considered when discussing this and making sure these needs were met.

People and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received. The provider made sure people were confident their complaints would be taken seriously and encouraged them to raise any issues or concerns.

An initial assessment was completed from which care plans and risk assessments were developed. Care records were person centred and developed to meet people's individual needs and discussed regularly during key work sessions. Staff had carried out unique training which helped them to understand more clearly the needs of people living with dementia.

People who required support with their medicines received them safely from staff who had completed training in the safe handling and administration of medicines. Staff completed appropriate records when they administered medicines and these were checked by staff and audited monthly to minimise medicines errors.

People and their relatives told us they felt safe using the service and staff had a good understanding of how to protect people from abuse. Staff were confident that any concerns would be investigated and dealt with.

The service had a robust recruitment process where applicants were assessed against the organisation's values. Staff had the necessary checks to ensure they were suitable to work with people using the service. People using the service were also involved in the recruitment of staff.

People's risks were managed effectively and care plans contained appropriate risk assessments which were updated regularly when people's needs changed.

People were supported to have a healthy and balanced diet, which took into account their preferences as well as medical, cultural and nutritional needs.

Staff received the training and supervision they needed to meet people's needs and were knowledgeable about their jobs.

People had regular access to healthcare services and other health and social care professionals, such as GPs, dentists and social workers. Concerns about people's health were discussed at monthly multidisciplinary team (MDT) meetings.

People were spoken with and treated in a respectful manner. We saw that staff treated people with respect and kindness, respected their privacy and dignity and promoted their independence.

People and their relatives felt comfortable approaching the service manager, who had a visible presence throughout the service. Staff spoke highly of the working environment and the support they received from management, particularly during a recent restructure.

There were effective quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service. The provider followed a monthly, quarterly and annual cycle of quality assurance checks and learning took place from the result of the audits.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service was Outstanding in this regard.

People were supported to follow their interests and encouraged to take part in a range of activities that were made available to them to increase their well-being and reduce social isolation. There was evidence that cultural requirements were considered when discussing people's care and support and making sure these needs were met.

Care records were personalised, designed to meet people's individual needs and staff knew how people liked to be supported. Specific training had taken place to help meet the needs of people living with dementia.

The service ensured people had the opportunity to make complaints and encouraged people to raise any concerns they had. People and their relatives knew how to make complaints and said they would feel comfortable doing so. The service gave people using the service and their relatives the opportunity to give feedback about the care and treatment they received.

### Is the service well-led?

Good ●

The service remains Good.

# Octavia Housing - James Hill House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 and 21 September 2017 and was announced. We gave the provider 24 hours' notice of our inspection as we needed to be sure that people would be available to speak with us and that the provider could give them notice, as not to cause any distress or disruption to their routines. The inspection was carried out by one inspector.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and the report for the last inspection that took place on the 24 November 2014, which showed the service was rated as 'Good'. We contacted the local authority and used their comments to support our planning of the inspection. The provider also submitted 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.

During the inspection we spoke with four people using the service, two relatives and 13 staff members. This included the branch manager, the service manager, the assistant director, the scheme coordinator, the activities and volunteer coordinator, the administrator, the care quality and compliance coordinator, a senior care and support worker and five care and support workers. We also spoke with two health and social care professionals who were visiting who worked with people using the service. We looked at four people's care plans, seven staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

Following the inspection we spoke with another health and social care professional who worked with

people using the service for their views.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe living in their homes and when they were receiving their care from staff. One person said, "I feel safe as they check on us at night." Another person said, "I'm happy with how they support me with my personal care and I don't feel afraid of having a fall." Relatives we spoke with had no concerns about the safety of their family members. One relative told us they thought their family member was safe and said, "The staff are so good, my [family member] feels very comfortable in their presence and I'm reassured when I'm away on holiday."

There were appropriate medicines policies and procedures in place to ensure people received their medicines safely. Staff had received training in medicines management and had it refreshed annually. We saw records that staff were observed up to four times and completed competency assessments which had to be signed off before supporting people with their medicines. One care and support worker said, "We receive supervision before supporting people and people's medicine administration record (MAR) sheets are checked regularly. We know we need to report any concerns right away. We have a really good system which has given me a lot of confidence." If the provider used agency staff they had to complete the in-house training regardless of their own experience, and a separate training matrix was in place to show this. We spoke with a member of agency staff who also confirmed they had to complete this training and have an observation before supporting people.

People's medicines were kept in their rooms in a locked cabinet which was only accessible by staff, with a reminder of the correct procedure to follow. Staff checked and signed in medicines from the local pharmacy and each person had a medicines profile in place. This detailed the level of support they needed, what medicines they were prescribed and also included if people were able to manage their own medicines. One person said, "They come in and help me with my medicines, it's good."

We reviewed a sample of MAR charts for three people which covered a two month period. People's MAR charts were kept with the person's medicines and filled out at the point of administration. All MAR charts had been filled out correctly and there were no gaps on the records we reviewed. MAR charts were checked daily by staff involved in the medicines administration process and the scheme coordinator also completed weekly stock takes and monthly medicines audits to check that medicines were being managed safely.

The staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. All Disclosure and Barring Service (DBS) checks for staff had been completed in the last three years and were recorded in their files. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. There was evidence of photographic proof of identity, proof of address and right to work records, along with two verified references. Any gaps in employment were highlighted and discussed during the interview. New starters had a checklist form in place to ensure all necessary documentation was in place before they started. Interview assessments were also available which showed that the provider had assessed the suitability of staff they employed and we saw interview questions covered areas which focused on the provider's values.

We found that staffing levels throughout the service were sufficient to meet people's needs. People had been allocated a specific number of support hours by the local authority to be used to support them to live independently, develop life skills and access the community. We looked at the last six weeks of staff rotas and saw there were consistently six care and support workers in the morning, five in the afternoon and two waking night staff from 9pm to 8am. This was consistent with what we saw during staff handovers and the allocation schedule in the communication book confirmed the number of staff on shift and who they were responsible for supporting. Senior managers were on call and contact information and what to do in an emergency at night was displayed in the staff office. The service manager explained that they had been using agency staff to cover vacancies and maternity leave and had just recruited four new members of staff. Two had just started and were introduced to people during a residents meeting on the first day of the inspection. They could also rely on bank staff to cover any periods of absence with staff who already knew the service.

Staff had received appropriate training in safeguarding and were able to demonstrate how to keep people safe from the risk of abuse. Staff understood how to recognise the signs of abuse and told us they would speak to senior members of staff if they had concerns about a person's safety and/or welfare. There was also a poster in the staff office which provided information on how staff could raise any concerns in confidence if they needed to, however all staff we spoke with felt confident any concerns raised would be dealt with by the provider. One care and support worker said, "I'm really confident in bringing up issues and that action would be taken. I've never had any issues in the two years I've been here." The administrator told us in detail how important their role was in relation to safeguarding even though they were not care staff. They added, "I see people every day and help them out with a number of things so I'm aware if they are happy and how their well-being is. I will notice changes in people's behaviour and the signs they might not be happy." There was a safeguarding protocol in place and a flowchart of procedures to follow if staff had any concerns.

The provider had procedures in place to identify and manage risks associated with people's care. Before people started using the service the provider carried out an initial assessment of their care needs to assess their suitability to live in the service and to identify any potential risks to providing their care and support. Assessments covered risk factors that included mobility, mental health problems, nutrition, medicines, finances, communication and their environment, which also focussed on fire safety related issues. We saw records for one person with mental health and substance misuse problems that the provider worked closely with health and social care professionals and their behaviour was reviewed in the person's care programme approach (CPA) meeting. This is the system used to organise people's community mental health services, involving people, their friends and relatives if applicable, and health and social care professionals. These meetings assess and review the needs of people to check they are being met. We saw that this person was able to access the local community independently and management plans were in place for action to take if they did not return at an agreed time.

Risk assessments recorded the areas of risk and gave a description of the current measures in place and what actions needed to be taken, including practical guidance for staff on how to manage them. They included details about the level of support that was required and the best outcomes for the person. Where a risk had been highlighted, there was information detailing what the triggers were, what the signs or behaviour from the person would be and what actions should be taken to reduce the risk. For example, one person was at risk of their mental health deteriorating due to another health condition. There was information about the possible behaviour that the person could display and who should be contacted if they had concerns. This person was also a smoker and the provider had worked with the London Fire Brigade to arrange a home fire safety visit assessment to ensure their safety. We saw that this was discussed during a morning handover and staff had followed guidance that had been recorded in their risk assessment. Assessments were regularly reviewed, with additional reviews conducted if any significant



changes occurred.

## Is the service effective?

### Our findings

People told us they were happy with the care they received from staff. Comments included, "I've got about five carers who I see and they look after me very well" and "The reason I am here is thanks to all the staff. They are all good guys." One relative said, "The staff are great. They are aware of my [family member's] needs and are able to manage some difficult behaviour." From their most recent satisfaction survey, 95% of people gave a positive response about staff understanding their needs.

People were supported by staff who had appropriate training and supervision to carry out their roles. New staff went through an induction programme when they started work and checklists were in place which highlighted which areas needed to be covered on the first day, within the first two weeks and the first three months. This was in place up until the end of the six month probation period, which was reviewed after three months. Induction tasks focussed on areas such as an introduction to people and the staff team, building security, fire safety and reviewing a range of policies and procedures. The Care Certificate was also covered as part of the induction programme. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. One care and support worker who had recently started said, "I had shadowing when I started and got to meet residents along with going through company policies. I'm really enjoying it so far." We saw records that showed agency staff also completed an induction when they first started working for the provider and a member of agency staff we spoke with confirmed this.

There was a training programme that staff completed as part of the induction. Mandatory training covered medicines, moving and handling, safeguarding, fire safety, life support, food hygiene, health and safety, conflict management and equality and diversity, and were refreshed between every one to three years. The manager showed us their staff training matrix which covered all modules and identified when training needed to be reviewed and had been completed. We saw that staff also received training which was specific to people's individual needs and that staff had completed training in a range of areas, including the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), dementia, falls prevention and substance misuse. Staff we spoke with throughout the inspection spoke positively about the training and that it had given them a better understanding. One care and support worker said, "The content of the training is really good and I get to apply new things that I learn on a daily basis." A new starter added, "I've had medicines, moving and handling and conflict management. Safeguarding is next and then I have first aid next week. I feel confident with the training I've had."

We saw records that showed care and support workers had regular supervision and an annual appraisal system was in place. We looked at a sample of supervision records which showed staff were able to discuss key areas of their employment, which included achievements, well-being, key working concerns and training. We saw supervisions were carried out to follow up on incidents that had taken place. For example, if there had been a medicines error or a competency assessment had not been passed. One care and support worker said, "We have regular supervision with management and as I work nights, they work around my schedule."

People were supported and involved in the planning of their mealtimes. The level of support was recorded in people's care plans, including if they were to be encouraged to make their own meals. People's dietary preferences, allergies, medical and cultural needs were also recorded along with whether they were supported at the day centre, which was located in the same building. When the day centre was not on or if people did not attend, there was information recorded about the support that was to be provided. One person was on a restricted fluid intake as instructed by their GP due to a health condition and guidance was in place for staff to follow, along with information in the person's home to remind staff. Staff we spoke with were aware of this and why the restriction was in place, along with records that showed it had been discussed with the person during a recent key working session. Another person was reluctant to let staff into their home to help them prepare meals so they encouraged them to use a communal kitchen. Their care plan had recorded it was important for the person to be encouraged to prepare their own meals and we saw this was consistently taking place from the daily logs we reviewed. The provider was also in the process of discussing with people about the option of online shopping and we saw that this was discussed at the residents meeting on the first day of the inspection. The service manager explained that staff would be arranging a time to meet with people to explain the benefits and whether they would be interested. One benefit was that as it was a quicker process, staff would have more time to spend with people.

Staff said they supported people to manage their health and well-being and would always discuss matters with management or the staff team during a handover if they had any concerns about a person's healthcare needs. There was a case management file in place which recorded input from health and social care professionals and outcomes from healthcare visits or appointments, with any actions being followed up appropriately. The service manager told us that having this file in place made it more accessible for all staff and helped show the journey of people's health and who was involved in their care. Where staff had raised concerns about the deterioration in one person's health, we saw a referral for a review had been sent and saw it had been discussed at a monthly multidisciplinary team (MDT) meeting. MDT meetings involve a group of health and social care professionals from one or more clinical disciplines who together make decisions regarding recommended treatment and support of people. We observed during staff handovers that people's appointments were discussed and staff were aware if they needed support to attend. One person said, "They always sort out my appointments and transport. The lady does it downstairs and my carer comes with me in the ambulance."

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We discussed the requirements of the MCA with the manager and staff team and they demonstrated a good understanding of the process to follow where it was thought that people did not have the mental capacity required to make certain decisions. We saw records that showed best interests meetings had taken place and when mental capacity assessments had been completed. We saw where concerns had been raised, case management records showed capacity assessments had been requested and were followed up with the local authority. The provider had assessed people's decision making abilities in line with the MCA and saw that people had signed their care plans to indicate their consent to their care. We saw general consent forms in place confirming people's information could be shared, spare keys could be held by the provider and permission for their photos to be taken, along with a separate medicines consent form.

## Is the service caring?

### Our findings

People told us they were well supported by the service and had positive things to say about the caring attitude of the staff. Comments included, "My carers are very good", "I'm so lucky to be here", "They always come and check on me" and "I find them good and they do the best they can. They are friendly and nice and ask if I'm OK." Relatives were also positive about the staff and the atmosphere the service created. One relative said, "The place has a lovely feel to it. It's very homely and I'm happy he/she is here." We saw a compliment from a health and social care professional who had thanked the staff for supporting a person's transition from hospital back to independent living, and that it had been done with great empathy.

Throughout the inspection we observed positive interactions between people using the service and staff. Staff were always observed to be interested in the people they supported and compassionate towards their needs. The provider ran a day centre that was held in a communal area of the building and we observed people being supported to attend. We also observed a residents meeting that was held on the first day of the inspection and could see there was a very relaxed, inclusive and welcoming environment. One relative said, "They got my [family member] ready for a wedding and he/she looked absolutely lovely. The way they managed it was great."

Staff knew the people they were working with and had worked with them for a number of years. Three of the care and support workers we spoke with had worked at the service for over 11 years. One of them said, "This is like my second home and second family. We all feel close to the people that we support." We saw that new staff were given time to get to know people and the manager told people during the residents meeting that he was planning to meet with everybody on a one to one basis to have a cup of tea and get to know them. Staff spent time with people during key working sessions and when supporting them with their daily routines. They knew about people's lives and preferences and were motivated to support people to achieve their goals. One care and support worker said, "I enjoy looking after people and I really want them to have a good quality of life here." During the residents meeting, one person had a coughing fit and became unwell. Staff responded quickly and supported them, sitting with them during the meeting to reassure them and check they were alright. This showed staff showed concern for people in a caring manner and responded to their needs in a timely way.

We observed staff knocking on people's doors and announcing their presence during our visits to people's homes. People were asked if they wished to speak with us and if they were happy for us to come in and see their home. Care and support workers had a good understanding of the need to ensure they respected people's privacy and dignity. We saw a record from a recent key working session where a person had highlighted that they felt safe and reassured as they were able to lock their door and staff always knocked if they wanted to come in. During two staff handovers during the inspection, we observed that staff spoke about people in a respectful and dignified manner, especially when they were talking about sensitive issues or incidents. From their most recent satisfaction survey, all the people who responded were satisfied that their views were respected.

We saw records that showed people were encouraged to be involved in their own care and had regular

meetings with their support worker. Relatives we spoke with confirmed they were involved in making decisions about the care their family members received and could express their views. One relative told us how they were involved in a review when their family member returned home after a stay in hospital. They added, "They do get in touch if there are any issues." We saw people were encouraged to be as independent as they wanted to be and we saw staff encouraged them in all aspects of their daily living routines. This information was recorded in people's files so staff were aware of which daily tasks needed encouragement, for example, to make their own breakfast. One care and support worker told us how they made sure people were fully involved in their shopping. They said, "I sit and have a chat and we work together on the list. I'm here to prompt, encourage and support them in what they do." We spoke to one person who the care and support worker had compiled a shopping list for. They said, "She's just been up here this morning to sort it out. We had a chat about what I wanted and she's going to bring it back this afternoon, bless her."

We spoke with the administrator about their role and how they helped to support people. They told us that they helped people and spoke on their behalf to deal with a number of housing and welfare related issues. This included issues with people's rent, applications for housing and welfare benefits and any maintenance issues.

We saw that people who had been supported to make advanced decisions regarding end of life care had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms in place and this was highlighted in their care plan. All DNACPR paperwork found was located at the front of the file and had been completed appropriately, which demonstrated choice and relatives involvement where appropriate. For one person who had been discharged from hospital, it had been highlighted that a community DNACPR should be requested and we saw that the provider had followed this up with the person's GP.

## Is the service responsive?

### Our findings

People told us they were happy with their care and support and that they were supported to get involved with activities and attend events. One person said, "I go down to the day centre, they've arranged it all for me and help me get about there." Another person told us that being supported with a befriender had been very helpful and had a positive effect on their well-being. Relatives commented positively about the service and felt they were involved in the care planning process. Comments included, "If there are issues they will always let me know" and "They know that I need to be present with any reviews and they always keep me in the loop." Health and social care professionals we spoke with felt that staff had a good understanding of how to support people and were responsive to their needs.

People's needs were assessed prior to moving in and information was gathered about people's medical history, behaviours and strengths and weaknesses. Staff spoke with people, their relatives and health and social care professionals who were involved in their care and support for information, along with records such as hospital discharge notes or letters from people's GPs.

Detailed care plans were in place and contained a profile of the person, their next of kin and other health and social care professionals involved in their welfare. Care plans had a 'My Life' section which gave information about people's birthplace, life history, family and previous employment. Dependent upon the number of hours of support people had, an overview of their daily routines recorded the agreed time of staff to visit and highlighted what care and support was to be carried out. It identified the areas of support needed which included people's medicines, nutrition and hydration, personal care, domestic tasks and if welfare checks were needed throughout the day. Support plans were created in partnership with the 'Star Outcome' tool. This was a tool that covered seven areas of a person's current situation, which included staying safe, feeling positive, looking after yourself and staying as well as you can. Each area highlighted people's needs and what action needed to be taken to achieve it. The support plans were personalised and provided details about what was important for people and how they wanted their care needs to be met.

People had regular key work sessions where they could discuss their general health and well-being, if they felt safe and if there was anything they would like to change. One person's records showed that their monthly sessions highlighted the positive impact that attending the day centre had on their well-being, which had been recorded as a goal in their care plan. Another person's key work session had highlighted their anxiety about the noise and we saw that they were supported to move into another flat in a quieter part of the building, away from the main road. We spoke to this person who told us that they were extremely happy that this could be accommodated and they felt much more relaxed in this environment.

Staff supported people to take part in activities, maintain relationships and follow their interests. The provider ran a day centre five days a week that was held in a communal area of the building and people who used the service were able to access this. At the time of the inspection the activities and volunteer coordinator told us that it was in the process of moving to a new location but transport arrangements had been made for people to continue to attend if they wanted. Activities would still be made available throughout the week if people wanted to stay at the service.

We spoke with the activities and volunteer coordinator who gave us an overview of the activities and events available and how they were able to support people with volunteers and befrienders to reduce their social isolation. They said, "We help people to indulge in the activities and also get them involved in what they used to do. We help and support them to learn new interests which will only benefit their health." At the time of the inspection approximately 15 people who used the service attended the day centre on a regular basis.

Activities available included chair based exercise classes, art and craft sessions, movie nights, karaoke afternoons, board games, memory games and reminiscence sessions, yoga and a weekly breakfast club held on the weekend that people were encouraged to attend. Apart from day to day activities, there were regular events held throughout the year. We saw photos of 'mocktail' afternoons, summer BBQ's, music events and an annual 'Silver Sunday' event, which was a day to celebrate the elderly community. There was food, music and entertainment and was open to people living in the provider's other services and people in the local community. We saw the provider had worked closely with a local school and had set up intergenerational projects where the pupils would engage with people using the service. They would sit and interact with people and play games. We saw they helped with a gardening project and put on a drama event. One person said, "The children came and looked after some of us older people."

The service manager told us that over half of the people using the service were living with dementia and they were always trying to learn new ways to support people to continue living independently and meet their needs. Each floor of the building where people's flats were located was painted in a different colour to help people recognise where they lived. We saw one person's care plan highlight their ability to process information had deteriorated so staff had made large labels and placed them on the doors within their home to help the person remember which each room was. The provider had also arranged for some specific training to help staff understand what it is like for people living with dementia. The Virtual Dementia Tour experience is a unique, interactive training experience that is designed to give individuals and organisations the ability to help identify with and understand people living with dementia's behaviours and needs. Staff we spoke with who had completed this training spoke extremely positively about it, saying that it was the best training they had ever had. Comments included, "Every person supporting people with dementia should experience it. You feel as if you have dementia and it gives you so much insight into how people feel", "You've got to experience it, it's like nothing I have ever experienced before", "It has really helped with one of our residents. I feel I can understand how they are feeling" and "Until you feel it yourself, you'll never fully understand. I was in shock and never realised how bad it was. I have learnt how to help people because I've felt it myself."

The provider also told us that they had involved people in their recent recruitment of a new manager. They said it was important for people to have a say in who was responsible for managing their service. The scheme coordinator told us that they asked people if they would be interested in getting involved in the recruitment process to choose questions that they wanted to ask to a prospective manager. Three people were involved in the interview process and one person told us that they had voted for the new manager and was pleased he had been successful with his application. The manager told us that they were very excited about their new position and that they really felt the values of the organisation ensured that people were always put first and contributed to the care and support they received. The providers values were focussed around the 'Three R's', which was to make sure the service was reliable, responsive and respectful. The manager told us that these values were evident throughout their recruitment process and were embedded into the organisation's way of working, starting from senior management and running through the whole of the staff team. We saw that these values were also reviewed during staff annual appraisals and how their work had met the values.

People were also supported with more specific cultural or religious needs. One person told us that staff

supported them to have meals that met their cultural needs. They said, "They ask me what I want and then get it for me. They get me my Jamaican food, which I love." One person was supported to attend a Caribbean day centre. People's religious beliefs were also considered and we saw there was a weekly visit from a local church and holy communion could be taken in people's own home. The communication book also recorded that people had been supported to attend church if they wanted to go. We also saw that another person was supported to visit their family after a recent bereavement.

People and their relatives said they felt comfortable if they had to raise a concern. One relative said, "I'm confident in raising any issues and they are always dealt with." There was an accessible complaints procedure in place which was given to people when they moved in but also discussed during key working sessions and residents meetings. The scheme coordinator said, "Staff are always encouraged to ask people to bring up any issues or concerns during their key work sessions and reassure people they will always be addressed." The provider's complaints procedure was a two stage process but was preceded by an early resolution stage, which gave the option for minor issues to be resolved immediately. If people were not happy with the response at this early stage, it would be dealt with through the formal complaints process. If people were still unhappy their complaint would be reviewed by a senior manager at a panel. We spoke with the administrator who told us that people could come down to reception and discuss any issues they had. They added, "With small things, if I can resolve it myself I will sort it out straight away. But if it is something more serious it is passed onto a manager to deal with and everything is reported and recorded." There had been no complaints since the previous inspection.

We also reviewed a sample of compliments that had been received from people using the service, relatives and health and social care professionals. One person had moved on from the service and had thanked staff for all their help in supporting them to live independently. There was also a thank you card from the Mayoress of Westminster who had been invited to an annual event and had really enjoyed the experience and opportunity to meet and talk with so many people.

One way in which the service listened to people's experiences and concerns was through quarterly residents meetings. We observed a meeting on the first day of the inspection and saw the minutes from the previous meeting. Staff updated people on any changes to the service and gave people the opportunity to bring up items they wanted to discuss. This included information about activities, introductions to new members of staff and any upcoming events. We saw that people were always reminded about bringing up any issues and were encouraged to speak with staff at any time if they had any concerns.



## Is the service well-led?

### Our findings

At the time of our inspection there was a new manager in place who had started work with the provider the previous week. They had been a registered manager at another provider for five years and was in the process of completing their application to be the registered manager at James Hill House. He was present on both days and assisted with the inspection, along with the service manager and scheme coordinator.

People using the service and their relatives spoke positively about how the service was managed and the support they received. The majority of the comments were related to the service manager and scheme coordinator who had covered the service whilst the manager position was being recruited for. Comments included, "I'm confident speaking with management and they have always sorted anything I've raised" and "They are good at communicating and always respond to anything. They know how to deal with people and I'm so grateful my [family member] is here." One relative added, "If my health ever deteriorated, I'd want to live here." We also received positive comments about the new manager, even though he had only been at the service since 11 September 2017. One person said, "He seems very friendly." One relative told us that they felt confident with his appointment. They added, "He came out and introduced himself straight away, I really liked that."

All of the care and support workers we spoke with told us they felt well supported in their roles and we received many positive comments from all staff about the management of the service. Even though two members of staff brought up a minor issue, all staff said they were confident that any concerns would be dealt with immediately. Comments included, "The amount of support I've received from managers has been fantastic. They've supported me so much and taken away any nerves I've had", "I feel a lot more confident and if I have any worries I can bring them up as the support is there", "They give us good advice and there is continuous communication" and "They are a great organisation. I've stuck with them as I'm treated as part of a team and don't feel like an agency worker." Senior and office staff also spoke positively about the support they received from the service manager and assistant director. Comments included, "I feel like I have been listened to from day one and they have implemented some of my ideas. [Assistant director], he's a really good people person" and "I've worked my way up through the team and they have provided opportunities for me to progress. [Service manager] has given me the support I've needed." The new manager spoke positively about his short experience with the provider since his appointment and that he had been overwhelmed with the support he had received.

The assistant director told us that the service had recently gone through a transition and some staff roles had been reorganised. He recognised that support would be needed and tried to manage the process for the best interests of people using the service and the staff that supported them. The provider commissioned a one year project called 'Embracing Change', where the provider offered support for staff during this period and aimed to give teams space for reflection and promote trust, confidence and well-being. He added, "If we are there for them, to help them through it and promote people's well-being, it will improve performance and lead to a better service in line with our values." All the staff we spoke with commented positively about this support they received. Comments included "We've been kept updated, our position has been reassured and [service manager] will always take time to talk with us. She's been very supportive" and "I've been given

extra responsibilities but was supported during this transition period by management and was helped when I needed it." The assistant director felt that this project was part of the reason why the provider won 'Best Care Employer' at the Great British Care Awards earlier in the year.

The provider had robust internal auditing and monitoring processes in place to assess and monitor the quality of service provided, which were carried out at regular cycles. There were monthly team meetings which covered areas such as quality assurance, training, spot check records, daily logs, policies and procedures, Care Quality Commission (CQC) compliance and updates and concerns about people using the service, which included key working allocations.

The scheme coordinator showed us that they carried out specific audits of medicine administration records (MARs) and finance management records on a monthly basis. A detailed medicines audit had been carried out by the provider's own care quality and compliance coordinator in June 2017 which had reviewed the whole service and we saw that actions had been taken where issues had been highlighted. The manager told us that a new weekly spot check programme was in the process of being implemented from October 2017 to also include the quality of daily logs, people's home environment, satisfactory shopping practices and fire safety. Procedures were in place to ensure all accidents and incidents were reported and recorded onto an internal system to be reviewed by the manager to make sure it had been followed up with all the necessary actions. Reports could also be generated for each person to highlight any trends and put plans in place to reduce the risk of it happening again.

There was a weekly fire alarm test and a recent fire drill had been carried out in August 2017. Staff were responsible for carrying out a nightly safety check that included checking fire doors were closed, electric heaters and cookers were turned off and any ashtrays were empty. There was also a monthly fire safety inspection checklist and water temperature recordings in place. Annual electrical safety, fire alarm and lift report checks were carried out, along with a review of their fire risk assessment every two years.

The provider was aware of their responsibilities in terms of submitting statutory notifications to the CQC informing us of any incidents that had taken place. They also understood the importance of notifying other bodies about issues where appropriate, such as the local authority and other health and social care professionals. For one notifiable incident, we saw that the appropriate disciplinary processes had been followed and learning had taken place.

The provider was responsible for submitting a quarterly report to their commissioners to give them an overview of how the service was being managed. The report covered areas such as serious incidents, complaints, safeguarding alerts, staffing levels, people's finance audits and training. The most recent monitoring visit had been carried out in June 2017 where no concerns were raised. Findings highlighted that the monitoring officers were impressed with their visit and that the necessary procedures and processes were being followed. One comment highlighted that time and effort had been made to look at the best way to support each person individually.

Questionnaires for their 2017 satisfaction survey were in the process of being sent out so we reviewed the findings of their last customer satisfaction survey. The provider confirmed with us after the inspection that surveys were sent out to people in October 2017. The survey consisted of 13 questions which asked people about their overall satisfaction of the service, whether staff understood people's needs, access to activities and if their views were respected. 20 people completed the survey and the majority of responses were all positive. One comment said, 'I am very happy with the service. I can get support at any time I want.'