

Octavia Housing

Octavia Housing - 108 Highlever Road

Inspection report

108 Highlever Road
North Kensington
London
W10 6PL

Tel: 02089622112

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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

About the service

108 Highlever Road is a supported living service. It provides care and support to five women who are living with dementia.

People's experience of using this service

People and their relatives praised the service. Comments from families included "When I leave here I know [my family member] is in safe hands. It's a remarkable place" and "It's a happy place."

Staff displayed positive and compassionate approaches, reassuring people, communicating well and offering choices. People's life stories and what they liked were well understood by care workers and used to help people reminisce. The service understood what could cause people to become upset and how best to respond to these. Staff responded to people's wishes and planned activities to meet these and prevent isolation and encouraged people to remain independent.

Risks to people's safety were assessed and managed. There were enough staff to safely meet people needs and staff were recruited safely. The registered manager worked to ensure a consistent staff team who people knew well. There were appropriate measures to safeguard people from abuse and medicines were safely managed.

The building had been redecorated to a high standard and ensured a dementia friendly environment. Staff received appropriate training and supervision to carry out their roles and managers checked their competency and skills. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to eat and drink in line with their wishes and the service promoted good health and access to healthcare services.

People's care was planned to meet their needs and was personalised. People had access to a wide range of activities and the service worked to promote social inclusion, with people's families encouraged to participate in activities and the daily life of the home.

The registered manager promoted an open and positive culture. Managers checked that staff were working to a high standard and engaged with people and their families to ensure satisfaction and to develop the service. Managers encouraged staff to reflect on their successes and learn from these. The service was continuously learning and developing new approaches and worked in partnership with local organisations to improve.

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

Rating at last inspection:

The last rating for this service was good (published 5 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We spoke with a monitoring officer with the local authority and reviewed information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke to the registered manager and three care workers. We looked at records of care and support for two people and records of medicines management for five people. We looked at records of training, and the records of care and supervision of three care members. We spoke with two people who used the service and three family members. We made observations of people's support. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Care workers knew how to safeguard people from abuse. Staff received regular training in safeguarding adults and were confident in recognising the possible signs of abuse. There was a suitable procedure for reporting safeguarding concerns to the local authority.
- People were protected from financial abuse. Staff ensured that people's money was stored safely and kept records of financial transactions. These were signed by two staff and checked by a manager.

Assessing risk, safety monitoring and management

- We observed staff working proactively to protect people from risks. This included guiding people through corridors and supporting them to make transfers to chairs. Staff ensured that people had access to their walkers and made sure that these were not in other people's ways. We observed staff added cold water to hot drinks and checking these were safe before handing them to people. A family member told us "They think things through, the table is not in the centre of the room, there's never any cords or leads out."
- The service assessed risks to people and had measures in place to mitigate these. Risk assessments were comprehensive in their scope and highlighted key risks, past near misses and measures in place to prevent a recurrence. We saw examples of preventative measures being followed, such as sensors to alert staff when a person had got up and may be using the stairs unsafely.
- There were measures in place to protect people from fire. People had personal emergency evacuation plans. These are documents that outline the support people may need to respond to an emergency and to exit the building safely. The service kept key information in a grab bag alongside emergency supplies such as space blankets. The service carried out fire drills and checked people's response to the alarm.
- The provider carried out regular checks of the safety of people's environments. Night and day staff carried out daily health and safety checks, and regular audits were done by the staff team and occasionally by a member of staff from a different service.

Staffing and recruitment

- Staff were recruited safely. The provider obtained evidence of people's identification and satisfactory conduct in previous employment. Staff were checked with the Disclosure and Barring Service (DBS) before they started work and this was repeated regularly. The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.
- Staffing levels were planned to meet people's needs. We checked rotas which showed staffing was in place as planned. Staff told us they felt there were enough staff to meet people's needs safely. A staff member told us "There's only five people, you can spend that bit more time with them."
- There were enough staff to safely meet people's needs. Comments from relatives included "It's well staffed, there are enough which is great" and "There's always at least two staff." We observed staff were able

to attend promptly to people and provide appropriate supervision, and did not appear rushed.

Using medicines safely

- People's medicines needs were assessed. The service recorded the medicines people took, and the level of support people required with these.
- Staff followed clear procedures for managing medicines safely. Staff kept appropriate records of medicines administration, including when they applied topical medicines. We observed staff following appropriate practice in giving people medicines individually in a calm environment. Staff received regular training in medicines administration and managers observed their practice to ensure it was safe.
- Managers checked that medicines were given safely. The registered manager carried out a weekly check of medicines to ensure that these were administered and accounted for, and that these were safely stored and in date. The audit was also used to check that PRN medicines were not overused. The provider had implemented new forms of medicines recording charts to reduce the risk of errors, and these included people's photographs and details of allergies.

Preventing and controlling infection

- The service was kept clean and safe from infection. We observed a high standard of cleanliness throughout the building. A relative told us, "Every day they clean it, it's always immaculately clean." Colour coded equipment, including mops, were used to prevent cross infection.
- People were protected from food-borne illnesses. Staff had received training in food safety. Food was stored safely in the fridge, with high risk foods labelled with their opening dates. Staff checked fridge temperatures daily to check that these were safe.

Learning lessons when things go wrong

- There were processes in place for responding to incidents and learning from these. Staff recorded what had happened and managers reviewed incident forms and devised an action in response. We saw examples of when risk management plans had been reviewed in response to incidents and near misses.
- There was a suitable procedure for responding to medicines errors. This included assessing the cause of the error and identifying areas for staff development. Managers carried out a review of the staff members knowledge and carried out further observations of medicines administration to ensure the staff member knew how to do this safely.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service. The provider undertook a detailed assessment across a range of personal needs and used this information to plan people's care.
- There were appropriate policies in place to cover key areas of practice. This included medicines management, consent to care, safeguarding and infection control. The registered manager discussed a policy with staff each month to ensure they were aware of this, and checked staff awareness of policies in supervision and observations of care.

Staff support: induction, training, skills and experience

- Care workers received the right training to carry out their roles. A relative told us, "They're well trained, and it starts at the top." There was a clear policy on what mandatory training staff needed to receive and managers had systems in place to ensure that these were kept up to date.
- Staff told us they were satisfied with the training they received. Comments included, "We can always get more training if we need more assistance and help" and "There's lots of training. Sometimes it comes naturally to you, you know what's right and wrong and you also learn by seeing the approaches [from others] as you go in."
- Staff received regular supervision and appraisals. Managers used these to review people's knowledge and performance and identify areas for development and progress.

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

- People were offered varied diets. People's nutritional needs were met and staff recorded how they had offered people choices and met their needs and offered regular drinks. A person told us, "I like the food, of course." A staff member told us, "They all have different things, but we have a roast every Sunday. You get to know their likes and dislikes." People had access to adapted cutlery to help them eat independently, and we saw these in use.
- People's weights were checked every month by the provider. People's weights were healthy and there was no evidence of malnutrition.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies involved with people's care. The provider told us they had shared people's risk assessments with their day activity programmes and these highlighted the types of changes that might indicate a person was at risk. We saw examples of information about people's health and wellbeing being shared between the home and the day service.
- The service worked with specialist agencies to assess people's needs. This included making referrals to the

mental health team and dementia services to determine how people's needs had changed and how best to meet these. The service was involved in local authority assessments and provided feedback on the accuracy of the assessment.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed. The provider recorded people's key diagnoses, risks relating to these and how they impacted on the person's daily living and wellbeing. Care plans had detailed information about how best to support people to maintain good health.
- The service worked to promote access to healthcare services. People were supported to attend appointments by staff and this was done promptly if there were concerns about people's health. People also had hospital passports. A hospital passport is a document which gives hospital staff helpful information about a person, including their support needs, to help them access healthcare services more easily. The provider told us they would facilitate hospital admission by visiting the hospital to pass on detailed information and to bring items people liked to make their staff more comfortable.
- The service worked to promote people's oral health. People's oral health care needs were assessed and care plans included details on how these could be met. Staff recorded how they supported people in line with 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service worked with the local authority and families to assess people's decision making abilities. Where people were not able to make decisions for themselves the provider worked with others to make a decision in the person's best interests.
- The service ensured that people were not unlawfully deprived of their liberty. The registered manager assessed whether people were subject to any possible restriction and where appropriate liaised with social services to arrange an application to the Court of Protection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were well treated by staff who knew them well. We saw many examples of caring interactions, such as holding people's hands to provide reassurance and ensuring people were engaged and providing praise for people's achievements. Family members commented on the caring approach of staff. Comments included, "The staff are absolutely wonderful" and "The staff are absolutely lovely, they will sit and have a talk, they interact, it's a happy place."
- The registered manager worked to ensure a consistent staff team, telling us, "Consistency is important here, the ladies become distressed when they see new faces." Many people at the service knew staff from their previous placement, also managed by the provider, and worked flexibility between the services to meet people's needs. A family member told us, "There's no staff turnover." Photographs of the staff team were displayed in a communal area to help people recognise staff.
- Staff we spoke with demonstrated a detailed knowledge of people's needs. This included what people liked and disliked, how best to communicate with people and how best to offer choices. A staff member told us in detail about people's favourite songs, and how they could use these to engage people. Another staff member told us, "You have to have a caring heart as well as caring hands. Even if I just hold hands with someone all morning, I know they're happy."
- Staff understood how to support people when they became upset or showed behaviour which could challenge. There was clear information on what may upset or annoy a person and why. A care worker told us, "We cover the signs, if someone's behaviour changes there's always a reason for it." A relative told us, "They can calm [my family member] down."

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

- People were able to choose the environment of the home. The provider had commissioned a specialist company to consult with people and their families and to ensure that the house had an attractive, dementia friendly design. The decoration included high contrast colour schemes and colour coded walls to help people orientate themselves in the building. A person told us, "It's great as far as I'm concerned." Staff used appropriate music to promote a calm and relaxed environment and encouraged people to play music of their choice, to recall the words and to sing along.
- Staff sometimes took exceptional measures to meet people's needs. People were supported to maintain regular contact with families, including by phone and in person. For example, a person had stated they wished to see their family who lived in Ireland. The service worked with a family member and specialist services to make arrangements to visit Ireland accompanied by a care worker. A staff member told us, "It was a successful trip, there was a great reception awaiting her. The kids were allowed a day off school, the

adults took a day off and we had banners and balloons."

- Staff worked with people to recall their life stories. There were detailed accounts of people's lives, including where they had grown up, lived and worked. This included detail about how looking back on different times of their lives and looking back made them feel, and collecting old family photographs. We saw examples of staff asking about a person's school days and reminiscing about their family life.
- Staff recognised the need to prevent discrimination. Care workers received training around equality and diversity and understood how to ensure people could express their sexual identity.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us their family members were encouraged to do things independently in a way of their choosing. A relative told us, "My [family member] never uses the lift as she insists on taking the stairs. She's never fallen, because the staff take their time coming down with her. They have the patience of a saint, every one of them."
- People gave us practical examples of how staff promoted independence. This included supporting people to go out and buy clothes and practical items. A family member told us "It's a big house and they're encouraged to walk around."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned to meet their needs. People's care plans covered a wide range of aspects of daily living and the support people required. There was clear information on people's likes and dislikes and the best approaches to work with people.
- Staff recorded how they had met people's needs. This included detailed daily records of the care people had received, their wellbeing and activities. These were completed in line with people's care plans. The provider obtained specialised items to help people engage in their personal care, for example purchasing a dry shampoo to enable a person to keep their hair clean when they may become upset by showering.
- The service responded effectively to challenging circumstances. At the time of our inspection a flood had disabled the lift. Staff worked to ensure that this did not impact on people's care. We saw examples of staff moving a person's bed into the lounge when they preferred to sleep there, and moving armchairs and the television into the dining room to allow everyone to continue their preferred routine. The service also arranged for appropriate alternative accommodation when they were not able to meet people's needs due to the broken lift and expedited the installation of stairlifts.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had clear communication plans. Staff recorded how people preferred to communicate and the best approaches to use for them. There was clear pictorial information to help people make choices and keep them informed on what was happening each day. The provider assessed people's communication needs and flagged when people would need information in alternative formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People using the service were supported to attend day activities and religious services. People were supported by staff or their families to attend local day centres of their choice, and the service also respected people's preferences to stay at home. People were escorted to church every Sunday if this was their choice.
- People had access to activities. The service had a daily activities programme that people could attend when they returned home. People were also supported to attend activities in a neighbouring service and there were special occasions during the year, including summer barbecues, Easter and Halloween events and people's birthdays. Staff baked with people and used the activity as a way of aiding people's memories. A family member told us, "Every resident has a party for their birthday, they join activities and they enjoy it."

- The service worked with local community organisations to offer people opportunities. For example, they had invited children from the local school to visit to sing and play instruments, and approached a local group of musicians to visit the service to perform music. A resident had previously owned a dog, and the service arranged for an animal therapy group to bring a puppy to the service. People were supported to the local hairdressers, and this was used to promote social inclusion.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and how to raise concerns with a manager. A relative told us, "If I had something to say I'd say it but there's nothing."
- The provider had a clear policy for addressing and responding to complaints, and there was information displayed on how to raise concerns.

End of life care and support

- No-one using the service was considered to have a life limiting condition. However, the service had identified they would need to plan for delivering end of life care. The service had worked with a local hospice to train staff in end of life care. We saw examples of end of life care plans the service intended to introduce.
- The service had a clear procedure for providing end of life care. This included highlighting the need to recognise a person was at the end of their lives and identifying sources of information and peoples' responsibilities to ensure people's choices were respected. The provider had worked with family members, GP and social services to ensure that, Do not attempt cardiopulmonary resuscitation order were in place if appropriate.

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. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's family members praised the ethos of the service. Comments included, "It's a remarkable place, it's not like other care homes" and "You get invited [to activities and events], families are encouraged to go there."
- The achievements of the staff team had been recognised through awards. The staff team and registered manager had been nominated for Great London Care awards. A care worker had received the award for Dementia Carer of the year and was in contention for a national award. A relative told us, "They deserve the credit they get, they're absolutely wonderful."
- Care workers told us they felt well supported by managers. Comments from staff included, "If we have any issues we can bring them up with the managers at any time, you don't have to wait" and "I'd always be able to bring up any changes in people's needs."
- Care workers were kept informed through regular team meetings. Team meetings were used to update the staff team on changes to the service, including staffing changes, activities and the findings of audits. The registered manager reviewed a policy with staff each month, and highlighted important areas that staff needed to be aware of.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems of audit to monitor quality performance. This included a regular overview audit which checked that risks were managed appropriately, that people's relatives were satisfied with the service and that regular checks had been taking place. The audit considered whether people were able to consent to their care and whether anyone may be deprived of their liberty.
- The registered manager used case studies and knowledge from quality forums to share good practice and reflect with the staff team how they had helped people to move towards their outcomes. These included discussions of approaches they had tried with people and community engagement, and outlined lessons learned and next steps in ensuring that progress continued.
- There were appropriate systems of communication to ensure staff were clear about what needed to be done. This included a daily communication log and diary. Staff handovers were used to update on people's wellbeing, what needed to be done during the day and to check key tasks had been completed.
- The registered manager was open and honest about challenges to the service and acted appropriately. At the time of our inspection the lift was out of order and repairs were taking several days. The registered manager was clear with all parties that they could not provide an appropriate service to some people

without the lift, and was supported by the organisation to arrange temporary placements for people and to carry out an emergency stair lift installation.

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

- Staff told us they were well supported by managers and supported to develop in their roles. A staff member told us, "I used to be domestic when I came here. I used to help and I wanted to become a support worker. It's rewarding and I love my job."
- Managers used different approaches to engage with people. For example, the registered manager had found that residents meetings were not the right approach for people using the service, and instead had designed a monthly catch up format for each person. This included tailored questions on people's satisfaction with the service and their lives, and what they would like to see change, and consulted with family members where appropriate.

Continuous learning and improving care

- The registered manager kept the staff informed of her observations of care and what needed to change. The communication book was used to record when the registered manager had seen practice that fell below standards and what her expectations were. Staff received regular observations of their competency which were discussed in supervision and yearly appraisals. This included checking that staff had used an appropriate approach when communicating with people and had followed procedures.
- The service regularly reviewed procedures and tried new approaches. For example, the provider had recently introduced a new process for responding to medicines errors. This had a clearer emphasis on support and training for the staff member who had made the error. Staff were briefed on the reason for the changes and what they could expect in future.
- The provider was reviewing approaches to planning care and managing risk. A new style risk assessment had been designed to highlight key areas in a person's life which related to people's needs and how the risk could be managed. A new style care plan was being implemented which was more user-friendly and placed a greater emphasis on people's independence, likes and dislikes and planning for future care.

Working in partnership with others

- The service engaged with the local authority to monitor the quality of the care. The provider met regularly with monitoring officers to identify areas for development and there was evidence that these had been acted on. For example, the provider had identified the building was in need of redecoration. The provider had worked with a specialist organisation and obtained information from a dementia friendly design seminar to provide a greatly improved, dementia-friendly environment. The provider told us they intended to use the remaining budget to improve the garden to make a more enjoyable and interactive environment.
- The provider had developed relations with local organisations to provide more opportunities to people. This included local schools and music service and charities.