

Notting Hill Genesis

Turnberry Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Turnberry Court is an extra-care sheltered housing service providing personal care and support to people living in their own flats. It provides a service to adults with a range of needs, such as dementia, mental health and those living with a learning disability. The service provides 38 one-bedroom and two two-bedroom flats within one building. There were 32 people using the service at the time of our inspection.

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.

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

We received mixed feedback from people who used the service and their relatives. While most people were happy with the service, some raised concerns that staff did not always respect their wishes or meet their needs. Some thought not all staff had the necessary skills to support them.

There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements. However, the provider's monitoring systems had not identified some of the shortfalls we found on the day of our inspection, and further improvements were needed. The provider was responsive to our feedback and took immediate action to make the necessary improvements.

Improvements had been made since the last inspection in relation to risk management. We saw risks to people's safety and wellbeing were assessed and appropriately mitigated. People received their medicines safely and as prescribed.

People were supported to remain as independent as they could and were encouraged to engage in activities organised at the service. Most felt consulted in all aspects of their care and support and felt listened to.

People's needs were assessed before they started using the service and care and support plans were developed from initial assessments. Care and support plans were regularly reviewed and updated as people's needs changed.

Staff felt happy working for the service and were supported by their manager. They received the training, support and information they needed to provide effective care. There were robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

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.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

The management and staff team worked closely with people who used the service to help ensure they continued to feel confident. They supported and encouraged people to maintain their independence and undertake activities of their choice.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

The provider ensured each person moving into the service was involved in a meeting to discuss their needs and how they wished to be supported. The management and staff promoted person-centred care and people and those who knew them best were involved in their care planning and reviews.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

Staff received training about how to support people with a learning disability as part of their induction. This helped them support people effectively in line with their wishes and needs. People who used the service were provided information in a range of formats, including easy read, to help them understand important information and guidance.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 20 November 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about the management of the service and the safety of people who used the service. A decision was made for us to inspect and examine those risks.

During the inspection, we made the decision to widen the scope of the inspection to become a focused inspection which included the key questions of safe, responsive and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our responsive findings below.

Requires Improvement 

Turnberry Court

Detailed findings

Background to this inspection

The inspection

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received via a whistleblowing about the management of the service and the safety of people who used the service. A decision was made for us to inspect and examine those risks.

During the inspection, we made the decision to widen the scope of the inspection to become a focused inspection which included the key questions of safe, responsive and well-led.

Inspection team

The inspection was carried out by one inspector, an assistant inspector, and a member of CQC's medicines team who visited on the second day of the inspection. An Expert by Experience undertook telephone interviews with people and relatives. 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 who is in the process of applying to be registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We 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 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 five people who used the service and five relatives of others about their experience of the care provided. We spoke with the manager, the regional business manager, the compliance manager and five care workers.

We reviewed a range of records. This included six people's care records and multiple medication 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 policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, and quality assurance records.

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 the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection, we found not all risks to people's safety and well-being had been assessed and mitigated. At this inspection, we found improvement had been made.
- There were personal emergency evacuation plans (PEEPS) in place. These contained personal details about the person, their needs and abilities, such as their communication needs, capacity to understand and respond to instructions, mobility and health conditions.
- Although the PEEPS were detailed, they did not always contain the amount of information required in certain areas. For example, one person was a smoker and their PEEP highlighted they were not always doing this safely and there was a risk of fire. However, there were no details about what they did which posed a risk. We raised this with the manager and they told us they would address this without delay. They sent us evidence of this following our inspection. We were satisfied the new PEEP contained all the necessary information to meet the person's needs and keep them safe, for example monitoring the person when they smoked and using fire-retardant sheets on their bed.
- The provider carried out risk assessments of each person's personal environment, and individual risks they might be exposed to. For example, support plans included a risk plan section which stated the level of risk in different areas, such as risks associated with medicines, cooking in their flats, moving and handling, smoking and behaviours that challenge. Risk assessments were detailed and comprehensive and included measures in place to reduce risk.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Turnberry Court. One person said, "I have been here three years. I love the place." A relative agreed and said, "I would say it is safe here" and another stated, "I have no concerns about abuse."
- We looked into recently received concerns about the service and the way the provider addressed these. The manager told us they had discussed the issues with senior management. They explained they had taken immediate actions such as attending staff handovers between shifts, walking around the building and being

more visible. They also said they were often working at weekends to help ensure staff knew management was available to support them. They added they joined in handover meetings by telephone if they were not able to attend in person. The manager added they had been transparent and encouraged the staff to use the whistleblowing policy if they had any concerns.

- The provider had liaised and worked with the local authority's safeguarding team to investigate the concerns that had been raised and had addressed shortfalls in a timely manner.
- The staff we spoke with demonstrated they understood how to protect people from abuse and would know what to do if they had concerns. One staff member told us, "I would tell the manager. You can't shout at the residents, it's disrespectful, you can't do stuff like that, you're here to help and not bully."
- Staff, people and relatives we spoke with indicated improvements had taken place recently and felt the management had been responsive and transparent.
- There was a safeguarding policy and procedures in place and staff were aware of these. The manager worked with the local authority's safeguarding team where there was a concern about the safety or wellbeing of a person.

Staffing and recruitment

- People who used the service thought there were enough staff to meet their needs. One person told us, "There's plenty of staff." Staffing levels depended on people's individual care packages and were decreased or increased accordingly. The provider employed a pool of bank staff who were available at short notice to provide cover when needed. The manager told us they required the use of agency staff at times. Recently, they had introduced a checklist to complete for each agency staff to help ensure they had been fully trained and had all checks carried out.
- A concern had been raised about staff not staying the full amount of time with people in line with their care packages. We discussed this with the manager who explained, "Staff go to a person and sometimes they don't want to get up yet, so the staff goes and comes back a bit later. Or some people require medicines before their breakfast, so the staff goes and gives them their medicines and go back later to support them with breakfast and personal care. This is to give them time and respect their choices." Records showed people received their care in line with their agreed care packages.
- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their identity and suitability for the role. New staff underwent training and shadowing and their competency was assessed as part of an induction before they were able to work independently.

Using medicines safely

- Medicines were safely managed. However, while MARs indicated people were supported to have their prescribed topical medicines, such as patches, ointments and creams, the service did not use body charts to indicate where these needed to be applied/had been applied as is good practice. We discussed this with the manager who told us they would introduce these without delay.
- Since the last inspection, the provider had introduced a new system to monitor and audit people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, where it had been agreed staff would receive people's medicines, these, (including factory-sealed ones), were checked for the correct contents by the care co-ordinators before being distributed to people who used the service. This was following an incident which had resulted in an anomaly in the quantities of medicines delivered to the provider.
- There were systems for ordering, administering and monitoring medicines. Medicines were safely stored and records were kept appropriately.
- Staff were trained and deemed competent before they administered medicines. Observations of staff then showed they supported people to take their medicines in line with their care plans. The provider had a system in place to ensure where people needed support with their medicines this was received and

managed in a safe way.

- People received their medicines as prescribed, including controlled drugs. We looked at five care plans and medicines administration record (MAR) charts and found no unexplained omitted doses in the recording of medicines administered. This provided some assurance that people were receiving their medicines safely, consistently and as prescribed.

Preventing and controlling infection

- The premises were clean and hazard-free. People who used the service had their own packages of care, which included assistance with domestic cleaning. There were policies and procedures in relation to infection control which included guidelines about working safely with COVID-19. Staff received training in infection control including the use of personal protective equipment (PPE), and information about the virus and how to recognise symptoms. This information was available to all staff and was reviewed and updated when required.
- Staff were provided with PPE, such as gloves and aprons when they supported people with personal care. The staff we saw wore masks the whole time we were there. One staff member told us, "I'm so used to it now. It was a struggle but now it's so normal keeping it on. You get used to it."
- The most vulnerable people were advised to shield and were given guidance about handwashing and the use of hand sanitiser. The service had not experienced any cases of COVID-19. People were given information about the virus and how to keep safe. One staff told us, "I explained at the beginning when one person asked why I was wearing a mask. The more [they] saw us wear it, the more they got used to it."

Learning lessons when things go wrong

- Incidents and accidents were recorded. These included details about what happened, where and when, what action was taken and any learning from this. For example, a person who had a fall whilst out in the community was advised to reconsider using their walking stick and referred to the GP for a check-up. We saw their care plan reflected this.
- The provider kept a record of their actions when incidents happened, and this included any lessons learned. For example, where a medicines master key went missing, we saw a thorough investigation took place including interviewing staff. Following this, a plan was in place to help ensure there would not be a reoccurrence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

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

- Some people and relatives thought the staff lacked the necessary skills to meet their needs. One person told us, "Not all the staff have the skills to do the job. Some don't know how to shower me. It is usually the young ones." A family member said, "Previously, new staff shadowed an experienced senior staff but now, new staff just walk in. They wear masks which can be worrying if you don't know them." We raised this with the manager who assured us that all new staff undertook a shadowing period during their induction and were introduced to people during this time. They told us they would speak with people and address this concern without delay. They added this would be an agenda item for all team meetings.
- During our telephone conversations, some people complained that staff did not always knock on their door before entering. This occurred whilst we were speaking on the phone with a person who used the service. One person stated two staff members did not speak to them. They said, "I say good morning, but they don't answer. They put the food down and go out with a door slam. It's rare but it happens." We fed this back to the provider who took immediate action by speaking with all staff about this. They also told us they would increase their monitoring of staff and would speak with people regularly to help ensure they were satisfied and address any concerns promptly.
- People's care plans were clear and comprehensive. They included a one-page snapshot of the person displaying a photograph, stating their likes and dislikes and how they wanted their care delivered. Some people's records contained a life history, which provided staff with information about the person, such as what work they used to do, family history and what they enjoyed.
- Where people had specific healthcare needs, the provider referred them to the appropriate service so they could receive the support they needed. For example, one person had swallowing difficulties and was referred to the speech and language therapy (SALT) service. The person's care plan contained instructions about the texture of the food the person should be offered, to avoid choking. We saw, following the visit from SALT service, the person's care plan was updated to include their recommendations.
- One person whose mobility was poor was at high risk of pressure ulcers. We saw there was a detailed risk assessment in place, detailing the level of risk and how to manage this to prevent further skin deterioration. This included guidelines and diagrams to help staff understand how to support the person. The provider had involved other adult social care professionals to support the person with this, such as making a referral to the occupational therapy team for help.
- Some people who used the service had a learning disability. We saw their care plans reflected their individual needs, considering what they were able to do independently and where they needed support. For example, one person liked cooking in their flat and staff supported and supervised them with this. The

provider worked closely with the Ealing learning disability team to help ensure they understood the particular needs and wishes of the person and used positive behaviour support techniques which helped them to receive effective support.

Meeting people's communication needs

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

- In the communication needs section of two people's PEEPs, it stated the person was able to communicate verbally and in writing in English. However, elsewhere, it stated that the person could not read or understand information correctly. This meant there was a risk staff may not understand the person's communication needs and not be able to meet these. We discussed this with the manager who acknowledged this had been incorrectly recorded. They provided up to date documents following the inspection which contained the correct information.
- Notwithstanding the above, we found people's communication needs were met. We saw evidence that two people for whom English was not their first language were supported by staff effectively. For example, staff used a translating application to form sentences where they needed to provide information to the person.
- Some staff were able to speak in people's languages and this was encouraged to help ensure people were able to communicate their needs effectively. Where necessary, a translator was provided. People's individual communication needs were recorded in their care plans and staff were aware of these.

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

- People were supported to take part in activities of their choice, where this was part of their planned care. However, this had decreased because of COVID-19 as people did not use the communal lounge and entertainers were not visiting as the provider had arranged before the pandemic. However, people were able to join a social distancing exercise group once a week. A staff member told us, "Before Corona hit, we had painting and we used to have parties."
- People were supported to maintain contact with their friends and family members by using technology. Where appropriate, family members were able to visit using social distancing and appropriate PPE.

Improving care quality in response to complaints or concerns

- Most people told us they knew how to make a complaint, and when they had done, this had been taken seriously and addressed appropriately. One person stated, "Oh yes, in the past, I have complained. It was sorted out. There are no recent complaints. New people took over and so far, they are good."
- However, one person and a relative complained that, "Night time staff do absolutely nothing. Nobody answers." We discussed this with the manager who told us there had been complaints in the past about poor responses to call bells at night. However, they had since taken appropriate action by undertaking random pendant calls testing day and night to make sure staff responded promptly to calls. We saw evidence of these checks and saw calls were responded to promptly.
- The provider kept a log of all complaints they received, and we saw a range of these. We saw evidence that complaints were taken seriously and appropriate action was taken to address them in a timely manner.

End of life care and support

- Staff received end of life training during their induction period. Some people who used the service had end of life care plans in place, and these stated how they wanted their care when they reached that stage.

However, at the time of our inspection, nobody was receiving 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although the provider had put in place a range of monitoring systems, on the day of our inspection, we found some issues had not been identified, such as staff not always respecting people's needs. For example, walking in without knocking. We also found information on two people's PEEPs was incorrectly recorded and there was a risk staff would not know how to meet people's needs effectively in the event of a fire. Furthermore, there were no body maps to indicate to staff where on the body medicines such as creams, ointment and patches should be applied. However, the management team were responsive to our feedback following the inspection and produced an action plan to show what they had put in place to make the necessary improvements, for example, meeting with staff to discuss the issues raised and increasing their monitoring checks. We also received evidence the PEEPs had been reviewed and corrected appropriately.
- Some people had complained staff did not always come to them in a timely manner when they pulled their call bells. As a result, the management had introduced regular unannounced 'pull cord' spot checks. These were to check the response of the staff when people called for support. Where there were concerns about their response, we saw evidence this was addressed appropriately. The managers also checked people's pendants, which were used to call staff when needed. They ensured the pendants were in good working order.
- The registered manager undertook regular 'care monitoring inspections'. These took place in people's flats during a planned call with them, and looked at a range of areas such as if staff wore the appropriate dress code and ID badges, if they knocked before entering, if the staff introduced themselves to the person, they observed staff administering medicines and whether the staff followed the person's care plan. They also asked the person who used the service for feedback about the care worker who supported them. Where concerns were identified, we saw appropriate action was taken. For example, where a care worker did not wash their hands before handling medicines, this was addressed with them without delay.
- The provider undertook regular welfare checks of people who used the service. These were to make sure people were happy with the care and support they received and if they had any concerns. We viewed a sample of these and saw people were happy with the staff who supported them.
- We saw in June 2020, the manager had undertaken a support plan audit and had found that over 90% of these lacked detail and information about people's needs and how they wanted their care delivered. They put an action plan in place for new support plans to be completed and on file by October 2020. Most were completed at the time of our inspection.

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

- Despite some issues raised, people and relatives were complimentary about the management team. They said the manager was supportive, listened to them and addressed their concerns. Their comments included, "They're lovely, very helpful in all aspects", "I would not say [management] are ideal but they have goodwill. If you have a problem, they will act on it", "[Manager] is quite nice actually. I get on well with [them]", "They do a good job" and "The managers are pleasant and seem to care."
- Staff told us they felt supported by the management team and found them approachable. One staff member told us, "Whatever issues I have, I feel like I can speak to my seniors and [Member of the management team] is so nice" and "That's one important thing I like about here, they listen to you straight away."

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 manager told us they were honest and transparent and we saw evidence of this. They said, "I think it is important to report everything and be honest. That way, we learn and get better." They added they cared about the people they supported, and this was why they had so many checks in place. They said these had made a difference and standards had improved as a result.

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

- There were regular staff meetings. Subjects discussed included the needs of people who used the service, peer learning, service improvement, medicines, training and health and safety.
 - People who used the service were invited to regular meetings where they could raise any concerns and received relevant information. Items discussed included COVID-19, activities, catering, complaints and repairs needed.
 - People were consulted about the care they received and were encouraged to complete a quarterly survey. Questions asked included if they felt the staff were kind and met their needs, if they were unhappy about anything and how things could be improved. We saw the most recent surveys where overall people appeared to be happy with the care they received. The registered manager was required to report back to the Regional Business Team in regard to responses and actions for any scores below 8/10 and any comments (whether negative or positive).
 - Where people had concerns or needed something, we saw the provider took action to address this. For example, one person wanted to have a takeaway once a week and staff supported them with this. Another person felt they needed more contact with the manager. The manager arranged to visit them regularly and the person was informed they could press their pendant and ask to see the manager whenever they needed to.
 - The provider kept a record of compliments they received from people and relatives. We saw a compliment which had been sent to the local authority stating, "[Person] was very happy with the care of [staff members]. [They] would like to nominate them for best carers of the month. ... [they were] very happy."
- Continuous learning and improving care
- The manager held relevant qualifications in health and social care. They had in the past worked in a training centre for people with disabilities, teaching them living skills. In 2005, they started working for the provider and worked their way up from care worker to manager.
 - The manager told us they felt supported by their line manager who worked closely with them monitoring staff and ensuring people were happy. Since the whistleblowing concerns, the manager and their line manager had worked hard to put robust systems in place to improve the service. They had also started to come in some weekends to help ensure they were more visible and the staff felt supported. We viewed the

senior staff rota and saw evidence of this.

Working in partnership with others

- Staff told us there was good communication at the service. The provider issued monthly newsletters to people who used the service. This informed them of relevant developments in the company such as new staff employed, and any events taking place which they could attend, such as coffee morning, in-house entertainment or outings people could join.
- The manager worked alongside other healthcare professionals such as the GP, district nurse and mental health team to help ensure people received joined up care. Where there were changes to people's conditions, these were discussed with the relevant professionals and appropriate action taken, such as an increase in their care packages.
- The staff we spoke with told us communication was good at the service and they felt they were given all the necessary information to support people and meet their needs. There were regular handover meetings where people's needs were discussed.