

Notting Hill Genesis Penfold Street

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Penfold Street is an extra care sheltered housing scheme comprised of 51 flats and bedsit apartments. People's care and housing are provided under separate contractual agreements with tenancy agreements managed by the provider. Care and support is available from 24-hour on-site staff.

The care quality commission (CQC) does not regulate premises used for extra care housing. CQC only inspects the service being received by people being supported 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.

At the time of the inspection, the service was providing personal care to 27 people. A small number of care and support packages were being provided by other external domiciliary care agencies.

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

People were not always safe. The provider had not ensured that risks to people using the service were being assessed in full, recorded accurately, mitigated and reviewed regularly.

Quality assurance processes were not always effective in identifying and addressing the shortfalls in safety and quality that we found during our inspection.

We discussed the above issues with the registered manager at the time of our inspection. Due to immediate concerns, we wrote to the provider to ensure urgent action would be taken to resolve the issues we had identified. The provider has since submitted an action plan outlining the improvements they have put in place to address and mitigate risks in relation to these matters.

We received both positive and negative feedback from people and their relatives about the care and support provided by the service.

People's medicines were managed safely.

The provider worked in partnership with a range of health and social care professionals.

Staff were positive about how the provider had supported them during the pandemic.

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

Rating at last inspection

This service was registered with us on 22 October 2018 and this is the first inspection.

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a separate investigation. As a result, this inspection did not examine the circumstances of the incident.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service/We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and governance at this inspection. We made one recommendation in relation to meal provision.

Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Penfold Street

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by three inspectors 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

This inspection was unannounced.

Inspection activity started on 3 March 2021 and ended on 29 April 2021. Two inspectors visited the office location on 3 March 2021. A third inspector was involved in off-site activity.

What we did before the inspection

We reviewed information we have received about the service since its registration. We reviewed feedback received from local authority quality assurance managers, familiar with the service and the people using it.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, a compliance manager and a visiting relative.

We reviewed a range of records. This included five people's care records and related medication records. We looked at three staff files in relation to recruitment and supervision and reviewed records relating to the management of the service, including policies and procedures.

After the inspection

An expert by experience spoke with six people using the service and four relatives about their experience of the care provided. We spoke with four members of care staff, a local authority representative and two representatives from the London Fire Brigade. We reviewed written feedback sent to us by the registered manager from family members, people's friends and a local GP. We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks were not always being identified and assessed appropriately. We reviewed a root cause analysis which related to one person leaving the premises unobserved and attempting to board a bus. A door sensor had since been fitted and there was evidence of staff responding when the alarm had sounded. However, we could find no evidence of a risk management plan being put in place following this incident.
- The risk of fire had been assessed and personal emergency evacuation plans (PEEPs) were in place for each person using the service. However, some people were using emollient creams which placed them at increased risk of being harmed by fire and smoking. Although control measures had been identified, there was no evidence of these being implemented or regularly reviewed in order to ensure potential and specific individual risks were effectively reduced.
- Some people had been issued with personal pendant call alarms. However, it was unclear if daily checks were taking place to ensure alarms were working safely and that people were wearing them as per guidance. One staff member told us that they didn't always remember to record daily checks. Following the inspection, the provider told us a separate pendant checklist was completed on a weekly basis. However, weekly checks may not have been sufficient to ensure people's safety.
- People's nutritional needs and preferences were recorded in their care records and on people's daily choice forms if receiving meals via the on-site canteen. However, the quality of this information varied. For example, in one case a person was diabetic, but this wasn't mentioned on the form provided to kitchen staff. For this same person the risk of choking was highlighted but again, information on how this risk should be mitigated was not included on information provided to kitchen staff.
- We received mixed responses when we asked people using the service whether they felt safe and comfortable with the staff supporting them. One person told us, "The staff are brilliant - they look after me well." Another person told us, "It is OK here. The carers know to be careful with my oxygen but about 18 months ago one of them who was new turned my oxygen off by mistake. I had to call the emergency number for them to come out and fix it."

The failure to effectively mitigate risks to people's health and wellbeing was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we wrote to the provider to notify them of the concerns we had identified during our inspection. We requested they complete and send an action plan, setting out how they intended to address the issues along with a specific time frame for implementing each action and the person responsible for completing these actions.

The provider responded immediately, confirming that all actions from the fire risk assessment were now complete and that suitable checks of the environment and equipment were in place, being monitored and reviewed appropriately.

Using medicines safely

- Medicines were received, stored and disposed of safely. However, people's relatives were not always confident that their loved ones received their medication as prescribed. One relative told us, "At one point [staff] refused to put the cream on [their] legs and neck. The pharmacy phoned them up to say it was a prescription and they should do it. It is for pain relief." Another relative stated, "[My family member] has a lubricant cream, they slap it on, they don't rub it on. So, [their] laundry has cream all over it, they won't change it." A third relative complained, "They give [my family member] his medication while [they are] in the shower. They don't know the meaning of dignity and respect."
- Staff completed assessments of people's medicines needs and any known associated risks. Medicines administration records we reviewed were completed appropriately and these were being checked regularly by the staff team.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of her responsibility to raise safeguarding concerns and liaise with the local authority, CQC and other relevant agencies to investigate concerns appropriately.
- Systems were in place to help staff identify and act on any risk of abuse to help keep people safe.
- Staff had a reasonable understanding of the provider's safeguarding and whistleblowing processes and told us they knew how to report any concerns they may have.

Preventing and controlling infection

- Staff confirmed they had received infection prevention and control training and had access to personal protective equipment (PPE) to keep themselves and others safe. A person using the service told us, "The carers do wear the correct PPE."
- The provider's infection prevention and control policy was up to date and the provider was ensuring infection outbreaks could be effectively prevented or managed.
- We were assured that the provider was accessing COVID-19 testing for people using the service and staff.

Learning lessons when things go wrong

- Staff were supported through individual and group supervision. Discussions included the review of PPE guidance, actions taken following accidents and incidents and medicines practice. In December 2020, the registered manager had raised the issue of inadequately completed contact sheets (daily logs). It was unclear how these issues had been addressed in practice, particularly as managers continued to rely on these logs to ensure risk control measures had been met.

Staffing and recruitment

- Recruitment and selection processes in place ensured staff had the right skills and experience and were suitable to work with people who used the service.
- There were enough staff deployed to support people with their basic care needs.

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 care, treatment and support was consistent.

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

- Before using the service, senior staff completed an assessment of people's care and support needs. A relative told us, "I am very involved [in the care planning process]. [My family member's] English is limited, we had a review with Westminster last year."
- Support plans contained information on people's likes and dislikes, personal information and information about people's faith and religions. Information was collected on a one-page profile under the following headings: key event/life experiences, how best to support me morning/afternoon/evening/night, how best to communicate, things I like and don't like, hobbies and interests, family/friends, medicines preferences.
- Care records contained a good level of personalised detail and in some cases the provider had completed more detailed life story work, including information about people's family histories alongside photographs.

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

- Some people using the service were able to manage their own dietary needs. Where people needed support to eat and drink, they and their relatives provided mixed views about how this was achieved. One person told us, "They deliver food to me at lunch time. Sometimes the food is alright, other times it is rotten." Another person told us, "They do the shopping for me and help me with food. They microwave my meals." A relative told us, "[My family member] sometimes does not touch [their] food. The plate may not be in [their] reach. [Member of staff] used to sit with [them] and persuade [them] to eat. I want someone to support [them] to eat and to encourage [them]." Another relative commented, "[Staff] will make [my family member] food, and they are supposed to reheat it, they don't always. So, in the end we just get them to give [them] a sandwich in the evening." The provider told us that due to food safety regulations, staff were not permitted to re-heat people's food.

We recommend the provider seeks out guidance on the safe provision of nutritious meals to people in domiciliary care settings.

Staff support: induction, training, skills and experience

- Staff told us they received a wide range of training that provided them with the skills and knowledge to carry out their roles.
- New staff completed an induction when they first started working for the provider, which included completion of The Care Certificate (nationally recognised training in health and social care) and shadowing other experienced members of staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Care documentation evidenced that people were supported to attend appointments and access healthcare services in a timely manner. One person told us, "The district nurse comes once a month to take my blood pressure. I have had my jab and the Doctor down the road is very nice."
- The provider had systems in place for referring people to external services when required and there was regular communication between staff and healthcare professionals, including GPs and district nursing teams. A GP involved with the service provided written feedback as follows; '[Staff] have developed an excellent relationship with our GP team and the wider community services by communicating well, attending regular conferences and understanding that the best care is achieved by a multi-disciplinary team approach'.

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.

- People's care need's assessments identified if they had capacity to make decisions about their care. Where people had not been able to make their own decisions about the care provided, relevant people of authority, namely family members, those with power of attorney and social workers had been involved.
- Staff told us they would report any concerns about people's mental capacity, health and well-being directly to senior staff based in the office, or contact 111, or the person's GP for advice.

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 treated kindly and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People using the service and their relatives felt that most of the time, staff treated them with kindness and respected their individual lifestyle choices. Comments included, "Nothing bad to say, 80% of the carers are good", "We are like one big family", "[Staff] are very helpful, kind and sympathetic", "Most of the staff are kind. It is pretty good here" and "The staff are brilliant."
- Staff understood people's needs and supported them to do the things that were important to them. A GP involved with people using the service provided written feedback stating, 'The team (from catering staff to the senior care managers) do an excellent job of delivering compassionate and effective care for the residents. This is achieved by paying close attention to and respecting their tenants' personal histories, their value systems and their changing needs'.

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

- People, and their relatives told us they were able to express their views and be involved in making decisions about their (people's) care.
- Staff had a good knowledge of people's likes and dislikes and what they could do for themselves. A relative described some of the activities people were involved in prior to the COVID-19 pandemic, 'My [family member] tells me of visits by local school children, armchair yoga and trips to the seaside. Again, these events are staffed by carers and support workers who know and understand their clients and are who are sensitive to their needs. Residents also regularly attend events and help with gardening. It makes residents feel like they belong and are part of a community'.
- Staff understood the importance of involving people in their care and promoting people's views and individual preferences. Staff were able to tell us about people's lives, the activities they took part in and what was important to them. One member of staff told us, "I love being in contact with people; all the kindness and compassion I can give. I have a sense of well-being towards my customers. I love it."

Respecting and promoting people's privacy, dignity and independence

- Staff understood their responsibilities to respect people's right to privacy, confidentiality and to promote their independence. A relative wrote, 'Over the last three years, staff at Notting Hill Genesis have provided [my family member] with the stability and reassurance [they] need to carry on living as independent a life as [they are] able' and '[Their] life has improved because [staff] have invested time in getting to know [them] and monitored [them] closely'.
- Most people we spoke with were satisfied with the care and support provided. One person told us, "Everything is fine. The staff are very good. I am 83 and they treat me with respect, I am very pleased with their performance."

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 personalised care delivery.

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

- Records showed that visits took place as planned. However, it was not always clear what tasks had been completed during each visit. For example, where people needed support changing pads this was sometimes recorded but not consistently. In most cases it stated 'personal care' without really explaining what elements of personal care had been performed. For another person, staff periodically mention 'denture out and washed.' There appeared to be no consistency of how this was recorded and therefore it was difficult to ascertain how regularly this task was being performed.
- Staff confirmed they maintained regular visits which enabled them to develop relationships with the people they supported and their families. One member of staff told us, "It's really homely and friendly [here]. You get to know the customers and their families well."

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.

- Peoples communication needs had been assessed and recorded in their care and support plans. These detailed how each person communicated, and aids used to assist communication, including assistive technology such as personal alarms.
- We saw examples of accessible care plans, including pictorial formats where appropriate.

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 service maintained an activities programme. This included zoom exercise sessions, arts and crafts, reading groups, personal care sessions, afternoon tea and other social get-togethers.
- Staff supported people to maintain relationships with the people important to them. Staff told us visiting had recently resumed and that this was being done in a safe way. Visitors were required to wear PPE and underwent temperature checks and health screening on arrival.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to and investigate complaints.
- People, and their relatives told us they knew how to complain and where people, or their relatives had made a complaint, these had been investigated and appropriate action taken to resolve the issue.

End of life care and support

- In some cases people had advanced care plans in place, where staff had collected information on people's wishes for the last days of their lives and their preferences following their death.
- Relatives provided positive written feedback about the care and support people received at the end of their lives. One relative wrote, 'I know that [my family member] was very happy for the almost 10 years [they] lived in the shared unit. Thank you to [the registered manager] and all the carers who looked after [them] so well. Nothing was ever too much trouble for them. [Staff] laughed with them, sang with [them], and danced with [them]'. Another relative wrote, 'Staff were endlessly patient, understanding and respectful of [my family member's needs], especially at the end of [their] life'.

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 requires improvement: 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; Continuous learning and improving care

- At the time of the inspection, it was unclear whether the provider/registered manager fully understood matters of risk; how to identify them and ensure practicable measures were put in place to suitably mitigate, manage and review them. Risk assessment processes were not robust and assessments did not contain enough personalised detail to keep people safe. Following our inspection, the registered manager has now updated people's risks assessments and the process involved. We have requested records and audits are sent to us on a regular basis so that we can monitor the service's ongoing management of risk.
- The provider had failed to implement robust systems to ensure staff were following guidance set out in people's risk assessments and care plans. Improvements were needed to ensure that governance systems were effective and resulted in improvements to the quality and safety of people using the service and staff.
- Spot checks were in place to monitor care standards, however these related mostly to checks of cleanliness and medicines records. Given the registered manager's focus on spot checks as a key tool for ensuring people were kept safe, these did not contain enough detail and were not completed with sufficient frequency to benefit staff and people using the service.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager understood their responsibility to be open and transparent about events that happened in the service. Safeguarding concerns, accidents and incidents, and complaints were investigated appropriately.
- Systems were in place to ensure the provider and registered manager acted in accordance with their legal responsibility in relation to the duty of candour.
- Staff told us they felt respected, valued and supported by the management team. Staff comments included, "[The registered manager] is really very helpful and provides whatever we need", "All the staff I work with are so supportive. I am so lucky" and "[The registered manager's] door is always open. She's very caring."

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

- The provider collected information from quarterly satisfaction surveys to better understand people's experiences of using the service. A survey dated January 2021, demonstrated that the eight respondents were in the main, satisfied with the service they received.
- Relatives felt well informed and told us the registered manager and staff regularly contacted them with updates about their loved ones and any changes to service delivery.
- The registered manager had regular contact with staff to ensure they understood their roles and responsibilities, to monitor staff performance and provide support where needed. Staff confirmed they had regular team meetings and other opportunities to discuss their practice and the running of the service. One member of staff told us, "I'm very happy here, this has been a career change for me and it's going very well. If I need more training I will go back and ask for it."

Working in partnership with others

- The registered manager was committed to working collaboratively with relevant external stakeholders such as local authority quality improvement teams, social workers, GPs and nursing teams.
- Staff told us they were in regular contact with people's GPs, physiotherapists and occupational therapists, dentists, opticians and people's wider support networks.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was failing to ensure risks to people's health, safety and well-being were being effectively assessed, identified, mitigated and monitored.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality monitoring was not sufficiently robust to identify shortfalls and drive improvements to service delivery</p>