Octavia Housing

Octavia Housing - Park Lodge House

Inspection report

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10 July 2017

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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

The inspection took place on 14, 15 June and 10 July 2017 and was announced. We gave the registered manager one working days' notice of the inspection as the location is an extra care service and we needed to confirm the registered manager would be available when we inspected. The service had 36 flats and each person had their own tenancy. Octavia provided both housing support and care support to people living in the scheme.

People had their own flats based in a community setting within an extra care housing complex. The service provided support to people in their own homes with additional flexible care and support services available on-site to enable people to live as independently as possible. Support included personal care and support with medicines, meal preparation, shopping and cleaning. At the time of the inspection there were 31 people being supported by the service.

This was the service's first inspection since becoming registered with the Care Quality Commission in July 2015.

The service had a registered manager. 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.

During the inspection we saw safeguarding and whistleblowing policies and staff we spoke with were familiar with these and knew how to respond to safeguarding concerns. There were sufficient numbers of staff on duty to meet people's needs.

People had risk assessments and management plans in place to minimise the risks they might face whilst using the service. Incidents and accidents were recorded appropriately.

Medicines were administered and managed safely.

Staff had the relevant training and support through supervisions and appraisals to develop the necessary skills to support people using the service. However, medicines competency testing or a written observation was not always recorded. The registered manager assured us this would be addressed by the newly appointed compliance officer who was monitoring training and competency testing.

We saw the principles of the Mental Capacity Act (2005) were followed. Consent to care was recorded as part of the signed service user agreement and signed medicines consent forms and people we spoke with said they were given choice and control.

People's dietary requirements and nutritional needs were met and we saw evidence that relevant health

care professionals were involved to maintain people's health and wellbeing.

People were involved in their care plans, day to day care decisions and said care workers were kind and caring.

People and care workers said the registered manager was accessible and approachable. People told us they felt able to raise concerns.

The service had a number of systems in place to monitor and manage service delivery. This included a complaints system, service audits and satisfaction surveys.

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.

Care workers had received relevant training on safeguarding adults and knew how to raise safeguarding concerns.

People had risk assessments and management plans to minimise the risk of harm. The service had processes in place to record and address incidents and accidents.

Safe recruitment procedures were followed and there were enough staff to meet people's needs.

Medicines were administered and stored safely.

Is the service effective?

Good

The service was effective.

Care workers had appropriate support through training, supervision and yearly appraisals.

Care workers had Mental Capacity Act (2005) training and understood the need for people to consent to their care.

People's dietary and nutritional needs were met.

People were supported to access healthcare professionals and maintain good health.

Is the service caring?

Good

The service was caring.

People using the service said care workers were kind and caring. People were supported to be as independent as possible and make their own choices.

Personal care was delivered in a person centred manner and people's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People were involved in their support planning and subsequent reviews. Care plans included people's preferences and interests and guidance on how they would like their care delivered.

The service had a complaints procedure and people knew how to make a complaint it they wished.

Is the service well-led?

Good

The service was well led.

The registered manager knew the people using the service and their needs well. People and care workers said the registered manager was accessible and listened to them.

There were data management systems in place to monitor the effectiveness of the service and that people's needs were being met.

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Detailed findings

Background to this inspection

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

The inspection took place on 14, 15 June and 10 July 2017 and was announced. The provider was given 24 hours' notice because the location provides an extra care service and we needed to be sure that someone would be available for the inspection. The inspection team consisted of one inspector and an expert-by-experience who spoke on the telephone with people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we received a Provider Information Return (PIR). 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. Additionally we looked at all the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Safeguarding and Commissioning Teams.

During the inspection we spoke with 13 people using the service, two relatives, the registered manager and four support workers. Additionally we spoke with two healthcare professionals.

We looked at the care plans for seven people who used the service. We saw files for six staff which included recruitment records, supervisions and appraisals and we looked at training records for all of the staff. We reviewed medicines management for people and we also looked at records for monitoring and auditing.

After the inspection we contacted a social care professional to gather information on their experience of the

service.

Good

Is the service safe?

Our findings

People using the service told us, "It's definitely safe. You have the door system and there's staff moving around all the time and I wear my alarm button", "When I lock my door, I feel safe", "I feel safe. It's all right. I have my own keys", "I feel safe. I have a pendant", "Yes really safe. They are trustworthy people. The manager is good too" and "I like having someone around to check up on me just in case."

We saw safeguarding and whistleblowing policies from the provider dated December 2016 which care workers told us they were aware of. Care workers we spoke with were able to describe the types of abuse and knew how to respond. They told us, "I would inform my manager. I could inform the police and social services", "I have to report to the manager and we have to do paperwork for incident reports. We could go above the manager and we could report to the police and social services" and "I would speak to my manager and if no one listens, I would follow the safeguarding policy."

We viewed the files of seven people using the service and saw each person had a summary of risks and a response of how to manage the identified risks. Risk management plans were up to date and included a description of the risk, the goal the person was trying to achieve, the current measures in place to manage the risk, the action taken by whom, when the action was taken and a review section. These were signed by the person and matched up with the care plan. Additionally, the local authority had undertaken a number of moving and handling risk assessments. A health professional told us, "Any recommendation I have made, they seem to follow through on. They're quite proactive in helping to assess clients. They know their service users well."

The provider, Octavia, had a business continuity plan dated November 2015 that was applicable to all their block schemes. We saw a fire and safety inspection checklist which was completed monthly and covered the weekly fire alarm test, obstructions, fire doors and the environment.

Incidents and accidents were recorded electronically and analysed by Octavia's 'care and support audit and compliance group' for any trends. We saw forms completed each month included a description of the incident and the actions agreed. Care workers said, "Fill in the paperwork and give it to the manager who sends it through to the head office" and "Check the person if conscious, ask what happened, put them into recovery position and call for an ambulance."

The majority of the people using the service managed their own finances. Where they gave money to a care worker, to go shopping for example, we saw this was recorded so there was clear evidence of any financial transactions. If people had an appointeeship for finances this was written in their care plan, and where relevant, how people were supported with their budgeting.

During the inspection, we observed there were sufficient staff to meet people's needs. The registered manager told us staffing was based on the needs of the people using the service. If the person had complex needs and required more support, the registered manager would discuss the need with the local authority to increase the person's hours. Comments from people about whether or not there was enough staff varied.

These included, "I think they are short staffed. They need staff to float", "I think they could improve definitely with more staff because they have emergencies and staff are taken off what they're doing. They work long hours and hard", "I think there is enough staff. All of them can help you, they all have skills", "I think there is enough staff. I think they do very well" and "We had a questionnaire and what I suggested is more staff, so there is eight on each shift because if someone is ill, someone loses out while they go see the person" and "They seem to have enough staff."

A relative told us, "Yes there is enough staff. Weekend staff are great with my (relative)." Care workers told us there was enough staff if no one was off and that the service was hiring more staff. The registered manager said the local authority contracted people's hours, so they were not short staffed, as if people required more hours they could request this and agency staff were generally regular agency staff. The service was currently recruiting three new people.

The service followed safe recruitment procedures. The provider's head office provided evidence of checks completed before staff were employed which included completed application forms, two references, Criminal Records checks, the right to work in the UK and proof of identity.

The provider had a medicines policy that contained information on the different levels of support people may require, PRN (as required) medicines, storage and controlled drugs. For people using the service who had their medicines administered by the care workers, medicines were delivered on a 28 day cycle with the medicines administration record (MAR). Medicines were kept in locked cabinets' in people's flats. Each person's file contained a medicines assessment that indicated what level of support they required with administering their medicines. We saw people's MAR charts were signed correctly. However, MAR charts did not have a list of all staff's signatures which meant it was not always immediately clear who had administered the medicines. We discussed this with the registered manager who said they would address this point.

When asked about medicine administration, people using the service told us, "Yes, they are very sharp on the medication. They give it to you in the morning and late afternoon", "I am very happy with it. It is always on time, no issues", "Yes I am very happy. No problems whatsoever" and "I do the medication but they come in twice a day and check it and put it into the log and every week they take it downstairs and put it in the record."

Good

Is the service effective?

Our findings

We asked people using the service if staff had the right skills to support them. Comments included, "I think they have the right skills", "Staff seem to know what they're doing", "Yes they are very good, they know what they are doing", "Yes I think they know exactly how to help me. They always have the right answer to any questions I ask" and "Yes I think they are. I am not sure about their training but I have had no issues."

We viewed the files for six staff members. Care workers told us they completed an induction when they began working at the service and we saw a checklist for new staff detailing what tasks needed to be completed by when. Induction included training and a week of shadowing a more experienced member of staff. We also saw information on staff probation and that one person's had been extended.

Files contained records of supervisions dated March and April 2017. Care workers had supervision about every eight weeks and said, "They ask how we've been going, training is updated, any concerns and then we look at targets. It helps us to express the way we feel about the work, the tenants, how we feel and about our needs like extra care staff and equipment", "Very helpful because everything I talk about with the manager, she tries to do. I can talk to her about anything about myself or the residents. I'm very happy about that" and "One to one is useful because you know if you are doing your job and if anything needs to be improved." Care workers had annual appraisals and we saw the last ones were undertaken in May 2017.

We saw the training records for 18 staff. All mandatory training and Mental Capacity Act 2005 training had been completed within the timescales set by the service. Training the provider considered mandatory included medicines, safeguarding adults, moving and handling, health and safety, fire safety, mental health and corporate training. The registered manager told us it was a requirement for all care workers to complete the care certificate which is a qualification that identifies specific learning outcomes, competencies and standards in relation to people new to health and social care.

The service had recently appointed a compliance officer to monitor training. Of the six staff files we viewed, we saw medicines training had taken place in 2016/17 but only two staff had a record of medicines competency testing / observations and these were dated August 2015 and November 2016. We discussed the lack of consistency around medicines competency testing with the registered manager who reassured us the newly appointed compliance officer would be monitoring all training and any required competency testing and observations.

Team meetings were held monthly. Comments from care workers included, "They're quite helpful. We discuss the needs of tenants or any changes in the company", "When it is more people, everyone says their concerns and we try to do our best together" and "There is always something new. We discuss the service users and their health, new service users or new duties." The last team meeting was held on 11 May 2017 and discussed positivity, key working, CQC, lunches, policies and the Deprivation of Liberties.

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. We checked whether the service was working within the principles of the MCA.

The service had MCA policies and procedures. Care workers we spoke with had a basic understanding of the Mental Capacity Act (2005) and understood the need for people to consent to their care.

Consent to care was recorded as part of the signed service user agreement and signed medicines consent forms. The service supported people living with dementia and we saw evidence of people who had lasting power of attorney (LPA), but we did not see evidence of mental capacity assessments being carried out. The registered manager told us that everybody using the service had the capacity to make day to day decisions and said, if someone did not, they would have a best interests meeting. The registered manager said all people using the service could walk out the door as they please. This was reiterated by people we spoke with who said they were not restricted in any way by staff. Comments included," No I can do anything I want", "Not by the staff, but I am restricted in how much I can walk and things I can do" and "No if I want to go out I can or if I want to sit around all day and read a book I am able to."

People's dietary requirements were recorded in their support plans. A number of people had meals delivered and were supported to heat up evening meals in their flats. The service had recently introduced lunches five days a week in the communal dining room at a cost, for people who wanted this option.

Care workers told us regarding nutrition, "We check the care plans. We deal with the tenants day to day and we know what they like and dislike and if we have any concerns we contact the doctor", "I observe people and when I see someone is not eating or putting on weight, then I ask the manager to refer them to the doctor" and "People make their own decisions about what to eat. We always offer choice and ask what they prefer. People told us, "They are always on time and the food is pretty nice. I have no complaints" and "I just have my dinner and it is very good. They will ask what you want they can get you it and it is quite all right."

The service provided appropriate support to meet people's day-to-day health needs. The GP visited the service every Friday and we saw evidence of people being supported by district nurses, the mental health team, Cognitive Impairment and Dementia Services, and the re-enablement team. Reports from other health professionals reflected the information in the support plans.

When we asked people if they had support with their health needs, they said, "Yes, they are very good. No problems", "I do get some help going to appointments. They will take me no questions asked and they really do look after me" and "Yes, we go together and they make sure I get what I need done." A relative told us, "When he is not well, they call the ambulance for him."

One care professional told us, "They have always been very engaged in the recommendations and very caring. We work well together. There is always a nice atmosphere in the building. They seem to be well organised." Another care professional said, "They always make me aware of anything. They follow recommendations. Staff are caring, they just don't have enough resources to cover all their needs, in particular mental health."

Good

Is the service caring?

Our findings

People using the service told us, "The carers are like family. The only thing is the agency staff. Regular staff know out habits and our ways", "It's not like an old people's home. It's run more freely, like a hotel in a way", "Everything I want they do to my satisfaction. Every carer is good, they make my life more than bearable. They go out of their way to make everybody's lives as pleasant as possible", "If you want any attention, they look after you and they're very good in that way" and "They're very helpful with me. They're always having a laugh and a joke with me." Relatives told us, "The great thing that I like is it's nice and clean. The atmosphere is nice. Everybody is polite" and "I like everybody here. They are so nice, so kind." We saw that one of the service's care workers won the London regional Great British Care Awards 2017 that pays tribute to those individuals who have demonstrated excellence within their field of work.

The registered manager told us, "Tenants have choice and control. We try to promote independence." They said that although Octavia could provide both housing and care, people could have a choice of care provider and some people continued to use the agency they had prior to moving to the service. However, after they had moved, people often chose to have Octavia as their care provider but who provided care was the choice of individual people using the service and they were not required to opt for Octavia to be their care provider. Care workers told us, "Most people are independent so we prompt them in a nice way so they're not offended" and "It's very important to give them choice and encourage them. I prefer a friendly way and I ask them what they want to do."

When we asked people if the staff respected their choices and gave them freedom, people said, "Yes, for instance I walked out the other day and they allowed me to do that", "Yes I can pick what I want to do and no one will say no to me" and "Yes they do. They will listen to what I want like going out or having my friends come visit me and they will let me get on with it."

The provider had literature about the service in other languages and easy read formats so people could understand the service provided. One person used a communication book as they did not speak English very well. Additionally the service had staff who spoke the languages of people using the service. A care worker said, "I feel respect for everyone. If I don't know about their culture, I always ask. Talking to people, they tell you."

We asked care workers what was important when they were supporting people with personal care. Responses included, "Ensure we maintain their dignity. Respect their choices and needs", "Ask them first if they are willing to do personal care and if no, leave it until they are ready" and "I always explain what I am going to do first and then step by step I ask them first what they want." This was confirmed by people using the service. One person said, "Whenever they come to the flat, they ring the bell. Very respectful."

Good

Is the service responsive?

Our findings

The registered manager told us they sat on an 'extra care' panel with the local authority which decides on people who might be referred to the service. Where a positive panel decision has been made, the registered manager arranged to assess the person wishing to use the service. We saw initial assessments that included peoples' history, support needs, medical needs, social benefits, risks and a date to visit the scheme.

We looked at the files, including the support plans, of seven people using the service. We saw information on medicines, the GP, allergies and the next of kin. People had a pen picture of their background. People's daily routines were recorded so care workers knew how people preferred to be supported with their care. Support plans contained a 'needs and goals' section that identified people's individual needs and how to achieve them. This included enabling people to make their own decisions by 'consulting' and being 'treated as an individual'. The person using the service and the registered manager signed the support plans. Where one person was physically unable to sign, it was noted that the support plan had been verbally discussed with them.

Each person had an 'individual service agreement' that provided contact information such as the person's keyworker and the registered manager and how to make a complaint. These were signed by the person using the service. Files we viewed had a 'will and testament' section to indicate if they had an advanced statement of wishes and if they wanted to be resuscitated.

When we asked people if they were involved in their care and if their needs were met, they told us, "I have a keyworker, she'll check on me", "Yes, we sat down and created one (care plan). I think it has been reviewed once", "Yes. They will do whatever they can" and "Yes they are pretty much on the ball with everything."

The service completed yearly reviews unless there was a change of circumstance. A relative told us they attended reviews, and if they did not, an interpreter was booked to support their relative to understand the meeting.

The provider had a formal complaints procedure and we saw records of both complaints and compliments. The last complaint recorded was around loud music which the housing officer dealt with. We also saw a written complaint against a staff member. An acknowledgement letter was sent to the person and the complaint was addressed by the provider's head office. A commissioner told us a relative had raised a complaint and they were "satisfied that they (service) acknowledged and responded to the complaint appropriately."

People using the service told us, "If I make a complaint, I'll see (registered manger) and she'll sit down and go through it with me and she'll say do you want me to take it further. They never not record it", "If I had a complaint, I would go through (registered manager)" and "If I want to complain, I just tell them. I've got no complaints, they're all very good and very helpful." A care worker told us, "We have complaint forms to fill in and hand to (registered manager) and if it is not dealt with we take it further to the senior manager. Never had a complaint " and a relative said, "I don't have anything to complain about. I would complain to the

head office."

The service had an activity co-ordinator who came in once a week and there were four volunteers including a physiotherapist who supported people with activities such as yoga, bingo and movies. Some people played board games in the evening and there was a pub lunch one a month. Communal meals had been arranged to promote socialising. We saw records in the activity folder of monthly activity sessions which included physio sessions, communal lunches, the gardening club, a singer on Sundays, church visitors on Fridays and the Indian community came to certain celebrations such as Diwali.

Comments on activities from people using the service included, "We get outings from time to time, but if we had more carers, we could go out more. I can go out on my own", "They try to put things on for us but it doesn't always work because everybody doesn't come down", "I like that we do things at Christmas so we're not left out", "I get to do what I want to do. I just like to listen to the radio and smoke" and "I can go out and do what I want".

Good

Is the service well-led?

Our findings

Stakeholders we spoke with told us the registered manager was accessible. People using the service said, "You can go to the manager and speak to her and she'll sort it" and "(Registered manager) is very caring. She's adaptable. That's what I like about here, people will do things for you." Relatives said, "(Registered manager) is wonderful." and "If there is an emergency. They always phone me and update me if anything is going on." Care workers told us, "We have a great team. The manager is very, very good and very supportive", "We speak one on one all the time. If I feel unconfident, I always tell her and she will listen. We are like a family and (registered manager) looks after us" and "(Registered manager) is nice. She's funny. She would never turn me back. She would listen to me always."

We saw from the files and professionals we spoke with, that the service had links with the community. For example, the registered manager met with the local authority's commissioning team every quarter. The registered manager told us they kept up to date with relevant social care guidance and good practice by reading information on line or through information from the provider and cascading it to the team. There were team meetings for care workers and monthly tenants' meetings that discussed, for example, repairs, pendant alarms and new activities.

Feedback from people using the service was sought through surveys. The last survey was carried out in 2016. The registered manager told us one of the issues raised was activities, so Octavia employed an activity co-ordinator.

The service had a quality assurance system in place both at the location and at provider level to monitor the quality of the service delivered to ensure peoples' needs were being met. The provider's compliance officer had last completed an overall quality audit with an action plan for the service in January 2017. There had not been enough safeguarding alerts or complaints to audit monthly at service level but we saw the provider reviewed these annually. At the 'Octavia care and support audit and compliance group' meeting held on 12 May 2017, we saw minutes that indicated in addition to safeguarding, the meeting reviewed incidents and accidents and agreed an action plan to ensure robust analysis and reduce incidents. At a local level, we saw a senior care worker audited the MAR charts once a month and completed a stock take for people Octavia administered medicines to. The service also completed finance audits. Reviews and audits helped the registered manager to monitor the effectiveness of the service and to identify where improvements were required.