

London Borough of Camden

Charlie Ratchford Court

Inspection report

Unit 1
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Charlie Ratchford Court is an extra care service, with 38 flats in a single larger building. The service was currently providing personal care to five people.

Not everyone that used the service received personal care. The Care Quality Commission (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

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 and the policies and systems in the service supported this practice.

People's safety was promoted because the service assessed, monitored and managed their safety well. Potential risks that people may face had been identified and assessed when people began to use the service. However, there was a lack of clarity about how frequently these risk assessments should be reviewed.

The service had enough staff to cater for the needs of people currently using the service. Pre-employment checks had been carried out for care staff. These checks helped to ensure only suitable applicants were offered work with the service.

People received their medicines safely. One person required prompting to take medicines but could then administer these themselves. These prompts were recorded on medicines administration records [MAR] to show medicine had been taken.

People were protected from the risks associated with poor infection control because the service used effective infection, prevention and control measures. Personal protective equipment, for example face masks, gloves and hand sanitiser, was provided in suitable quantities to staff for use as and when required. Guidance for staff and training was provided and staff were assessed to ensure these measures were maintained.

The service completed an assessment of each person's needs and personal wishes about how they were cared for and care plans included guidance about meeting these needs.

There was a process in place to report, monitor and learn from accidents, incidents or other significant events that occurred. No significant events had taken place although the registered manager told us if any events did occur these would be documented in line with the service's policy and guidance.

There was an effective training system in place. People were supported by staff who had received relevant induction training in evidence-based practice and a programme of refresher training was being established.

People's nutritional needs were met. No one using the service required support to eat but some did require help to prepare meals. Staff had taken steps to make sure people's nutrition and hydration needs were assessed and met. People also had the option of eating in the café of the building on the ground floor if they wanted to.

People's health needs were met. One person was assisted by staff to attend medical appointments and other people were either independent in arranging their healthcare or received practical assistance from staff when needed.

Staff respected people's choices, including those relevant to protected characteristics, for example, due to disability, cultural or religious preferences.

Governance and oversight processes were effective and helped to assess, monitor and check the quality of the service provided to people.

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

Rating at last inspection

This is the first inspection of the service. This service was registered with us on 08/09/2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Charlie Ratchford Court

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors.

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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 18 August 2022 and ended on 31 October 2022. We visited the location's office, which is in the same building as people using the service were living, on 3 October 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed other information we had received about the service since it was registered with the CQC. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection-

We spoke with the registered manager and five staff. We received feedback from four people using the service about how safe and supported they felt.

We looked at three people's care planning records and one medicines record, as only one person required assistance with medicines. We also looked at staffing and recruitment information.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew what the potential risks of harm were and acted to minimise any untoward event.
- A person using the service told us "Most staff are excellent but sometimes others don't do what they are supposed to." We raised this with the registered manager who said this person had spoken with them about this and did so regularly, but they would speak with them again to gather further information about why they felt this way.
- Other people told us "The night staff are always quick at coming if I need them, I use the pull chord", and, "I get support with everything you name it I get it, and yes so far, I have no problems and the staff turn up on time."
- We looked at further information and the provider was able to show us evidence of records of complaints and incidents and nothing of significant concern about people's safety or wellbeing had been reported.
- Induction and training information showed that staff had completed safeguarding training and had access to guidance about what to do if they were unclear about how to respond if a concern about potential abuse emerged.
- Staff told us they did not have any concerns about the service and that they were aware of the provider's whistleblowing procedure and employee confidential contact line.

Assessing risk, safety monitoring and management

- The provider ensured that potential risks that people using the service faced were assessed when they began to use the service.
- However, we identified two people, whose review of risk assessments had not been recorded as having taken place. We raised this with the registered manager who told us he would discuss this with the staff team to ensure records were updated and to confirm that risk assessment reviews took place. The providers policy did not state how frequently risks should be reviewed for people using the service. There was no evidence that anyone had been harmed due to this although it was evident that further clarity was needed.
- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as eating and drinking, assistance with medicines, moving and handling and environmental risks.
- People's risk assessments included guidance for staff on how to manage and minimise any risks identified.

Staffing and recruitment

- Staff were recruited in a safe way, which helped to protect people from unsuitable or unsafe care.
- The registered manager told us that the provider's recruitment procedures ensured that staff members

were suitable for the work they were undertaking. Disclosure and Barring Service (DBS) checks had been undertaken for staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

- We were also told that references had been obtained from previous employers before staff started work and the information we received confirmed this.

Using medicines safely

- The provider ensured that anyone requiring help to take their medicines was provided with support from staff who received training and guidance to do this safely.
- The medicines policy was detailed and described what action the service would take if medicines support was required. The service had the necessary medicines administration records, and these were being completed for the person who required assistance with remembering to take their medicines.
- A member of staff told us "I was shadowed by managers and instructed about what to do with the people it was part of the probation"
- Signed consent to support people with medicines and details of the medicines that people were taking were included on care records.
- Care staff had received medicines training as a part of their induction programme, and they were assessed to ensure that they understood how to provide safe support when assisting people to take their medicines.

Preventing and controlling infection

- People were protected from the risk of infections. Staff received infection control training. Disposable personal protective clothing including gloves and face masks were available.
- The service had not so far encountered any staffing difficulties caused by the pandemic.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. The registered manager told us these were analysed each quarter to identify potential emerging themes for any improvements that may be needed, although nothing significantly untoward had happened for anyone using the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The provider ensured that detailed assessments of people's needs had been carried out before they started to receive care and support from the service.
- The assessments considered a range of areas such as people's physical care needs, their day to day life and activities as well as their heritage, religion and family support.

Staff support: induction, training, skills and experience

- The provider ensured that staff were inducted and trained to support people using the service and the staff currently working for the service had completed an induction. The staff induction included working towards, and achieving, the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction plan.
- A member of staff told us "Our training helps us implement different things and techniques and look for gaps in learning and bring about change".
- A training programme was in place as too was a system the provider had in place to monitor that staff were undertaking training. Staff complimented the training opportunities available to them and told us they were provided with time to undertake training.
- A staff supervision programme was in place. There was peer supervision amongst the staff team and quarterly supervision with a member of the senior management team. However, staff told us they could request a meeting at any time and were able to obtain guidance and advice, also from senior colleagues aside from their team colleagues.

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

- The provider ensured that people's nutrition, hydration and dietary needs were assessed and that where support was necessary this was provided. No one presently required assistance to eat or drink although some people required help to prepare their meals and two people told us that staff did this well, although they also ate in the ground floor café most days.
- Information about people's eating and drinking needs and preferences was included in their care plans. No one using the service currently had any issues about nutrition or hydration and this was in any case assessed as people started to use the service. Staff were required to report any changes to nutrition and fluid intake if these occurred.
- All staff had undertaken food hygiene training.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with other professionals to ensure that people's needs were identified and were then met.
- People's care plans included information about other health and social care professionals involved with their support and the range of services received.

Supporting people to live healthier lives, access healthcare services and support

- The provider and staff team supported people to access healthcare services and assist with raising any emerging healthcare concerns as these arose. Information about people's health and wellbeing was included in their care plans.
- People were registered with their own GPs and received support from other community health services when they needed this.
- If concerns arose about people's health, care staff were provided with guidance about what to do to ensure the appropriate action was taken. We saw that advice for a person had been obtained and they were actively being supported by staff to address their healthcare needs.

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care needs assessments included information about their ability to make independent decisions. Staff members received training about the MCA and had clear guidelines to follow to ensure that they worked in adherence to the Act.
- People currently using the service had full capacity to make all decisions for themselves. This information was included in their care plan.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People using the service were supported by staff who recognised their right to be treated with fairness and to have their diverse heritage, lifestyle and beliefs acknowledged and respected. All factors about people had been considered when planning and delivering care, including age, disability, cultural, recognition of trans gender and religious beliefs.
- Staff had undertaken equality and diversity training. This training, we were told by the registered manager, was to ensure staff understood the importance of treating people fairly, regardless of differences and to acknowledge people as individuals. The provider, London Borough of Camden, had a very clear and public zero tolerance policy to any or all forms of discrimination.

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

- There were systems and processes to support people to make decisions. People were encouraged to be involved as much as they could be in sharing their views and making decisions about their care.
- Staff supported people to express their views using their preferred method of communication. Preferred communication methods were acknowledged and recorded in people's care and support records. We were told by the registered manager the no-one required specialist communication methods, for example British Sign Language, at present but provision of support to enable this could be made available when required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People's care plans described how staff should support people in a way that respected their privacy and dignity and encouraged people to maintain their independence.
- Staff supported people to manage as many aspects of their care as they could. Most of the people the service supported maintained a high degree of independence, at times with support.
- Privacy was upheld in the way people's information was handled and who this information could be shared with. Consent to share information with external professionals was obtained.
- The provider recognised people's rights to privacy and confidentiality. Confidentiality policies complied with the General Data Protection Regulation (GDPR) law. People's care records were stored securely both in writing and on a secure computer system. People could be assured that the provider was taking the necessary measures to comply with keeping information secure and confidential as they are required to by law.

Is the service responsive?

Our findings

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

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

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

- People received person centred care. People's care records contained meaningful information that identified their abilities and support needs. This ensured staff were knowledgeable about people's individual needs and preferences.
- There were arrangements to make sure staff were informed about any changes in people's needs. We attended a daily afternoon handover where staff discussed the support that had been provided to people earlier in the day and plan for people's ongoing 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.

- The registered manager understood of the importance of making information accessible to people. People's communication needs were described in their care plans so that staff knew how to best communicate with them.
- Information was presented in writing, and in conversations with people, also using other written languages if this was the best format in which to share information with particular people.

Improving care quality in response to complaints or concerns

- The complaints policy and information provided to people gave a clear description of how complaints, concerns or other feedback would be responded to. This explained that the service and the provider took complaints seriously and were committed to responding and resolving any concerns raised.
- This is a newly operating service and at the time of the inspection the provider had received one complaint about a minor disagreement between two people using the service, which had been addressed appropriately.

End of life care and support

- None of the people receiving care was on an end of life care pathway. The registered manager explained that end of life support would be provided by the staff team in liaison with other health and social care colleagues should this be requested by anyone using the service.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- There were systems to ensure people had choice and control over their care. The registered manager had regular contact with people to check on the quality of care provided and to ask people about their needs and views about the staff supporting them.
- The registered manager demonstrated through our conversations with them and written information we obtained that an open and inclusive approach to the running of the service was promoted.

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 leadership of the service complied with the duty of candour.
- The registered manager had submitted notifications of notifiable events to CQC as required, very few had taken place. They were able to assure us that they knew the events that they were legally required to notify CQC about.

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

- The service had a clear management structure consisting of the registered manager, two support co-ordinators and the staff team (Staff providing direct support to people were called "Wellbeing workers"). The registered manager was knowledgeable about regulatory requirements and issues relating to the quality of the service.
- There was a process for ongoing oversight and governance and these processes were suitable in maintaining oversight. A quarterly oversight and monitoring process was in use, designed to look at the whole spectrum of responsibilities the provider had in managing the service.

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

- The service sought feedback from people and those important to them and used the feedback to inform service quality and development.
- Due to the service still being relatively new in terms of numbers of people being provided with personal care, written surveys had not yet been carried out. The registered manager told us this was being considered at the moment although people told us they did feel able to tell staff if they had anything to raise or feedback to give.

- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, the ethos of the service was clearly stated. There was an expectation that everyone had the right to be recognised and treated with respect and also the expectation that they had a responsibility to do the same for others. This was clearly communicated and promoted.

Working in partnership with others

- There was evidence the service maintained a good working relationship with people using the service and, when applicable in terms of providing direct support to people, with families. The provider demonstrated that they knew when to seek professional health and social care input and how to obtain it.
- The service worked in partnership with a local authority that both owned and commissioned the service provision.