

The Riverside Group Limited

Esther Randall Court

Inspection report

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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

Esther Randall Court is an Extra Care service providing care and support to people living in specialist 'extra care' housing. People lived in single occupancy flats in 1 adapted building. People also had access to communal areas, including a lounge, dining area, garden, a library, and 2 lifts.

Not everyone living at Esther Randall Court received the regulated activity personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, personal care support was being provided to 25 people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People's experience of using this service and what we found

People were safeguarded from abuse and staff were clear of their duty to raise concerns through the appropriate channels. Risks to people's health, care and safety were assessed to make sure they were protected from avoidable harm.

The service adhered to safe recruitment practices to ensure only the suitable staff were employed. There were sufficient numbers of staff allocated to work with people. Staff received appropriate support and guidance to perform their roles effectively.

Staff supported people to take their medicines as prescribed. Medicines records were clear and completed appropriately. Measures were in place to protect people from the risks of infections.

People's needs were assessed and reviewed regularly and when these changed. Staff supported people to eat and drink in line with their preferences and dietary requirements. People had access to healthcare services when needed.

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.

The majority of people and their relatives described their care workers as "kind", "understanding" and "wonderful". People were involved and encouraged to make decisions about their care. Staff protected

people's dignity, respected their privacy and supported them to lead independent lives as much as possible.

Staff provided care and support according to people's individual needs and preferences. People had the opportunity to interact among themselves and members of their local community, and participate in a wide range of activities. This promoted inclusivity and ensured people remained active.

There was a system to record and investigate complaints. Quality assurance systems assisted managers to monitor and improve the quality of service.

Managers and staff had created a friendly and caring environment, where people also felt safe. Managers also listened and acted upon feedback from people, relatives and staff. The service had formed positive relationships with other organisations and members of the local community.

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

Rating at last inspection

The service was registered with this provider in April 2023. The last rating for this service, under a previous provider, was good (published 22 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Esther Randall Court

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors, and an Expert By Experience who contacted people using the service and their relatives for feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service 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. The accommodation is rented 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people living at the service and 9 relatives. We also observed interactions between people and staff in the communal areas, including a music session and lunchtime.

We spoke with 10 staff members, including 8 care workers, a kitchen staff and the registered manager.

We reviewed a range of records. This included 6 people's care records and medicines records for 7 people. We looked at 6 staff files in relation to safer recruitment and supervision. A variety of records relating to staffing and the management of the service, including quality assurance, staff training, accidents and incidents, policies and procedures, complaints, health and safety, and meeting minutes were also reviewed.

Is the service safe?

Our findings

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

At our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- Staff received training in safeguarding and were clear of their responsibility to protect people from risks of abuse. They knew the different types of abuse and their duty to report concerns to their managers, the local authority and CQC. If abuse was suspected, a staff member told us they would "Take it up to management. If management doesn't act, go to directors and if nothing is happening, go to Safeguarding [Local Authority]".
- People felt safe at the service and with the care and support they received. One person told us, "Yes, I definitely feel safe." A relative told us, "[Person] is definitely safe at Esther Randall Court, there is always someone around for [person] when [they] want or need them."

Assessing risk, safety monitoring and management

- Staff identified and assessed risks to people's health, care and safety.
- Risk assessments covered a range of areas, including eating and drinking, mobility/falls, skin integrity and fire safety. However, we found some of the risk assessments lacked details or did not fully outline what the risks were and how to reduce them. We raised this with the registered manager, who made sure they were amended immediately and showed us samples of the updated versions.
- Staff knew people well and how to support them safely. A relative told us, "I think that the carers are very well aware of everyone's needs and they are very careful."

Staffing and recruitment

- The service followed safe recruitment processes and ensured sufficient numbers of suitable staff were deployed.
- The recruitment process comprised identity checks, seeking references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, some staff files did not contain a full record of their employment history. We raised this with the registered manager who told us staff's employment histories were always discussed during their interviews, but admitted they had not always been recorded. They told us they would make sure to address this going forward.
- Managers and shift leaders devised and monitored shift planners, which showed the allocation of staff to people. People told us staff attended to their needs as required. One person said, "I have a bell and if I ring it, they come straight away. I know most of the carers very well."

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff signed medicines administration records after supporting people to take their medicines. Staff also kept a record of the remaining tablets for medicines stored in their original packages. These processes helped to reduce medicine-related incidents/errors.
- The managers assessed people's ability to administer their own medicines and the level of support people needed with this task was clearly documented in their care plans.
- Staff were trained and assessed as competent before they were able to administer medicines to people.

Preventing and controlling infection

- Staff followed infection prevention and control measures to protect people from catching and spreading infections.
- There was adequate stock of personal protective equipment, which staff wore as required.
- The communal areas were cleaned and disinfected regularly. Staff also supported people to keep their flats clean and tidy.

Learning lessons when things go wrong

- There were processes to monitor accidents and incidents, and to learn from these.
- Accidents and incidents were clearly documented, including the immediate actions taken to support people after an accident/incident. Any lessons learned were shared in staff supervisions and team meetings.
- Senior managers also reviewed accidents and incidents, including falls and pressure ulcers, across the wider organisation. Any areas of concern and common themes were explored and learned from accordingly.

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 our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. 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 fully assessed prior to them starting to use the service.
- The pre-admission assessment covered different aspects of people's health, care and wellbeing, including eating and drinking, religion and culture, mobility, communication, personal care and shopping. Before a person started using the service, the managers would also assess their suitability for this service. This facilitated a smooth transition and helped the person to be comfortable in their new environment.
- People's care and support needs were clearly documented in their care plans. Staff adhered to the guidance provided and best practice when providing care to people. A relative told us, "We had a care plan and everything works really well and I can talk to the manager if we need to make any changes."

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Newly recruited staff enrolled on a comprehensive induction programme consisting of service orientation, completing mandatory training and working under the supervision of experienced staff. Staff also undertook the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed regular refresher training both in groups and individually, in areas such as moving and handling, first-aid, fire safety, equality and diversity, dementia awareness, and learning disability and autism. This ensured their knowledge remained up to date. A relative told us, "They do understand dementia," and another relative said, "They are very well trained and have the right support from health professionals in the community."
- Staff were also supported through regular 1-to-1 discussions with the registered manager. Comments from staff included, "[Registered manager] is supportive, he tries to resolve things as soon as possible," "The managers have come to the floor on several occasions to assist care staff," "They are very supportive and like to help" and "[Registered manager] always encourages us to educate and better ourselves, to progress."

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

- People were supported to eat and drink according to their needs and preferences.
- People's eating and drinking needs, including any dietary requirements and support they needed, were documented in their care plans. One relative told us, "They have been good with [person's] needs. For example, [they] cannot eat pork and they make sure that [they] do not have it."
- The service provided lunch in the communal dining area for people who were interested. There was a varied menu which people were able to choose from. A relative told us, "There is a hot meal every day, with 2

courses and [Person] is really benefitting from this; health-wise [they are] a different person."

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

- Staff monitored people's health and supported them to access healthcare services as needed.
- There was clear guidance on people's health needs and their conditions. Staff carried out regular welfare checks on people and escalated any concerns promptly. One person told us, "If I am not feeling well the carers come and check on me." Feedback from relatives included, "They help sort out hospital appointments and a carer always goes with [Person]" and "The residents have regular GP visits."
- Managers made promptly referrals to healthcare services when needed and worked with other agencies to provide effective joined-up care to people.

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 MCA 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. 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.

- Staff worked in line with the MCA. They had appropriate training in this area and supported people in the least restrictive ways.
- Staff sought consent from people before providing care and support. The registered manager told us they involved relatives where possible and made appropriate referrals to seek support from healthcare professionals if they had concerns about people's mental capacity or their ability to make their own decisions.

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 our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. 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

- Staff were friendly towards people, treated them kindly and respected their differences.
- People and their relatives spoke positively of the way they were treated. Their comments included, "The carers are all very kind. In all the time I've been here, I've never had or heard a bad word or any rows," "I think the carers are wonderful" and "[Person] always says they are kind and [they are] very happy there."
- However, 2 relatives mentioned that a few of the staff could be abrupt at times. We raised this with the registered manager, who told us they were aware of this issue and that they were addressing it with the relevant staff.

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

- People were supported and encouraged to express their views and make decisions about their care.
- People had the opportunity to attend regular meetings and 1-to-1 sessions with staff. This promoted dialogues and enabled people to share their views and feelings.
- The service involved people and their relatives to discuss their care and support in regular reviews. A relative told us, "I am involved at every level of [person's] care."

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity. The service was set up in a way that encouraged people to be more independent.
- Staff respected the privacy of people's flats and sought their permission before entering. Staff also supported people to look neat and presentable. Feedback from relatives included, "[Person] is as happy as [they] can be, always clean and tidy and has [their] hair and feet done" and "The staff try to talk to [Person]; [they] still look good and keep [their] dignity."
- Staff helped people to be as independent as possible. People were encouraged to do things for themselves, such as administering their medicines and preparing their meals, where it was safe for them to do so. A staff member told us, "I don't just start helping out. I encourage the residents to do things for themselves and give them choices."

Is the service responsive?

Our findings

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

At our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. 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 were supported as individuals, in line with their needs and preferences.
- People had choice and control over their care and staff supported them accordingly. A relative told us, "They treat people as individuals and it's a team effort to make sure [Person] has the best possible care." Another relative explained, "We had a problem with [Person] wandering off. There is now an application on [their] phone so that we can track [Person] and then we give the service a ring if we are concerned. It works very well."
- Care plans were person-centred and contained clear guidance on how to support people according to their individual needs. However, for some people, information on their personal history was not always recorded. Information on people's pasts can be useful for staff to know so that they can engage with people in a meaningful way. We raised this with the registered manager, who told us they would review all care plans promptly to make sure they contain all the necessary information.

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

- Staff supported people to take part in a wide range of activities, in line with their preferences and cultural needs. This helped to reduce the risk of social isolation.
- The service teamed up with different organisations and the registered manager launched a number of initiatives to promote inclusion and support people stay active. One of the partnerships was with an organisation that facilitated and arranged for older people from the local community to meet and interact with the people using the service. We saw photos and a video clip of people mingling, dancing and having a good time.
- Once a week, the service arranged for parents to bring their babies/children to the service so that people using the service could interact and play with them. This brought joy to people and promoted their wellbeing. A relative told us, "[Person] enjoys that."
- Among the other activities organised by the service, there were poetry and book clubs, regular music sessions, birthday celebrations, memorial services for residents who had passed away, regular trips to the London Zoo and church services. The service had recently started a podcast where people were able to share their stories and reminisce about important events in their lives with staff.
- People and their relatives spoke positively of the activities they engaged in. Their comments included, "We sometimes have outings to London Zoo, it's just around the corner and sometimes to theatres, it's good," "Staff are really good at encouraging [Person] to come downstairs [to join the activities]" and "There's lots going on and [Person] joins in loads but especially the music and when kids come in, [Person] loves that."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were supported and understood.
- There were clear instructions in people's care plans on how to communicate with them effectively. This enabled staff to work with people efficiently and have meaningful interactions with them.
- For 1 person who was deaf, staff communicated with them using a whiteboard and through a text-to-speech application on the person's phone. The person's doorbell had a light which would flash when it rang.
- The registered manager told us information could be provided to people in accessible formats if needed.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- There was a clear procedure on complaints which specified the steps the service would take to deal with any concerns raised by anyone. While there had been no formal complaints raised recently, records showed a few minor complaints or cases where people had been unhappy about certain things, which had been swiftly addressed.
- People and their relatives knew how to make a complaint, but told us there was no need to as there were ongoing talks with the staff, and felt any issues they had were addressed satisfactorily. One person said, "People can raise whatever they want." A relative told us, "No complaints at all but if there was anything, I would speak directly to [Registered manager] and he would sort it out."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who was at the end of their life. However, people were given the opportunity to have discussions about any last wishes they had, which were documented in their care plan.
- The registered manager told us they would work with the palliative care team, as they have done in the past, and provide training to staff to support anyone who may require end of life care.

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 our last inspection under the previous provider, we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- There was an open and inclusive culture where people were empowered and their rights were respected.
- The staff team explored different ways of engaging with people while making sure their needs were being met. The registered manager was visible in the service and people and their relatives felt comfortable to approach them to raise any concerns, or to engage in casual conversations.
- People and their relatives were happy with the care and support delivered. One person told us, "[Registered manager] is excellent and the office too, they help me with anything." Comments from relatives included, "Completely blown away by this place, feels like a home," "Communication is amazing, both in person and using technology, such as Teams meetings" and "[Registered manager] is very committed. He is very accessible and receptive, and quick to acknowledge any difficulties and responds within the limits of his position. He is a consistent and good manager and that makes a big difference. He pops in and chats to [Person], she likes him and he knows her well."
- People and their relatives we spoke with told us they would happily recommend this service to other people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a clear management structure that monitored the quality of care to drive improvements in service delivery. Managers and staff were clear about their roles and responsibilities.
- Managers carried out regular audits to monitor and improve the service. These included medicines audits, health and safety checks, mock inspections and spot checks. The findings were shared across the board to promote learning and make the service better.
- The service was affected by an accidental fire earlier in the year. This was distressing for some people and staff. However, the team dealt with the incident effectively and managers ensured staff and people received the right support at this difficult time. A staff member told us, the registered manager had sent them an email saying, "If you need to talk, I'm here." Numerous improvements were also made to improve safety for everyone at the service.
- The registered manager was aware of their statutory responsibility to notify CQC of certain significant events.

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

- People, their relatives and staff were involved in the running of the service. People were treated equally and fairly.
- There were several ways people and their relatives could provide feedback on their care, including through regular conversations, telephone calls, emails and meetings. People also had 1-to-1 meetings with staff to discuss their care and any pressing matters. One person told us, "We have a meeting once a month."
- Staff were able to share their views and ideas through team meetings and day-to-day discussions with the managers. Staff told us they were comfortable to speak up and felt listened to.

Working in partnership with others; 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 service worked in partnership with other organisations to provide good and effective care to people. This approach also helped to develop the skills and knowledge of the staff team.
- The registered manager had built strong links with people and organisations in the local community. There were regular events organised by the service where members of the public would come in and interact with people using the service. This gave people the feeling and benefits of being active members of their community.
- The registered manager was aware of their duty to be honest and transparent when things go wrong.