

Octavia Housing

Octavia Housing - Leonora House

Inspection report

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Date of inspection visit:
07 May 2019
08 May 2019

Date of publication:
18 June 2019

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

About the service: Leonora House provides extra care housing for up to 26 people, including younger disabled adults, people with mental health problems or mild learning disabilities and older people living with dementia. At the time of the inspection 25 people were living at the service.

People's experience of using this service:

People received personalised care and staff had an excellent understanding of how to meet their needs.

Staff were understanding and supportive when people were at the end of their life. Relatives spoke extremely positively about the difference the support made to them and their whole family at such a sensitive time.

People had access to a wide range of activities and events, which people were encouraged to get involved with to help reduce social isolation and create meaningful friendships.

People and their relatives were positive about the kind and caring attitude of the staff that supported them. One compliment stated, 'I cannot praise the staff enough. They have so much love for my [family member] it has left me so thankful that they are here.'

People were supported to live independent lives and staff were aware of their needs to help them stay safe. Staff followed best practice guidance and worked closely with a range of health and social care professionals to ensure people received effective care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported to a range of healthcare appointments and staff followed up any issues or concerns. Staff contacted health and social care professionals for advice and guidance if there were changes to people's health and wellbeing.

People were cared for by dedicated staff who felt appreciated and supported in their role. Staff spoke positively about the working environment and the support they received to help improve the quality of care.

Rating at last inspection: At the last inspection the service was rated Good. (Report published 26 October 2016).

Why we inspected: This was a planned comprehensive inspection based on the outcome of the previous inspection.

Follow up: We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained Good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service improved to Outstanding.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service remained Good.

Details are in our Well-led findings below.

Good ●

Octavia Housing - Leonora House

Detailed findings

Background to this inspection

The 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.

We had been made aware of a serious safeguarding incident that had occurred at the service a week before the inspection. This incident was still subject to a police investigation and we followed it up during this inspection to see what action the provider had taken in response to it.

Inspection team: This consisted of one inspector.

Service and service type: Leonora House provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. People have a tenancy agreement and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. At the time of the inspection all 25 people were supported or prompted with personal care.

It is a condition of the provider's registration to have a registered manager in post. This is to make sure they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had recently left at the time of the inspection. The provider had recruited a branch manager who was scheduled to start at the beginning of June 2019. We were told the branch manager would be submitting their registered manager application by the end of the month.

Notice of inspection: We gave the provider 48 hours' notice because the location provided extra care

housing and we needed to be sure that people would be available to speak with us.

What we did:

Before the inspection 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 their provider information return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection we reviewed five people's care records, five staff recruitment, training and supervision records, samples of staff rotas, complaints and safeguarding investigations and audits and records related to the management of the service.

We met and had brief conversations with 11 people and spoke with three of them in more detail. We also spoke with three relatives, one during and two after the inspection. We spoke with 11 staff members. This included the deputy manager, the assistant director, a service manager, the quality assurance officer, the activity and volunteer manager, a senior support worker and five support workers.

Some people living at the service were not fully able to tell us their views and experiences so we carried out a number of observations during the inspection.

After the site visit, we spoke with two health and social care professionals who worked with people using the service for their views.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Learning lessons when things go wrong

- The provider had been proactive in responding to a recent safeguarding incident and we saw they had taken appropriate action to discuss this across the service.
- We sat in on a specific team meeting which reviewed the incident and what was being done in response to it. It was discussed in detail, with reminders for staff about learning lessons and going over reporting responsibilities. Safeguarding workshops had been scheduled with the local authority. Two health and social care professionals felt the provider had responded well to the incident.
- We saw self-reporting about medicines errors were discussed at team meetings and there had been shared learning across the organisation when incidents had occurred at other schemes. One staff member said, "With the findings from our weekly checks, learning is shared with the team and reported back to management. It is important to intervene with what we find otherwise we will not learn."
- We saw a health and social care professional had commented that after the outcome of an internal investigation, the learning plan shared with staff had been the best they had seen.

Systems and processes to safeguard people from the risk of abuse

- Staff had safeguarding training and had an understanding about their responsibilities, including knowledge about the types of abuse people were at risk of.
- All of the staff confirmed they were confident that any safeguarding issues would be dealt with. One support worker said, "They take everything on board and listen to any concerns that we have."
- Due to a recent safeguarding incident, a detailed safeguarding action plan had been put in place which focused on the person at risk, security within the service and wider learning to improve practices.
- A tenants meeting had also been scheduled which discussed the importance about keeping people safe and what security measures were in place. We observed the meeting and one person said, "I feel a lot safer now and found this very helpful." Relatives also confirmed this and felt the service provided a safe environment.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and were reviewed if there were any changes. There were detailed guidelines in place for staff to follow so they could support people safely.
- Where people were at risk of falls, there were falls detectors in place which activated on impact and alerted staff. One relative said, "I think this is excellent. As their risk of falls has increased they have managed it very well."
- Detailed guidelines were also in place for risks related to epilepsy, behaviour that challenged the service and fire safety. One person, who was a smoker, had detailed information about the control measures in place to reduce the risk of a fire. Staff were aware of these risks and explained how they managed this, whilst

being able to protect the person's freedom.

- There were weekly fire alarm tests with fire safety guidance in place. Staff were aware of what to do in the event of a fire and we saw it was also discussed with people at tenants' meetings.

Staffing and recruitment

- Sufficient levels of staff were deployed across the service to ensure people's needs were met. Samples of weekly rotas showed staffing levels were consistent with what we saw throughout the inspection.
- Staff handovers discussed which people staff members were allocated to support. Staffing levels were also increased where people needed one to one support, which we observed during the inspection. One person said, "Staff respond very well when we call for help. Knowing somebody is here to help is very important."
- Permanent staff confirmed that regular agency staff were used to cover absences and spoke positively about their competence and being able to work as a team.
- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. The provider had a human resources team based at their head office who worked with scheme managers during the recruitment process. This ensured appropriate checks for staff had been completed and there was evidence of photographic proof of identity, right to work documents and two references.

Using medicines safely

- There were procedures in place to ensure people received their medicines safely. Staff completed training and were observed before supporting people. One support worker said, "The training was brilliant and we have been given advice and guidance to follow."
- One person said, "My medicines are very accurately done and they take extra care. They are kept in a locked cupboard and it is managed superbly." A relative said, "I have observed their medicines and can see they record everything and know what they are doing."
- Samples of medicine administration records (MARs) for three people had been completed correctly and checks were in place which picked up any errors. We saw any concerns with the recording of medicines were discussed with staff.
- With controlled drugs and medicines that needed to be given covertly, best practice guidance had been followed and was regularly discussed with the staff team.

Preventing and controlling infection

- There were cleaning schedules in place and these were discussed at each staff handover session. Monthly spot check audits looked at hygiene and cleanliness in people's flats.
- Staff completed training in infection control and food hygiene and had a good understanding of their responsibilities to reduce the risk of cross infection.
- People and their relatives commented how clean the service was. One person said, "They check daily if everything is clean and tidy and are good at keeping everything spick and span."
- One health and social care professional said the physical environment was lovely and clean at a recent visit and had no concerns.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The provider followed best practice in how they recorded people's consent to the care and treatment they received. Consent forms were also in place and discussed with people about sharing information with health care professionals and keeping a spare key to be used for emergency access.
- Capacity assessments and best interests' meetings had taken place where people lacked capacity.
- The provider worked closely with the relevant health and social care professionals when applications were made to deprive people of their liberty. Their related assessments and decisions had been properly taken to ensure that people's rights were protected.
- Staff completed MCA and Deprivation of Liberty Safeguards (DoLS) training and saw the five key principles of the MCA had been discussed at a recent team meeting. One support worker said, "We need to give people choices with the care they have and always assume they have the capacity to make those decisions, but support them if they don't. We can't force anything."

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

- People were assessed before they started using the service. We saw correspondence where hospital discharges were discussed and any referrals could not be confirmed until the provider had completed a reassessment.
- The provider had used best practice guidance materials from the NHS, dementia nurses and local palliative care teams. We saw staff had discussed how they used this guidance in team meetings.
- One health and social care professional told us they felt the staff team were able to manage a range of behaviours that challenged the service and staff were patient and understanding with this.

Staff support: induction, training, skills and experience

- People were supported by staff who had an induction and training before they started to work with them. People and their relatives were confident with the competence of care staff. One relative said, "They most

definitely understand their needs. Staff engage, give the right prompts and you can see they know what they are doing."

- Agency staff confirmed they had an induction when they first started. One agency staff member said, "It was very useful, not just about fire and security checks, but also information about the clients."
- Mandatory training covered 12 areas, including moving and handling, health and safety, basic life support and falls prevention. Staff were positive about the training they received and how it helped them to support people.
- Staff had regular supervision and workplace observations to support them in their roles. Annual appraisals had also recently been completed. One support worker said, "I have one to one meetings and we discuss key working issues with the people we support. Senior staff are always available and I can ask anybody for help."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink if this was part of their agreed care. Some people had all of their meals made for them and staff carried out weekly online shopping. One person said, "They always ask us what we would like and they are aware of the foods that I need to avoid."
- People's preferred foods were highlighted in their care plans, including any nutritional risks, special diets and the level of support required.
- For people who required less support, communal meals were scheduled twice a week. One person told us they enjoyed this as it was nice to eat with other people rather than on their own.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives spoke positively about how they were supported to appointments or if their health needs changed. One relative said, "If [family member] is ill, they take it very seriously and always call 999 if they need to."
- Care records showed that where appropriate, people were escorted to health appointments and any issues were followed up with health and social care professionals.
- We observed daily handovers during the inspection. Staff discussed each person, how they were, their moods and any behaviours.
- Where staff noticed changes in people's health, these issues were discussed with the local authority relating to an increase in support needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke positively about the caring nature of the staff team. Comments included, "The staff are all wonderful, all so lovely and friendly", "We have a great laugh, which is really important and it is the best care in the world" and "I find the staff extremely caring and professional. They know [family member], who they are as a person and when they aren't themselves." One relative told us that one of the support workers was the most loving person they had ever met.
- A health and social care professional said, "I can see staff have a really good rapport with the residents and people tell me they like it here. I have seen staff have a very caring and positive attitude, which I have seen a lot during my visits."
- Staff understood the importance of building positive relationships to help support people. One support worker said, "We build up a rapport with people and we get to know everybody. It is all about talking and getting to know people."
- Throughout the inspection we observed positive interactions between people and the staff team. There was a relaxed atmosphere and people were comfortable in the presence of staff.
- During a tenants meeting, one person became distressed and upset. All staff present reacted in a calm and compassionate manner and provided emotional support.
- Where we received one negative comment from someone who felt some staff members did not always speak to a person in a caring way, we shared this feedback with the deputy manager. They were receptive to the feedback and held a workshop with staff about positive body language and tone of voice.

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

- People and their relatives confirmed they were involved in making decisions about their care and support. One person said, "They come up and check on me and we discuss everything about my support. They are knowledgeable about what I need as they have known me for a long time."
- All of the relatives we spoke with told us they were always invited to meetings and updated with any changes. Health and social care professionals, where appropriate, also confirmed they were involved in decisions about people's care.
- One person told us they had regular opportunities to talk with staff about their needs. They said, "My main carer, she knows everything about me, talks with me and manages everything for me."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives spoke positively about how their privacy and dignity was respected. Comments included, "When they are ill, they really care and you can see they show nothing but respect" and "They are very reliable and help me to keep my independence. They support me and encourage me with things."
- We saw workplace supervisions observed staff communication and interactions when they supported

people. Records showed that staff maintained people's dignity during personal care and approached people in appropriate ways.

- We observed positive interactions during the inspection. Staff knocked on people's doors to announce their presence and also asked people if they wanted to speak with us. We saw staff respected people's privacy when they supported them to communal bathrooms, following up to check they were fine and if they needed any support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had regular opportunities to discuss with staff how they wanted to be supported and people told us this had a positive impact on their care. Staff were flexible in their approach and we saw how they discussed this during team handovers. One support worker told us about people who were early risers or preferred to be supported later in the morning. One support worker said, "I feel it is very personalised. We provide a service according to people's needs and it is tailored to them through having regular discussions." One relative said, "[Person] is open to asking staff what they want, and the staff are great. Nothing is ever too much for them."
- A health and social care professional felt that a strong key working relationship had helped to reduce a number of health conditions for one person since they had recently moved in. We saw a compliment from this person's relative that stated, 'I really enjoyed seeing [person] in their new home. Your guidance and care has made a world of difference. They look so well, more mobile and more alert. It is an amazing transformation.' We spoke with this person who praised the staff and how they understood the importance of their routines. They added, "They know I like support early in the morning, how I like my food and have encouraged me to make friends and be involved. They know everything about me."
- People had access to a wide range of activities and events that were arranged by the provider, including access to a day centre held at the service. Activities included chair based exercises, yoga, reminiscence sessions and cooking events. The provider had created partnerships with local organisations and held volunteer activity days. A weekend brunch group had been created and people had access to pet therapy sessions.
- One person told us how the exercise and yoga classes had greatly improved their mobility and had given them the confidence to walk independently in the local community. The provider had developed a 'Better Lives' project which was aimed at reducing loneliness and improving people's social, physical and mental wellbeing. We saw a case study where an elderly person who did not engage with others, was supported to a musical opera event. The activities and volunteer manager showed us photos and videos where the person's physical and mental wellbeing had improved as a result of the music based activity. Within the case study, it described the person visibly 'came alive' and was singing songs, remembering the words and mimicking playing the piano.
- People's birthdays and cultural events were also celebrated across the service and people were encouraged to get involved. We saw a compliment from a health and social care professional which stated, 'The party was wonderfully put on. I do not know how you managed to get [person] to leave their bed. I'm shocked but also very impressed.'
- One person told us how the community environment had an incredibly positive impact on their wellbeing. They said, "It is a great way to meet people, we are a little community and I have made a good circle of friends. The best thing is being able to mix with so many different people, including people at the day

centre."

- We saw two examples where people had been supported to go on holiday and visit relatives overseas. One person told us that they had a good time and spoke positively about their keyworker who went with them. Their relative added, "She is exceptional and [family member] absolutely adores her. She came out on the holiday and did a great job."
- One section of the building was for five people living with dementia. Staff had accessed a one of a kind, unique and interactive training experience that is designed to give staff the ability to help understand people living with dementia. Staff explained how it had given them an incredible insight into what it was like for people living with dementia and how they could learn ways of supporting people more effectively. A care manager told us how important this training was for staff to help them understand the needs for people living with dementia and it was a priority for all staff across their schemes. A health and social care professional who visited regularly told us how staff were exceptional and incredibly patient when they supported people living with dementia.
- One support worker said, "The dementia training was really good. We got to learn new ideas and it was really informative." We saw correspondence where one person living with dementia praised the staff about how happy they were, the staff understood them so well and that this was the best place they had ever lived.
- The provider also supported people's religious and cultural needs. For one person with limited communication, one support worker told us they had learnt some simple phrases in their native language which helped when the person became agitated or distressed.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would feel comfortable if they had to raise any issues or concerns. Comments included, "The deputy manager makes a big difference and if I ever have a problem, I know they will deal with it" and "If I was ever concerned, I could bring it up, they are all very approachable. I certainly don't have any concerns."
- People were also given the opportunity to raise any issues with their keyworkers or during tenants' meetings. Minutes from the last meeting showed staff reminded people to talk with staff if they ever had any concerns. One person said, "We have lots of opportunities with the staff where we can discuss any issues or concerns we might have."
- There was a complaints policy in place which welcomed people's feedback about the service. There was an 'early resolution' stage where any issues or concerns could be addressed immediately without having to go through the formal process.

End of life care and support

- At the time of the inspection the provider was supporting people with end of life care. We saw the provider worked closely with the palliative care team. One support worker said, "The nurses and hospice have provided us with support and we can get advice from them. They have sent nurses to help through the night."
- Staff received training in end of life care and spoke positively about how they had been supported.
- Workshops and projects had been carried out across the service to discuss areas around end of life care. It discussed the sensitive nature and that it was important to start conversations and continue the dialogue with people and their relatives. It also discussed the support available to staff when a person passed away.
- One person had been supported overseas back to their place of birth and a support worker told us how these sensitive discussions had helped to gather information about their wishes for the end of their life. They added, "They had never said anything about this before. The training helped us to get an understanding about when to talk about it and we started the conversation."
- One relative spoke extremely positively about the end of life care their family member received and felt the care and support made a huge difference. They said, "They have been incredibly helpful and thoughtful at

this difficult time. I can't praise them enough. They look out for [family member] and also take the stress away from us. We had a meeting about it and [deputy manager] was amazing, explaining what we needed to do. It has taken a weight off our minds and they have looked after us as a family."

- We saw a compliment from a relative who had praised the staff team for the excellent care that was given to their family member at the end of their life and they were comforted by the support received. The relatives had raised £400 and donated it to Leonora House to be used for activities in the memory of their family member.
- A recent monitoring visit from the local authority stated the service was a model for good practice and the work with the palliative care team is clearly communicated in people's records.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider put people at the centre of the service and ensured the whole staff team understood the values of the organisation, which lead to positive outcomes for people.
- People and their relatives spoke positively about the management of the service and the support they received. Comments included, "I feel very confident with how they manage everything" and "There is nothing negative I can say and it is a wonderful place. The staff are welcoming and it feels like a little family."
- One relative felt the openness of the management team helped to create a positive staff team. They added, "Because of this, all of the staff are very dedicated, it is a calling and not just a job for them."
- Health and social care professionals were confident with the management of the service. One said, "It is one of the most positive services I have seen. They are very open and honest across the service."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team had a good understanding of their registration requirements regarding statutory notifications. They had submitted the relevant notifications for incidents that occurred across the service and were always proactive in contacting the Care Quality Commission if they needed any advice.
- Staff were aware of their responsibilities through daily handovers, allocation lists and communication books which highlighted what needed to be done for the day. One support worker said, "Everything is discussed across each shift with the staff team. We cover people's care, any issues or concerns and what we need to be aware of."
- Samples of meeting minutes showed that staff discussed their responsibilities and shared best practice guidance. Continuous improvement plans also discussed areas to improve quality standards.
- One relative spoke positively about the deputy manager. They said, "She is very dedicated, competent and knows the job well. Above all, she cares about us."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's and their relative's views about the service through tenants' meetings and an annual survey. Analysis of the 2018 satisfaction survey showed the overall feedback was positive and there were no major concerns.
- One person said, "I have been involved in all the tenants' meetings since I've been here. We get to voice our opinions and they do listen to us." We saw people were supported to chair the meetings with the help of staff to ensure they were fully involved.

- The provider produced a monthly newsletter that was circulated to people and staff. It included updates about the organisation and information about activities and events across a number of schemes.
- Staff spoke positively about the support they received and how they were made to feel part of the team. There were quarterly awards in place across the provider's schemes where staff were nominated for any special achievements. One support worker said, "It is a good organisation to work for and there are plenty of opportunities. They recognise our work when we go the extra mile."

Continuous learning and improving care

- There were robust systems in place to monitor the service and to find ways of making any necessary improvements. Regular team meetings discussed areas of the service, including incidents, spot checks, health and safety and following best practice.
- A range of audits across the service, including people's medicines and financial records, were in place which identified any issues. We saw issues picked up were discussed with staff and if needed, had their competencies reassessed. A support worker said, "With the checks, if we find any tasks are not done, we discuss this and advice is given to take on board."
- There were also monthly spot checks which checked the condition of people's flats, fire safety and further feedback from people about the service and if they had any issues or concerns.

Working in partnership with others

- The provider worked in partnership with a range of health and social care professionals to seek advice and guidance related to people's health concerns.
- In response to a safeguarding incident, the provider had worked closely with the local authority and made links with the local community police.
- The activities and volunteers' team had created working partnerships with a range of volunteer and activity groups, including organisations that supported people with any health and social care needs.