Notting Hill Genesis

Cheviot Gardens

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
Cheviot Gardens is an Extra care housing scheme. People using the service lived in rental apartments with a combination of rental and shared ownership homes available exclusively to people aged 55 or over. All the flats were in a large gated community.

Not everyone who used the service received 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, there were 38 people receiving personal care.

People's experience of using this service and what we found
People using the service told us they were happy living at Cheviot Gardens and staff took good care of them. They told us they felt safe living there. People were supported to take risks that were managed, this meant they could lead independent lives. People's flats were checked to ensure they were living in a safe environment. There were enough staff employed to meet people's needs, this included helping them to take their medicines in a safe manner.

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. Staff received a through induction when they first started working for the provider and regular training which meant they were able to support people effectively. People received appropriate support with regards to their meals and their healthcare support needs.

People told us staff were caring and looked after them well. Staff supported people to maintain their independence and respected their right to privacy. People's human rights were respected.

Individual care plans were in place for each person which considered their support needs and how staff could help them to achieve their goals. There were a range of activities in place which helped people to avoid social isolation. People told us the provider listened when they had concerns.

The service was well-led. People and staff told us the registered manager was approachable and available to give advice. There was an open culture at the service and people and staff were encouraged to provide feedback as to how the service was run. There was culture of learning and improvement which was achieved through regular audits and feedback.

Rating at last inspection
This service was registered with us on 19 October 2018 and this is the first inspection.

Why we inspected
This was a planned inspection based on when the service registered with us.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Cheviot Gardens

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
This inspection was conducted by 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.

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.

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
The inspection was unannounced.

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. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with eight people who used the service about their experience of the care provided and three relatives. We spoke with eight members of staff including the registered manager, the care co-ordinator, regional business manager, head of service, compliance manager and three domiciliary care officers.
We reviewed a range of records. This included four people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection
We requested additional evidence, such as feedback from people, the provider's action plan and other records to be sent to us after our inspection. This was received and the information was used as part of our inspection. We received feedback from three health and social care professionals about the service.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place which included ways in which people could be kept safe from potential harm. This included any support that people needed with mobility, falls, their health needs and medicines.
- Potential risks in relation to the people's flats were suitably assessed. A health and safety environmental checklist was completed when a person first moved into their flat. Individual fire risk assessments were completed, these looked at potential hazards such as smoking, cooking, electrical appliances, capacity to respond to fire alarms and how people could be kept safe from harm from these hazards. Fire alarms were tested weekly.
- Following a fire risk assessment which had been completed in August 2019, there were some recommendations made which the provider was working through and actioning.

Staffing and recruitment

- People told us there were enough staff to meet their needs.
- There were seven domiciliary care workers in the morning, six in the afternoon and two waking at night. Three handovers took place every day between each shift, this helped to ensure any issues were passed onto the next shift.
- Each domiciliary care worker was given a floor plan which they picked up at the start of their shift. This gave them their shift plan for the day, which people to support, along with times and the tasks. Each domiciliary care worker was provided with a phone so they could be easily contacted during the day. During the inspection, we saw this system working well.
- Staff files showed that recruitment procedures were robust. They included appropriate pre-employment checks such as evidence of ID, right to work and Disclosure and Barring service (DBS) checks for staff. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

Using medicines safely

- People told us they received their medicines on time.
- Medicines risk assessments were completed to identify those people that were independently able to self-medicate.
- Medicines administration record (MAR) charts were completed and kept in people's flats. These were audited on a regular basis during spot checks and any errors identified were followed up with the appropriate domiciliary care worker.

Learning lessons when things go wrong

● The provider had effective systems in place for monitoring any incidents that took place.
● Following an incident, support plans were updated if required.
● The registered manager told us they had a good relationship with the GP, so any incidents such as falls were reported to the practice and if necessary appropriate referrals made.
● All incidents were recorded and then passed onto the care co-ordinators or registered manager to review and uploaded onto an online reporting tool for further monitoring and analysis from the quality team.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe. Comments included "Yes, very. The staff make me feel safe", "Yes definitely! Safer than I've ever been" and "Yes, in here I do because the building is safe."
● Domiciliary care workers were aware of what steps to take if they suspected someone was at risk of harm or abuse. One domiciliary care worker said, "Safeguarding is how you protect vulnerable people and how you look after them. If you find that something is not right, I would always raise it." Training records showed that domiciliary care workers received training in safeguarding adults and children.
● Records showed where concerns were raised, the provider acted quickly, working with the relevant authorities to safeguard people and keep them safe from harm. A health professional said, "On those occasions when I have been notified of safeguarding concerns that may have arisen, I believe the service acted promptly and appropriately in the interests of their service users."

Preventing and controlling infection
● People were primarily responsible for the cleanliness of their flats but they told us that domiciliary care workers helped them to keep them clean.
● Training records showed that domiciliary care workers received training in infection control and personal care and food hygiene.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People felt that staff were competent and received training so they could carry out their jobs effectively.
- Domiciliary care workers received a thorough induction before they were deemed competent to support people independently. They completed mandatory training at head office, one week of shadowing an experienced domiciliary care worker and were then competency assessed.
- New domiciliary care workers were put on a probation period of six months during which time they were assessed to ensure they had been given the necessary support.
- Staff underwent regular supervision, this consisted of both individual one to one meetings and group supervision. This gave them an opportunity to feedback about any work related issues and also for them to undergo some learning.
- Training records showed that most staff had completed training that was considered mandatory. This included moving and handling, medicines and first aid.

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

- The registered manager spoke with us about the process for referrals and assessments. She said, "I'm very involved with the referrals. It's important that we can meet their (people's) needs and if they are suitable." All referrals come from the local authority and where there was a void, the registered manager and the care coordinator were both involved in carrying out an assessment.
- People were given the opportunity to come to the service for the assessment, this gave them a chance to view their flat and the building so they could make an informed decision. Care plans included tenancy agreements.

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

- People told us they were happy with the food that was available to them. Comments included, "I go down for lunch and in the evening, someone helps me. We agreed on a set weekly menu", "They help me and sometimes I have food from the canteen", "I cook it here (in my flat)" and "It's very good. I have a sandwich at tea time, which I make myself, but the staff have offered to make it a few times."
- There was a restaurant on site and people could choose to eat their meals there or cater for themselves in their flats. People were given a menu so they could choose if they wanted to eat from the menu or not. People were able to shop outside and prepare their meals in their flats or be supported by staff to do so.
- Although there was an external catering provider, the chef attended residents meeting where people could give feedback about the menu choices.
- Those people that were not able to come to the restaurant were still able to choose from the menu and domiciliary care workers bought their food to their flats.

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

● People told us, "I can ring up and make my own appointments and I can get the doctor to come here" and, "Doctors do come here but the staff do call for me."

● Once people moved in they were given the choice to register with the local GP. GP rounds took place once a month and they saw people that were needed to be seen.

● Domiciliary care workers took people to the GP for appointments if needed. There was evidence that the provider worked well with district nurses and other community healthcare teams such as physiotherapists. A health professional told us, "I find the team at Cheviot Garden's very supportive of both the patients I visit at the facility."

● The provider took appropriate action when necessary and corresponded with healthcare professionals to ensure people's needs were met. For example, we saw one person had been referred to the strength and balance group as a result of falls and staff supported the person to follow the recommended exercises.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.

● People told us that they were able to go outside or on outings with family or friends. They said, I can go for a walk any time" and "If I need to go out I tell the staff and they arrange for someone to come with me." One relative descried her family member as feeling free because she was able to get around the whole building.

● Domiciliary care workers were aware of the importance of offering people choices when supporting them. They told us, "Before you change (people), you give them the choice. Sometimes they have left clothes out for you otherwise you show them different clothes and they will choose" and "We try and make sure the choices and decisions are coming from them instead of assuming."

● Care records included support services agreement signed by people and also signed tenancy agreements with the housing association.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
● People were given the opportunity to express their views and were involved in making decisions about their care. For example, residents meetings were regularly held where people had the opportunity to raise concerns of a general nature such as the meals and activities provision. Regular spot checks also took place where people were asked for specific feedback.
● Domiciliary care workers were aware of the importance of allowing people to express how they wanted to be supported regardless of what was in their care plans. One domiciliary care worker said, "You have to respect people's choices. If they refuse medicines, you try and encourage them to take it but ultimately have to respect their decision and inform the manager."
● People told us they were involved in developing their care plans and were given the opportunity to express their view during any reviews, spot checks or meetings.

Ensuring people are well treated and supported; respecting equality and diversity
● People said that the staff were caring towards them. Comments included, "Yes, they are. The staff are excellent" and "They are kind, yes."
● We also saw a number of written compliments from people and relatives that showed they were satisfied. These included, "Cheviot Gardens is the loveliest place you could imagine, staff are caring and compassionate. It doesn't feel like sheltered accommodation but a place where friends live together" and "Exceptional care and kindness shown."
● The provider was proactive in ensuring human rights and inclusiveness were at the forefront of service delivery. A guest speaker from an LGBT rights charity was invited to a residents meeting. It was black history month during the inspection and posters were on display informing people about events, which a domiciliary care worker was running.

Respecting and promoting people's privacy, dignity and independence
● Staff always rang the bells on the doors to people's flats and waited for permission before entering. People told us, "They always ring the bell before coming in" and "They knock before coming in."
● Domiciliary care workers were conscious of the fact that they were entering people's homes and approached people in an appropriate manner. One domiciliary care worker said, "Before going to a flat, you have to ring the bell to alert them and wait for them to answer. When you get there, you have to identify yourself and let them know why you are in their flat."
● People's independence was respected and support was given in a way that promoted this. One domiciliary care worker said, "You don't take their independence away from them, you just prompt them and give them confidence." People said, "Yes, they encourage me to do things for myself, like cleaning or to

go out" and "I'm lucky to be independent, I can do bits that I need to do."

● People were supported to maintain and develop relationships that were important to them and to access their social networks and community. People had free access to their family, friends and the community.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

● The provider arranged a number of activities for people which helped them to avoid social isolation. People were satisfied with the activities that were available to them, telling us, "The rooms are spacious and the garden is lovely. They are very good on social events, they have a games room and a range of activities", "They have a coffee morning and sometimes I go", "They have Thai Chi and other things" and "They do painting, bowling, quizzes, bingo and more."

● The layout of the scheme promoted a sense of a community and belonging. There was an open café area, a restaurant, a lounge and an activities room that were freely available for people to use and meet other people and visitors outside of their flats. The activities room had a pool table and a darts board. There was a kitchenette with tea and coffee making facilities for people to host their friends and family. One person said, "Yes, that's what I go downstairs for. We have people that come from outside and it's good."

● A list of activities that were available were on display throughout the service, on noticeboards and in lifts. These included both internal activities and external activities provided by other organisations. Communal events such as a summer BBQ and Christmas parties were held.

● People were given details of community groups such as South London Cares, a community network connecting people with young professionals and Age UK Lambeth for information and advice sessions. A health professional said, "I am aware that the service aims to involve its service in a number of activities and that on occasions I have visited the scheme there are usually service users socialising in the communal areas."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

● People were involved in developing their care, support and treatment plans.

● Care plans focused on people's whole life, their abilities and were outcome focussed. They included details of how best to support them during the day and at night. Examples of some of the areas of support that were in place included medicines, nutrition and diet, daily living, activities and establishing family contact. Each support plan included detailed information about how staff can support people to achieve their preferred outcomes.

● A health professional told us, "They have gone above and beyond what I would typically expect from extra-care accommodation in not only meeting [person using the service] care needs but also attempting to help improve their quality of life. They act on any recommended interventions and are willing to work alongside me to continue to attempt to help the patient."

● Advanced care plans were in place which included people's wished and preferences for their end of life care. Do not attempt resuscitation records were in place, these had been completed appropriately and

signed by a responsible clinician.
● At the time of the inspection, there were no people who were on end of life care.

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 domiciliary care worker.

● Care plans included a section called 'how best to communicate with me'. This included any support needs that people had with regards to their communication needs.
● One person who was not able to speak due to a stroke had input form the speech and language team who had provided visual tools to enable communication. The person used visual and word cards, such as a shopping catalogue for support with shopping, for more complex communication.

Improving care quality in response to complaints or concerns
● People told us they were aware of the complaints procedure. They said, "I would (complain) if I needed to. I don't believe in complaining unnecessarily" and "Only (complained) once and yes I was happy with the outcome."
● We reviewed the complaints and complements policy, this was based on principles of listening and considering expectations and desired outcomes and to aim to resolve complaints as quickly as possible. The provider followed these principles and we saw where complaints were received, these were investigated and responded to in a timely manner.
● People were given details of how to raise a complaint through a support services agreement and were encouraged to speak up during spot checks and residents' meetings.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● There was an open culture at the service. People knew the registered manager and the other members of the office team. People told us they felt comfortable approaching staff with any issues they had. People told us, "Yeah I think they do a good job", "They're very good. I always tell them on a Monday that I miss them" and "She's (registered manager) very helpful, very nice." Staff photos were on display at the reception.

● The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. Notifications received indicated that the service was transparent and worked with the relevant authorities and sought guidance when incidents or accidents occurred.

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

● One relative described Cheviot Gardens as "A model care setting. Accommodation was well designed, catering excellent and without exception found the domiciliary care worker and support staff to be proactive and treating our mother with dignity and respect."

● There were posters on display about the provider demonstrated the five key questions that CQC asks of every service.

● The service had won a gold award presented for best housing with care which had been voted on by residents themselves at the Elderly Accommodation Council (EAC) National Housing for Older People Awards.

● The registered manager was supported by a team which included care co-ordinator's, a housing officer and a support assistant. There was a shift officer who led on every shift if the registered manger or care co-ordinators were not in. Each member of staff had clear roles and lines of responsibility to ensure a smooth running of the service.

● A domiciliary care worker told us, "[The registered manager] and [care co-ordinator] are great. You can speak to them at any time and they are willing to listen to you" and "[The registered manager] is the best manager I could ask for, very supportive."

● There was a stepping stones programme in place for staff to upskill and progress to more senior roles. One of the current care co-ordinators had been promoted to this role as a result of this.

● Unannounced spot checks took place where each flat on a domiciliary care worker allocation were looked at, these focussed on care worker practice, medicines, the cleanliness of the flat and also to gather feedback from people.

● There was an external quality team who were responsible for assessing quality within the service. One of the ways in which this was done was through an internal compliance audit which was modelled on the CQC inspection model. A range of care plans, staff files and other records were audited as part of this and feedback from people and staff taken. Any issues identified were followed up.
● The service had an action and improvement plan, this was based on issues that were identified during audits and reviews. There were clear actions identified to specific staff with timescales for completion. These were appropriately followed up which helped to ensure there was a culture of continuous improvement.
● The local authority had completed an audit against their own framework, feedback from this was positive although a formal report had not been received at the time of the inspection. A health professional told us, "I find the Registered manager and her senior management colleagues to be responsive to requests from commissioners."
● The registered manager met with other extra care managers on a regular basis during which they shared learning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Resident information and activities boards were on display giving people up to date information about both internal and external events and activities taking place.
● Residents meetings were every two months, both the registered manager and housing office attended these. These were focussed on giving people an opportunity to hear about any issues such as new residents, changes to staff, activities, housing issues and if they had any concerns. We reviewed the meeting minutes and saw that any from previous meetings were followed up.
● An external company carry out surveys every quarter, we reviewed the last two surveys and saw feedback was positive. Any comments from people or areas of improvement identified were assigned to a staff member to follow up and resolve.

Working in partnership with others
● The provider attended the extra care forum run by Lambeth where all the service providers in the borough meet.
● Every quarter, the service completed a self-reporting to commissioners regarding occupancy, voids, and significant events such as hospital admissions, incidents, safeguardings.
● The service was open to partnership working and keen to be part of the community. They had taken part in Open House London, the world's largest architecture festival, giving free public access to the building.