

Notting Hill Housing Trust

Cheviot Gardens

Inspection report

Flat 1
36 Cheviot Road
London
SE27 0DD

Tel: 02038152090
Website: www.nottinghillhousing.org.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 3 and 7 July 2017. Cheviot Gardens is an extra care service that provides support to up to 66 people in their own flats on the premises. At the time of the inspection the service was delivering personal care to 34 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service was registered by the CQC on 23 June 2016 and this was the first inspection for the service.

At this inspection, we found the provider had not always notified us of incidents or accidents affecting service users. This was a breach of Regulation 18 of the Registration Regulations 2009 - Notifications of other incidents. You can see what action we told the provider to take at the back of the full version of the report.

People were protected against the risk of harm and abuse. Staff received on-going training in safeguarding and demonstrated sound knowledge in how to report suspected abuse, and identify changes in people's presentation that could indicate they were victims of abuse. People were protected against identified risks through comprehensive risk assessments that gave staff guidance to mitigate those risks.

The service ensured people received their medicines in line with good practice. Medicine administration recording [MARs] sheets were completed correctly and audited regularly to ensure any errors were identified swiftly and action to minimise the impact on people. Staff received comprehensive medicine management training.

People's care was delivered in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff sought people's consent to care and treatment and respected their decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service reinforced this practice.

The service employed sufficient numbers of suitable staff to meet people's needs safely. Rotas reflected the needs of people and where people's needs increased staffing levels were adjusted. Records confirmed all new employees had to receive satisfactory references and a Disclosure and Barring Service's (DBS) check prior to commencing work. Staff confirmed they underwent a comprehensive induction whereby they shadowed more experienced staff.

People were supported by staff who received on-going training and who reflected on their working practices. Staff records confirmed mandatory training had been completed and staff stated they were

confident they could request additional training and this would be provided in a timely manner. Records showed all staff received regular supervisions with senior staff where their work performance was discussed and support given.

People's care and support was planned and delivered with their involvement. Care plans were person centred and detailed people's preferences, medical and health needs and support required to meet their goals. Staff confirmed when changes were made to care plans, this was shared with them to ensure they delivered care that was relevant to their needs. Care plans were updated regularly to reflect people's changing needs.

People's consent was sought prior to care being delivered. Staff understood the importance of seeking people's consent and where consent was not given staff respected people's decisions. Where possible, people were encouraged to maintain their independence. Staff spoke to people with respect and treated them with dignity.

People were encouraged to have access to sufficient amounts of food and drink that met their dietary requirements. Where people chose to have their meals in the dining room provided by the service, people were offered an array of choices. The service supported people to access professional healthcare services to ensure their health was maintained, where required.

People were encouraged to share their views of the service through questionnaires and weekly service meetings. People confirmed their views were taken on board and action taken where appropriate. The registered manager carried out audits of the service to drive improvements. People were aware of how to raise a concern or complaint. The service provided people with details of who to contact, what to expect when raising a complaint.

The registered manager encouraged partnership working. Records held by the service showed where healthcare professionals had given guidance which was then implemented in the support people received.

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. People were protected against harm and abuse because staff received on-going training in safeguarding and knew how to report any suspected abuse.

People were supported by sufficient numbers of suitable staff.

People's medicines were managed safely and in line with good practice.

Records showed audits carried out by the service meant errors were identified swiftly and action taken in a timely manner.

Is the service effective?

Good ●

The service was effective. People were supported by staff who received on-going training in all mandatory areas. Staff felt the level of training received meant they could deliver effective care to people.

People were supported by staff who had adequate knowledge and understanding of the mental capacity act 2005 and deprivation of liberty safeguards.

People were supported to have access to sufficient amounts to eat and drink that met their dietary requirements and preferences.

Is the service caring?

Good ●

The service was caring. People received care and support from staff that demonstrated compassion, kindness and respect.

People's privacy and dignity was encouraged and respected.

People were supported to receive information about their care and support in a manner they understood.

Is the service responsive?

Good ●

The service was responsive. Care plans were person centred and reviewed regularly to reflect people's changing needs.

People were encouraged to make choices about the care and support they received. People's choices and decisions were respected.

People knew how to raise their concerns and complaints. Complaints were investigated and resolved in a timely manner.

Is the service well-led?

The service was not always well-led. The registered manager did not always notify the CQC of notifiable incidents that occurred at the service.

The service sought feedback on the service provision through quality assurance questionnaires and audits.

The registered manager actively sought partnership working from healthcare professionals and implemented their guidance.

Requires Improvement 

Cheviot Gardens

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 and 7 July 2017 and was announced. The provider was given 48 hours' notice because the location provides an extra care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Prior to the inspection we gathered and reviewed information we held about the service. For example, from statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection we spoke with eight people, six care workers, the registered manager, the operations manager and the assistant director. We looked at nine care records, five medicine administration records (MAR), five staff personnel files and other records relating to the management of the service. We also observed a residents meeting.

After the inspection we contacted one health care professional and spoke with one person and two relatives to gather their views of the service.

Is the service safe?

Our findings

People and their relatives told us they were safe using the service. One person told us, "I do feel safe." A relative told us, "My relative is safe and well looked after." One staff member told us, "People are safe here. They are able to lock their doors to their flat and we [staff] make sure we record who is in the building and we do not allow unauthorised people access."

People were protected against the risk of avoidable harm and abuse because staff received on-going training in safeguarding. Staff were able to demonstrate adequate knowledge on how to identify suspected abuse in the way people presented, how to raise their suspicions and how to whistleblow should they feel their concerns were not being addressed adequately or in a timely manner. One staff told us, "If I suspected abuse I would talk to the person and find out what had happened and then inform the [registered] manager. I would make sure I recorded it and if needed report it to someone more senior than the registered manager." Another staff said, "I would contact the safeguarding team at the local authority. I would report it to the right person and ensure they take action, if not I would whistleblow."

Identified risks to people were assessed by the service regularly and managed safely. Risk assessments in place were reviewed regularly to reflect people's changing needs and updates were shared with staff in a timely manner. Risk assessments covered, medicines management, trip or falls, self-neglect disorientation and moving and handling and gave staff guidance on how to safely support people. Risk assessments identified the risk, impact and gave an overall risk rating. One staff told us, "The risk assessments [are in place] to help us provide a safe environment for people and ourselves. They are there to protect people." The service carried out environmental risk assessments to ensure the safety of the premises. Issues that had been identified were then shared with the housing officer who swiftly sought to have these issues rectified.

People received care and support from sufficient numbers of suitable staff. Staff employed had been vetted to ensure their suitability prior to commencing employment. Staff personnel files contained a current Disclosure and Barring Services [DBS] record, two references, photo identification and their employment history. A DBS is a criminal record check providers undertake to enable them to make safer employment decisions.

The registered manager confirmed that staffing levels were formulated in relation to people's needs and when their needs increased the staffing levels were adjusted. People confirmed there were sufficient numbers of staff on duty to ensure they were safe. One person told us, "Generally yes there are enough staff. There are moments when there aren't but generally there are." Another person said, "There are enough staff." And a relative told us, "Yes, I do think there are enough staff." We received mixed reviews when we spoke with staff. For example, one staff member told us, "Whenever I am working there's always enough staff. There's enough staff to keep people safe." Another staff member said, "There are supposed to be six staff [members] on in the morning, this can put pressure on staff if someone goes sick but we are not at unsafe staffing levels. It has got much better as we are using some bank and agency staff to cover." However one staff member told us, "It depends as there are times when we are short staffed because of staff sickness. They [management] will then call bank staff in, but if they can't find cover we have to struggle but we aren't

at dangerous levels." Records confirmed there were adequate numbers of staff deployed throughout the day.

People's medicines were managed in line with good practice. One person told us, "I receive help with taking my medicine." Another person said, "Yes the staff do help me twice a day and I get my medicines on time." Records showed that medicines were administered, recorded and reordered correctly and in a timely manner. The registered manager ensured medicines audits were undertaken daily through random spot checks and again once a month when medicines were received from the pharmacy. An independent company also carried out an annual audit of the service medicines management, the last being on 8 November 2016. All action points identified on the report had been completed. A staff member told us, "I've had medicines training and completed all the competencies. I feel confident in administering medicines." Another staff member said, "I've had training and would tell my line manager if I noticed any errors. I could also call the G.P for advice."

Is the service effective?

Our findings

People received support from staff who received training to meet their needs effectively. People told us they felt staff were well trained. One person said, "Yes, definitely the staff know what they are doing." Another person said, "When someone new comes in, established staff work with them." The service provided comprehensive training to staff including both mandatory training and person specific training. Training covered, first aid, fire safety, medicines management, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), safeguarding and personal safety in care. The service was a national development trust for inclusion training, and staff were supported to become champions to re-engage people with interests of their past. Records confirmed all training was up-to-date and a schedule was in place to ensure training due to expire was rebooked in time. Staff told us they felt the training enhanced their skills and were confident in requesting additional training should the need arise.

Staff confirmed they had received an induction when commencing employment. One staff member told us, "The induction covered health and safety, communication, medicines, MCA and safeguarding. I had to complete all the competencies and be signed off before working without direct support." Another staff member said, "I shadowed an experienced member of staff for a week as they had to ensure we were following safe practices. The induction was for two weeks but I feel confident asking for longer if I needed more time."

People received care and support from staff that reflected on their working practices through regular supervisions. One staff member told us, "I find my supervisions useful." Another person said, "I have my supervisions with the care coordinator. They do a spot check on the work I do and will then call my attention to anything I need to improve on. They also observe what we [staff] are doing and explain how to improve." Supervisions gave staff the opportunity to speak with the senior staff about any areas of concern they have, things they had done well and areas of required improvement. Staff also confirmed they could discuss any additional training they felt they required. Supervisions took place regularly and staff told us they could request additional supervisions if needed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's consent to care and treatment was sought prior to being delivered. One person told us, "I do get

choices and make decisions. Staff respect my decisions." Another person told us, "We do get a choice." Staff were aware of the importance of respecting people's decisions. One staff member told us, "The mental capacity act is there to empower people and support them to make decisions and choices." Another staff member said, "We [staff] must make sure we seek people's permission and get their consent before we do things." During the inspection we observed staff seeking people's consent to deliver support with mobilising and with food and drink.

People were supported to have sufficient amounts to eat and drink that met their dietary requirements and preferences. A relative told us, "Staff will go out and buy food and groceries [for relative]." Where agreed in people's care plan staff monitored people's weight and food intake in line with guidance from health care professionals. The service had a restaurant based on the ground floor and catering staff employed by an external agency. People could provide their own meals in their flat or join peers in the restaurant if they wished. During the inspection we observed at one point 14 people using the restaurant. People and staff confirmed they received support to cook meals in their flat if they required support.

Is the service caring?

Our findings

People and their relatives told us staff demonstrated kindness and empathy when delivering care and support. One person told us, "Some staff are really good and there is one staff that is exceptional." Another person told us, "We have a choice of the staff that we get to support us." A third person said, "[Staff member's name] goes to the shops before they come to work every day to get me the breakfast I like. They don't have to do that for me but they do." A relative said, "They [staff] have got to know [relative] which is good and they understand and know what they like and don't like. I think the staff are kind and compassionate." During the inspection we observed staff engaging with people and found staff spoke to people with respect, were attentive and had time to speak to people in a relaxed manner. The service had a relaxed and welcoming atmosphere where people, their relatives and staff engaged with one another.

People were treated with dignity and respect. One person told us, "I have no complaints." Another person said, "Generally yes they [staff] do [treat me with dignity and respect], they shut the doors and windows and close the curtains when helping with getting washed and dressed." When asked a relative said, "Absolutely yes, my relative is treated with respect." Staff were aware of the importance of treating people with respect and maintaining their dignity and we asked them how they ensured this took place. One staff told us, "We [staff] make sure that the curtains are closed and that people are covered up when delivering personal care." Another staff member said, "We [staff] must knock on people's doors before entering their flat. We need to wait for a response and permission to enter before doing so." Throughout the inspection we observed staff treating people respectfully.

People confirmed they were involved in making decisions about their care and felt their decisions were respected and adhered to. The service ensured they catered to people's individual needs including promoting equality. For example in relation to people's disability, race, religion, sexual orientation or gender. During the inspection we spoke with the assistant director who told us, the service were working with an outside organisation to pilot a scheme for people who identified as either Lesbian, Gay, Bisexual and Transgender (LGBT). This would then provide training to all staff and address areas of improvement highlighted in meeting the needs of LGBT people who use the service.

People were supported to maintain their independence where possible. People confirmed staff were on hand to support them, when needed. One relative told us, "[Relative] is independent but there are staff there." Staff encouraged people to do things for themselves however were available to deliver support as and when required. Staff were aware of the importance of encouraging people's independence and how this enhances their quality of life and self-esteem. For example, one staff member told us, "Some people want to do things by themselves but can't. So we support them to do as much as possible. We help support them with the things they cannot do." During the inspection we observed staff supporting one person with their drink, staff were seen to encourage the person to hold the cup themselves, but stood by ready to assist when needed.

Staff were aware of the importance of maintaining people's confidentiality and ensuring only those with authorisation had information shared with them. For example, one staff member told us, "It's important we

[staff] don't discuss their personal matters with others unless they have given us consent to do so, G.P and relatives." People confirmed staff did not breach people's confidentiality, with one person stating, "I have never heard any staff talking about others [people using the service]." People's confidential records were kept securely in a locked cabinet in a locked office, with only those with authorisation accessing the records.

Is the service responsive?

Our findings

People received care which was person centred and tailored to their individual needs. Records showed prior to admission, assessments were undertaken by staff to ensure people's needs could be met. Care plans were then developed with the input of people and their relatives, detailing people's life history, preferences, medical history and diagnosis, health care needs, support plans and risk assessments. People were not always aware if they had a care plan, however people had a copy of their care plan in their flats. One person told us, "Yes, I have a care pan, mine's fairly current and doesn't need reviewing." Another person said, "I haven't seen mine but I do know it's upstairs [in my flat]." A relative told us, "We have been shown the care plan and we were invited to be involved in the development of the care plan. It has been revised recently with a few minor changes." Care plans were regularly reviewed and up-to-date, people and/or their relatives signed the care plan after each review to confirm they agreed with the planned support.

Staff confirmed changes to care plans were shared with them through handover and the communication book to ensure the support they delivered reflected people's wishes and needs. One staff member told us, "The care plans are person centred and detail the care people need and want. When changes to their care plans are needed we inform management. There's also a note in the communication book to tell us of the changes and requesting we read the care plan."

The service had recently employed an activities coordinator to provide a wide range of activities to people, should they wish to participate. People confirmed there were lots of activities provided both in-house and in the local community. For example, one person told us, "There's a lot [of activities] I go out shopping but prefer to go out alone. I attend the get together meetings and learn about things like mental health or flower arranging." Another person said, "There's a lot of different things to do each week." A relative told us, "Staff do encourage [relative] to be involved with other people but they will socialise when they wants." A staff member told us, "There are exercise classes, snooker and an activity room. If people want to go out shopping or to the park, we support them to do that." Staff told us they encouraged people to participate in planned activities to ensure they did not become isolated.

People were confident in raising a complaint with the service should the need arise. People also told us they would feel confident in doing so. The service had a complaints policy in place that gave people guidance on how to raise a complaint and the action the service would take in managing, investigating and responding to the complaint. It also detailed what to do should they feel dissatisfied with the outcome of their complaint. The complaint process was in an easy read format which ensured people could understand the process regardless of their reading ability. One person told us, "I would speak to the manager if I had a complaint. I have raised one before and action was taken." Another person said, "I think the staff would listen to all complaints." The complaints file showed that the service had received five complaints in the last year, all had been investigated and action taken to reach a positive resolution in a timely manner.

The service had an electronic monitoring call system in place that alerted staff when people required assistance. People told us they did not have to wait long for their calls to be answered and were satisfied with the system in place. A relative said, "The alarms are answered quickly." Once an alarm had been

triggered, staff's hand held devices rang alerting them to the call. Staff would then call the flat which triggered the alarm to ascertain what support people required. Should staff fail to respond to the alarm the central office would then be alerted. During the inspection we identified that all call alarms were answered in under a minute.

People had access to healthcare services to ensure their health was monitored and maintained. People confirmed that should they require appointments made for them the staff would do so. A relative told us, "The staff contact us to updates us on the outcome of appointments." Visits from health care professionals and correspondence were logged in people's care plans. Care plans were then updated to reflect the guidance and support given by health care professionals.

Is the service well-led?

Our findings

The registered manager did not always inform the CQC of notifiable incidents that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services.

Prior to the inspection we reviewed the information we held about the service and noted we had received only one notification since the service was registered in 23 June 2016. During the inspection we identified two incidents whereby information had not been shared with the CQC. For example, an incident of serious injury whereby a person was admitted to hospital for a period of two weeks. We shared our concerns with the registered manager and operations manager during the inspection. At our request the registered manager submitted the notifications to the Commission.

This issue was in breach of regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2014.

We also recommend that the provider takes note that there may also be times when certain types of accident or injury need to be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). These regulations apply to the health and social care sector. Employers and others working in health and social care have a duty to report certain accidents or injuries which happen to people or visitors under RIDDOR.

People, their relatives and staff spoke highly of the service and the registered manager. One person told us, "I find [registered manager] positive." Another person said, "She's [registered manager] quite helpful." A relative told us, "I'm absolutely delighted [with the service], it's changed [relative's] life completely. I can't find fault [with the management of the service] they are extraordinary. They've gone above and beyond, I can contact the registered manager on a weekend outside working hours and I have their mobile numbers."

Staff told us they could speak with the registered manager whenever they wished and that they found her to be approachable. One staff member told us, "The [registered] manager is very approachable and she listens to us. If you have any issues she will listen." Another staff member said, "She's [registered manager] very supportive of people and the staff. She wants the best for everyone and makes sure their needs are met and they are happy. She listens to our concerns and acts on them."

The registered manager and staff carried out regular audits of the service. Records confirmed audits covered medicine management, maintenance, spot checks, care plans and bi-monthly unannounced night audits by the operations manager and assistant director. A six monthly compliance audit carried out by the care and support compliance manager from the Notting Hill Housing business improvement directorate had taken place on 20 January 2017 and samples of the issues identified were checked to ensure they had been addressed. We found that action had been taken within the timescales provided in response to the recommendations made in the audit.

The service consistently questioned the service provision and sought feedback about the service to drive improvements. The registered manager held weekly service meetings where people were encouraged to attend and share their views. During the inspection a planned service meeting took place which we attended. People were provided with an agenda and were given the opportunity to put questions to the registered manager and operations manager. During the meeting areas covered included, fire safety, handy man's services, air conditioning, complaints, diversity, protection against abuse and Age UK advice surgery. People told us they found these meetings beneficial to have their say and keep abreast of changes to the service.

The service sent quarterly quality assurance questionnaires to people and their relatives. People were encouraged to complete the questionnaires to ensure their views were heard. People confirmed they had received the questionnaires and had responded accordingly. A relative told us, "Yes, I have filled out questionnaires." The questionnaires asked for people's views on the environment, food and drink, recreation, care provided and complaints. We reviewed eight completed questionnaires and found the majority of feedback to be positive, with an overall rating of nine out of ten for satisfaction of the service delivered. Where concerns had been identified, action had been taken to address this in a timely manner.

The registered manager actively sought partnership working. The service had developed positive working relationships with a wide range of external agencies for example, Age UK and Dementia Friends, to enhance the lives of people they supported.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager had not informed the CQC of notifiable incidents that occurred at the service.