

# Notting Hill Genesis Hazelhurst Court

## Inspection report

Hazelhurst Court  
Melfield Gardens  
London  
SE6 3DT

Tel: 02038152361

Date of inspection visit:  
24 October 2018

Date of publication:  
04 January 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? | Good ● |
|----------------------------|--------|

|                          |        |
|--------------------------|--------|
| Is the service well-led? | Good ● |
|--------------------------|--------|

# Summary of findings

## Overall summary

This inspection took place on 24 October 2018. This was the first inspection of the service. Hazelhurst Court is an extra care service that provides support to up to 60 people in their own flats on the premises. At the time of the inspection the service was delivering personal care to 29 people. CQC does not regulate premises used for extra care housing and only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were appropriate safeguarding procedures in place to protect people from the risk of abuse. Staff confidently described the different types of abuse and knew who to contact to report their concerns. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Risks to people were assessed and care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. People's medicines were managed safely. Accidents and incidents were appropriately managed and learning from them was disseminated to staff. People were protected from the risk of infection. Staff were able to describe what they did to prevent the risk of infection. There were enough staff deployed to meet people's needs and the provider followed safe recruitment practices.

Staff completed an induction when they started work and a programme of regular training and supervisions to enable them to effectively carry out their roles. People's needs were assessed prior to joining the service to ensure their needs could be met. 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. Staff told us they asked for people's consent before offering support. People were supported to have enough to eat and drink and had access to healthcare professionals when required to maintain good health. The service supported people when they moved between services through effective communication to ensure their care and support needs were coordinated well.

Staff were caring and respected people's privacy and dignity. People were involved in making decisions about their daily care and support needs. People were supported to be independent wherever possible. People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.

People were involved in planning their care needs. People's religious beliefs were recorded and the manager told us that people were supported to meet their individual diverse needs when required. People were aware of the service's complaints procedures and knew how to make a complaint if necessary. People's end

of life wishes were recorded in their care plans.

Regular monitoring of the quality and safety of the service was carried out. The provider carried out spot competency checks to make sure people were being supported in line with their care plans. Regular staff meetings were held and feedback was sought from people about the service. Staff were complimentary about the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities under the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. The philosophy of the service was to provide a range of services that give people the support and care they need as they move into later life. The provider worked in partnership with the housing provider to ensure people received a high-quality service.

## 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.

There were appropriate adult safeguarding procedures in place to protect people from the risk of abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Risks to people were identified and safely managed.

Medicines were managed safely.

Accidents and incidents were appropriately managed. Lessons learnt were disseminated to staff.

People were protected from risk of infection.

There were enough staff deployed to meet people's needs in a timely manner and the provider followed safe recruitment practices.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed prior to joining the service to ensure their needs could be met.

Staff completed an induction when they started work and were supported through regular training, supervisions and appraisals.

Staff understood the principles of the Mental Capacity Act (2005) and supported people to make decisions appropriately. Staff told us they asked for people's consent before offering support.

People were supported to have enough to eat and drink.

People had access to healthcare professionals when required, to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their daily care and support needs.

Staff were caring and respected people's privacy, dignity and independence.

People's diverse needs were recorded and supported.

People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were updated and reviewed on a regular basis.

People were involved in planning their care and support needs.

People were aware of the service's complaints procedures and knew how to raise a complaint.

If people required advanced care plans to document their end of life care wishes, this was recorded in their care plans.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

The provider had effective quality assurance systems in place to monitor the quality and safety of the service.

Regular staff meetings were held and regular feedback was sought from people about the service.

Staff were complimentary about the manager and the service.

The provider worked in partnership with the housing provider to ensure people received a high-quality service.

# Hazelhurst Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

This inspection site visit took place on 24 October 2018 and was announced. The provider was given 48 hours-notice of the inspection. This was because the location provides a domiciliary care service and we needed to be sure that there would be someone available to speak with us. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 12 people using the service, four members of care staff, the operations manager and the registered manager. We reviewed records, including the care records of five people using the service, recruitment files and training records for four staff members. We also looked at records related to the management of the service such quality audits, accident and incident records, and policies and procedures.

# Is the service safe?

## Our findings

People told us that they felt safe. One person said, "I feel very safe, they [staff] look after us very well." Another person said, "Yes, I do feel safe."

People were protected from the risk of abuse. There were safeguarding procedures in place and staff understood the types of abuse that could occur and knew who to report any concerns to. Staff were aware of the organisation's whistleblowing policy and told us they would not hesitate to use it if required. One staff member said, "I would go to my manager, I know they would take action immediately." Another staff member said, "I would inform my manager, but I also know that I can go to social services, CQC and the police." The registered manager followed safeguarding protocols and submitted safeguarding referrals and notifications when required to the local authority and CQC.

Risks to people were managed safely. Risk assessments were carried out in relation to medicines, falls, moving and handling, nutrition and diabetes. Risk management plans were in place and included detailed guidance for staff on how to manage and safely minimise these risks. For example, for people living with diabetes, there was guidance in place for staff on how to minimise this risk. This included ensuring that people's support plans recorded they had diabetes, the medicines they took and signs to look for if people became unwell. It also included guidance for staff on what to do to minimise the risk of the person becoming unwell, which included contacting the GP and district nurse. Risks were regularly reviewed; risk management plans were updated when a change took place to ensure they remained relevant to people's current needs and conditions.

Accidents and incidents were appropriately managed. The service had a system in place to record accidents and incidents and acted on them in a timely manner. Records included details of the accident or incident, what happened and what action was taken. For example, one person suffered a fall causing a cut to their head. An ambulance was called and the person was taken to hospital, where it was established that they had not suffered any other injuries. When they returned to the service, records showed that the hospital had scheduled a follow up appointment and the person was reminded to wear their pendent alarm at all times. A Pendant alarm is worn around the neck of an elderly or disabled people living on their own. If they require help or assistance they can press the alarm to alert staff. We saw that accidents and incidents were discussed at staff meetings and learning was disseminated to staff.

People were protected from risk of infection. The provider had an up to date infection control policy in place and staff had received training in infection control. We observed staff wearing personal protective clothing (PPE) which included disposable gloves and aprons when supporting people with personal care. One person said, "Staff wash hands and wear gloves before helping me." Staff spoke confidently about the action they would take to minimise the risk of infection. One staff member said, "We have plenty of gloves and aprons available in the office and I always make sure I wear them."

Medicines were managed safely. Medicines were appropriately stored and were administered by staff who had been trained and assessed as being competent in medicines administration. Medicines were safely

administered using a monitored dosage system supplied by a local pharmacist. Medicine Administration Records (MARs) were completed accurately. When topical creams were administered, records were completed to demonstrate that people had received these medicines as prescribed.

There were enough staff deployed to meet people's needs in a timely manner and staff stayed for their allocated amount of time. The registered manager and staff told us that if they were going to be late, they would call the main office who would let people know, but generally, staff were rarely late carrying out care calls. One person said, "Yes staff are on time." Another person said, "Yes staff stay and do everything they need to."

The registered manager confirmed that staffing levels were determined based on the level of support people required. Staff rotas were planned so staff knew what shifts they were working. One staff member said, "Yes there are enough staff. The good thing is that when the number of people we support increases so do the number of staff." Another staff member said, "There are most definitely enough staff." The provider followed safe recruitment practices to ensure that only suitable staff could work with people. The provider carried out appropriate recruitment checks before staff started work. Staff files contained completed application forms which included details of employment history and qualifications. References had been sought and proof of identity had been reviewed and criminal record checks had been undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.



## Is the service effective?

### Our findings

People's nutrition had been assessed and met and they were supported to eat and drink if required. Staff assisted people with breakfast and assisted with heating meals rather than preparing them. However, people's dietary likes and dislikes were not always documented in their support plans, but when we spoke to staff they were confidently able to describe people's choices and preferences. One person said, "I put out what I want cooking and they come and cook it." One staff member said, "One person is vegetarian, so I always make sure they are eating vegetarian food." Another staff member said, "One person loves hot chocolate, it's their choice of drink." The registered manager told us that they would ensure that people's dietary likes and dislikes were updated in their care plans.

People told us that staff knew their jobs well and had the right skills to carry out their roles effectively. New staff members completed an induction when they joined the service and completed a programme of training to help them carry out their role. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. One person said, "I think staff know what they are doing, they receive training here before going out in the field." Records showed that staff had completed appropriate training which included, communication, safeguarding, medicines, moving and handling, infection control, and first aid. One staff member said, "The training here is excellent, especially as it's face to face. This really helps me understand and assists me in my work." Another staff member said, "The registered manager is really on top of our training. I just completed communication training which really helps me communicate with people who cannot speak. I use gestures and flash cards." Staff were supported by receiving regular supervisions. Areas discussed during supervision meetings included people using the service, fire awareness, training and objectives. One staff member said, "I have supervisions where I talk about my development, training and any issues I want to discuss with my manager."

Assessments of people's needs were conducted prior to them joining the service. The registered manager told us these assessments were carried out to ensure the service would be able to meet people's care and support needs. The assessments were then used to produce individual support plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their own homes this is done via The Court of Protection.

We checked whether the service was working within the principles of the MCA. People's rights were protected as staff met the requirements of the MCA. The registered manager told us all of the people using the service had capacity to make decisions about their care. They said that if they had any concerns about

any person's ability to make a decision they would work with the person, their relatives and, if appropriate, any relevant health and social care professionals to ensure decisions were made appropriately on their behalf and in their 'best interests' in line with the MCA. Staff had an understanding of the MCA and they also understood the need to gain consent when supporting people. One staff member said, "I ask for people's permission before helping them."

People had access to a variety of healthcare professionals when necessary. If there were any concerns, people were referred to appropriate healthcare professionals, such as GPs and district nurses. We saw that people's healthcare appointment letters were retained in their care files. We spoke with a district nurse who told us, "This is an excellent service, staff support people very well and they co-operate with me when I visit. Documents I require are always available when I need them." People also had hospital profile forms which outlined their health and communication needs for professionals when they attended hospital.

## Is the service caring?

### Our findings

People told us that staff were caring and supported them to meet their needs. One person said, "Yes staff are caring and help me." People told us they were given a choice of male or female staff. One person said, "Yes I do get a choice, I prefer male staff to help me with personal care." We saw staff speaking to people in a kind and calm manner and addressed them by their preferred names. Staff were knowledgeable about people's individual likes, dislikes and preferences such as their hobbies and what they liked to talk about. One staff member said, "One person used to be a chef, so they like to discuss the meals on offer in the communal restaurant."

People were involved in decisions about their daily care such as what they wanted to wear or the time they liked to wake up or go to bed. People's individual needs were identified and respected. One person said, "I'm independent and have my own shower and dress myself." Another person said, "Since I came here I have complete freedom, I can now go to bed when I want." A staff member said, "I always ask and show people a choice of clothes and then they decide what they would like to wear."

People's privacy and dignity was respected. Staff told us they knocked on people's doors and obtained permission before entering their rooms. Staff told us they closed curtains and doors and ensured people were adequately covered during personal care. One staff member said, "I always respect people's privacy and dignity, I make sure that I cover them during personal care and that doors are shut." One person said, "Yes, staff do respect my privacy." People's information was kept confidential by being stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

Staff told us that they promoted people's independence whenever possible by encouraging them to carry out aspects of their personal care, or maintaining their mobility by walking short distances. One staff member said, "I do encourage people to do what they can. I encourage people to walk a little when they can so they can retain the mobility they have."

People were given information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, so people had access to the complaints procedure should they wish to make a complaint.

## Is the service responsive?

### Our findings

People told us that the service met their care and support needs. One person said, "I had care for years at other places, they were not as good as here." People's care had been planned based on an assessment of their needs. People's support plans addressed a range of needs such as personal care, nutrition, mobility and communication. This included the equipment people needed, such as a hoist as well as the number of staff people required to support them daily.

Support plans were reviewed regularly and included details about people's life histories and individual routines and the support they required. They also included daily notes that detailed the care and support people received as well as details about people's preferences, such as the way they liked to be supported with their personal care. For example, preferred times of their calls and whether they preferred a bath or a shower. One staff member said, "One person likes to get up at 6.30am every morning and go to bed early."

From April 2016 all publicly funded organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, so that they can communicate effectively. We saw information was available to people in a format they could understand. This included flash cards, pictorials of items and gestures people understood, information was published in languages that people spoke, such as Spanish.

People's diverse, cultural and spiritual needs were documented in their care plans. This also included, for example their preferred choice of language. We saw that people who wished to attend a place of worship to practise their faith were supported to do this. One staff member said, "We would and do support any diverse needs people have."

The service had a system in place to log, investigate and learn from complaints. There was a complaints policy in place which included information on how to make a complaint, the timescale in which people would receive an initial response, and how complaints could be escalated if they were unhappy with the outcome of the provider's investigation. People knew how to raise a complaint if they needed to. The service had received complaints since our last inspection which had all been logged, investigated in a timely manner, resolved satisfactorily and learning was disseminated to staff at staff meetings. One person said, "I would go to the registered manager, but I have nothing to complain about." Another person said, "I have never had to complain."

People's end of life wishes were recorded in their support files if required. The registered manager told us that they had one person who required an advance support plan to document their end of life care wishes and they were in the process of arranging a meeting with the person, their relatives and the palliative care team to ensure the person's wishes and what was important to them was recorded so that their end of life care wishes were acted upon.

## Is the service well-led?

### Our findings

There were effective systems in place to monitor the quality and safety of the service. The registered manager recognised the importance of quality monitoring. We saw the registered manager completed a quality and safety audit to confirm that the service was complying with the CQC's key questions of safe, effective, caring, responsive and well led. This audit did not identify any issues for improving the service. We also saw that a medicines audit carried out for August 2018, identified that medicine administration records (MARs) were not always signed when medicines had been administered to people. We saw that the registered manager discussed this at team meetings and staff were reminded of the importance to ensure that they completed MARs after administering medicines to people.

The quality of the service was checked by the registered manager carrying out spot checks to determine if staff members delivered care in line with people's care and support needs. Other areas checked included medicines and infection. No issues were found for spot checks carried out in August and September 2018.

The service had a manager in post who had applied to be the registered manager for the home. The manager was knowledgeable about the requirements of a registered manager and their responsibilities about the Health and Social Care Act 2014. Notifications were submitted to the CQC as required.

People's feedback was sought throughout the year by surveys and feedback obtained during spot checks. The provider analysed people's feedback and although presently there was no negative feedback, the registered manager told us if this did happen they would use people's feedback to drive improvements. People said they were happy with the registered manager and the service they received. One person said, "The registered manager visits me often." Another person said, "I have completed a survey but no changes need to be made, I'm still enjoying the service." A staff member said, "The registered manager is fantastic, they are hands on and very supportive." Another staff member said, "The registered manager is very approachable and I can go to them at any time, they support me when I need it."

Regular staff meetings were held to discuss the running of the service and ensure staff were aware of the responsibilities of their roles. We saw the minutes of the last meeting held in October 2018 and areas discussed included medicines, staffing, people using the service and end of life care. One staff member said, "It's good to get together at staff meetings. We get updates about the service and discuss any problems we have. We are a good team."

The philosophy of the service was to provide a range of services that give people the support and care they need as they move into later life. Staff told us that the service did deliver its philosophy.

The provider worked in partnership with the housing provider to ensure people received a high-quality service to meet people needs effectively. This included ensuring the on-site chef was aware of people's dietary needs and requirements and reporting any environmental needs that needed addressing.