Notting Hill Genesis

Elgin Close

Inspection report

1-3 Elgin Close
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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
Elgin Close is an extra care service. People using the service lived in one of 36 self-contained flats in a single building. The service adjoins Elgin Close resource centre, which provides activities and a catering service. At the time of our inspection the service was providing care to 35 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service
People told us they enjoyed living at the service and were treated with kindness and respect. Staff interacted positively with people and made time to chat with people. Staff understood people's cultural and religious needs and met these. People had access to a varied and inclusive activity programme. There were strong links with the local community and people were protected from social isolation.

The service identified and met people's care needs, which were reviewed regularly. Staff provided care in line with people's wishes and preferences and responded well to changes to people's needs.

Complaints were addressed effectively and openly. There was a skilled, and sensitive approach to planning how to support people at the end of their lives.

The service used safeguarding processes to act promptly when people may be at risk of abuse, and staff understood their responsibilities well. Staff were safely recruited and deployed effectively to meet people's needs. Risks to people's wellbeing were addressed effectively and medicines were managed safely.

People had the right support to eat and drink. There were strong links to local health teams to help people stay well and provide effective access to health services. Staff received detailed inductions and received enough regular training to carry out their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Managers promoted an open and approachable culture and worked to include staff and people who used the service. The service checked people received a good quality of care and worked to ensure that standards continued to rise. There were strong links with other local service to provide good outcomes for people and plan their future care needs.

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

Rating at last inspection:
The last rating for this service was Good (published 22 February 2018). Since this rating was awarded, the registered provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection

Why we inspected
This was a planned inspection based on the date the service had registered.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Elgin Close

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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We spoke with officers from the local authority to get their views about the service. We reviewed information we held about the service, including serious incidents that the provider is required to notify us about.

We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and two visiting relatives. We spoke with the registered manager, a care co-ordinator, a supported housing officer, a team leader and four domiciliary care officers. We spoke with the Regional Business Manager, Compliance Manager and the Assistant Director. We made observations of lunch, an activity session and a staff handover. We looked at records of care and support for four people who used the service and records of recruitment and supervision for five members of staff. We looked at records relating to the management of the service, including health and safety checks, training, audits and staff rotas.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. Comments included, "I am safe…it's just being here and knowing people are around" and "My [family member] is absolutely safe. There are always people about to keep an eye on them."
- Procedures kept people safe from abuse. Care workers were aware of the different types of abuse and understood their responsibilities to report this. On several occasions staff had identified possible abuse by third parties and had acted promptly to report their concerns and safeguard the people affected. A care worker told us, "The manager is very approachable when you're reporting concerns."
- People were protected from financial abuse and loss. Where the service handled money on behalf of people there were records of transactions including receipts. This was reviewed regularly by a senior member of staff.

Assessing risk, safety monitoring and management

- Risks to people's wellbeing were assessed. There were risk management plans relating to people's mobility, moving and handling and pressure sores. Where people were at risk of going missing the provider used the Herbert Protocol. This provides key information to police to help them identify and find people who are at high risk should they go missing.
- Staff carried out checks to make sure people were safe. There were checks carried out of people's flats to address safety issues. Regular checks were performed on lifting equipment and the building.
- The provider managed risks from fire. Fire equipment was tested regularly and there were plans for how people could evacuate or follow a 'stay put' procedure depending on circumstances. The provider had commissioned a detailed safety assessment of the premises, including people's flats, and had timescales to address the identified issues.

Staffing and recruitment

- Staffing was planned to meet people's needs. Care workers had clear shift plans to visit people in line with their care plans and staff were rostered to these. Care workers told us that at times short notice sickness affected staffing levels, but managers did all they could to arrange cover and would always ensure people had their allocated time. Comments from people included, "There are enough staff and they are all very nice."
- People were able to call for help when needed. People had pendants and alarm systems in their flats and told us that staff came promptly when needed. We observed that alarms were monitored by managers and answered quickly, and there was a system in place for checking response times. A person told us, "When I pressed my panic button they came straight up."
- The provider followed safer recruitment processes. Before staff started work checks were carried out.

These included checks of people's previous work histories, identification, the right to work in the UK and a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment choices.

Using medicines safely

● Medicines were safely managed. The provider had assessed the risks to people from their medicines. There were processes in place to check the right medicines were delivered and checked in. Care workers had received training in managing people's medicines.

● There were systems in place to make sure people received their medicines. Care workers used recording charts to account for people's medicines, including documenting how they had dealt with unexpected events such as refusals or sleep disturbance. People told us they had never experienced any problems with receiving medicines.

● Managers checked that medicines were given safely. Different senior staff carried out weekly and fortnightly checks of people's medicines, and this was reviewed monthly. There were also regular spot checks of people's flats which included checking their medicines were safely stored and accounted for.

Preventing and controlling infection

● People were protected from infection risks. People told us that care workers always wore gloves and aprons as appropriate and there were hand cleaner dispensers throughout the building. Care workers received training in infection control.

● There were measures to ensure food was served safely. Care workers had training in food safety and the provider checked that food was stored safely, with regular checks carried out of food storage temperatures.

Learning lessons when things go wrong

● Incidents and accidents were recorded for future learning. When incidents had occurred staff recorded important details such as what had occurred and what could have caused the incident. These were stored as part of people's electronic care records and were easily accessible, with information of concern passed to other professionals promptly.

● Incidents were used to inform people's care plans. Where people had behaviour which could challenge, staff had updated care plans to reflect what they had learnt about the causes of the behaviour and ways in which this could be diffused. Staff we spoke with told us they understood why particular people could display behaviour which could challenge and were confident they knew how to manage this.

● There were processes to learn from incidents and accidents. Managers met quarterly to review patterns and changes in incidents. Managers assessed whether any further changes were required, and whether current controls had been effective in reducing the rate of incidents.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 assessed people's needs before they started to use the service. Staff assessed people's care needs in key areas and used this to develop people's care plans.
- Policies took account of law and best practice. For example, the safeguarding adults policy had been reviewed to take account of the pan-London safeguarding procedures and recent research and policies by the Department of Health.

Staff support: induction, training, skills and experience

- New staff received a detailed and appropriate induction. There was a clear checklist to follow with managers including key policies, understanding the layout of the building and meeting people's health needs. The provider had recently implemented a similar checklist for staff moving into management roles. A care worker told us, "We did shadowing and housekeeping. It was very practical and they've been very supportive."
- Care workers received the right training to carry out their roles. Managers had assessed what training staff required and had systems in place to ensure staff received this regularly. Where staff were due for refresher training this had been organised and dates were on display in the staff room. Staff told us they found the training helpful.
- Staff had regular supervision with their line managers. Supervision was used to assess the staff member's performance, address development issues and to discuss managers' expectations of care workers.

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

- People received the right support to eat and drink. The provider assessed people's support needs in this area and this formed part of people's care plans. Care workers had recorded how they had met people's nutritional needs. We observed staff assisting people promptly and politely when they required support to eat.
- Staff had systems to communicate people's dietary needs and wishes. When food was ordered from the catering service people were supported to choose what they wanted, and there was clear information on who required a specialised diet such as soft food or a diabetic friendly diet. When staff were concerned about people's nutritional needs they arranged for a referral to a dietician and their advice was implemented.
- The catering service provided food of a good standard when people chose to use this . People told us they enjoyed the food and there was an opportunity in tenants meetings to give feedback about the menus and the quality of the food.

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

● There were effective systems for working jointly with other agencies. The provider had set up formalised, regular meetings with key partners such as health services, local pharmacy and social services. These were used to address issues affecting the service and to discuss people's needs.

● The provider worked to make it easier for people to access healthcare services. There was an emergency hospital admission sheet which contained key information on people's health backgrounds and support needs. Where people were identified as requiring more support in hospital backgrounds, including people with learning disabilities, the provider had introduced hospital passports. This contained more detailed information on people's support needs and wishes to help hospital staff support people effectively.

● Staff sought medical advice promptly when people were unwell and helped people to manage their healthcare appointments. People were encouraged to attend appointments and had the option to have their GP visit them in communal areas with staff support. All support to access health services was recorded and staff had reviewed people's support plans based on medical advice. A person using the service told us, "If I am unwell they get the doctor" and a relative added, "They tell me if there is a problem and always call a doctor if necessary."

● People had plans to address their needs and risks relating to living with diabetes and to identify people at risk of a stroke. The provider had met with local health services to discuss the effectiveness of these plans and to seek specialist advice on how they could be improved.

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.

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 had consented to their care wherever possible. The provider had asked people to sign their care plans to state their agreement, and there were agreements in place where staff were holding keys or property on behalf of people. People we spoke with told us that staff always sought their consent before providing care or entering their flats.

● The provider met their responsibilities under the MCA. Where there was doubt about people's capacity to make decisions the provider had carried out capacity assessments for the specific decision. Where people did not have the capacity to make decisions the provider had sought the views of family and professionals to act in people's best interests.

● There was no evidence that people were subject to restrictions on their liberty.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they were well treated and supported. We observed very positive interactions between staff members and people who used the service. There was good natured laughter and staff addressed people by their chosen names. People told us staff chatted with them when they had time. Comments from people included, "They are very kind", "They chat to me in the morning and afternoon" and "Staff help me by being nice and friendly."
- People were supported in line with their religion and culture. People's needs relating to religion and culture were recorded during assessment and there was information on people's plans as to how to meet these. People had access to religious services of their choice within the building. We saw examples of people who received culturally appropriate food.

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

- People were supported to talk about their life stories and what was important to them. Personal profiles had detailed information on family relationships, where people were born and where they had worked.
- Plans contained detailed information on people's preferences for their care and how they wanted to be supported. Where people had requested checks on them at night this was being carried out.
- There was information on how best to communicate with people. This included identifying where people had sensory loss and how staff could ensure people were supported to speak up.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy was respected. Comments from people included, "They definitely respect my dignity" and "They treat me with dignity and respect." Everyone we spoke with told us care workers knocked on their doors before entering their flats.
- People's independence was respected. Plans were clear about what people could do for themselves and people told us that staff encouraged them to be independent wherever possible. We saw examples of staff members discreetly observing people doing tasks for themselves, being prepared to offer support where needed but without intruding.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care was planned to meet people's needs. Care plans were detailed in their scope and identified key areas and goals where people required support. There was information on how best to provide care and what people preferred and information on what was required on each visit was summarised on visit plans.
- Plans were reviewed regularly and as people's needs changed. Care workers told us this information was useful in getting to know people and how to help them.
- Care workers documented how they met people's needs. Records showed how care workers had visited at planned times and how support was offered in line with care plans. Where support was declined or otherwise could not be given, staff recorded how they handed this information over and tried again later.

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 provider was meeting the AIS. Where people required information provided in a different format this was available. We saw examples of pictorial support plans and agreements for people with learning disabilities.
- Key information about the service was clearly available and in alternative formats. This included the complaints policy which was available in a number of formats and there was an option to provide this in other languages. Information about policies and initiatives was displayed around the service in well designed posters which were free from jargon.

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

- People had access to a varied activity programme, both within the building and the adjoining resource centre. Activities were well integrated with the local community with involvement from local groups, a church choir and the nearby school. Religious festivals were celebrated and the provider had run a mini carnival to coincide with the nearby Notting Hill Carnival.
- Activities were well-run. We saw staff running activities ensured everyone who wished to attend was supported to do so. The staff running the activity were careful to include everyone in the group regardless of ability.
- People were protected from isolation and loneliness by a number of social events. This included a

monthly cocktail party and a music group called Standing Together. People also had the option of eating meals together in communal areas.

● People were supported to maintain family contacts. There was information on how people wished to stay in touch with their family members, and visiting friends and family were encouraged to stay in a guest room which was available at a very modest price.

Improving care quality in response to complaints or concerns

● There was clear information on how to complain. The complaints policy was freely available and outlined what response people could expect, including the option to resolve a complaint within 24 hours if it related to a simple matter.

● Complaints were responded to appropriately. When people had complained this was acknowledged by the provider. The registered manager investigated complaints, including checking records and taking witness statements where necessary. People were given the outcome of the complaint and where appropriate an apology, and the provider checked people were satisfied with the outcome. People who had complained told us it was sorted out well.

End of life care and support

● People were encouraged to express their views about their end of life care. Staff sensitively discussed people's wishes for the ends of their lives with them and recorded this information. This included where people would prefer to be when they died and what their wishes were for their funerals.

● The provider planned effectively to meet people's end of life care needs. Where people had life limited conditions staff had worked with healthcare professionals including palliative care nurses to ensure they were prepared for people dying. This included having an advance care plan, access to controlled medicines and reviewing this with the person regularly.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

● Managers were open and approachable. We saw examples of the management team responding helpfully to questions raised by people who used the service. Comments from people included, "I think they are very well managed" and "the manager is very approachable."

● Care workers told us they felt well supported by managers. Staff gave us examples of when they had approached managers with an issue and felt this was well responded to. Comments from care workers included, "[Registered manager] is a good mix of authority and kindness" and "I really like working here. The manager is very, very good. She has an open door and is always supportive. She is also very kind."

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 registered manager was clear about her duty of candour. This included apologising to people when they had complained about the service. Managers were open about when there were limits to what the service could deliver and worked with people to overcome these.

● The provider had identified areas which had not worked well in the service, and were working to overcome these. For example, recent audits had identified that night staff were not as included in the operation of the service, and we saw examples of when team meetings had been held in the middle of the night by managers to improve communication.

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

● There were systems in place to clarify staff roles. This included detailed plans for each shift with a list of responsibilities and duties. Managers used team meetings to explain staff responsibilities and where practice needed to develop to ensure the service was meeting regulatory requirements.

● There were good systems of communication in the service. Key issues relating to people's day to day care were recorded in communication books to share between staff members. Staff had a detailed handover three times daily where they discussed people's needs and wellbeing in detail. Staff members spoke of the importance of this handover and how they used this to ensure people's needs were met.

● The provider had met their responsibilities relating to their registration. This included the duty to inform CQC of important events which had occurred in the service and, where necessary, had updated us on investigations and concerns.

● The provider had detailed assessments of risks to the service and plans to mitigate these. There were

plans to address severe adverse events which could occur, such as staff shortages, damage to the building or potential disruption caused by leaving the European Union .

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

● Managers carried out regular spot checks on the service. This included checking people's flats, the quality of their care and getting people's views on their care.

● The provider held regular meetings for people who used the service and their families. These were well advertised and attended. Meetings were used to discuss changes to the service which impacted on people and to seek people's views on new planned initiatives and changes to the service.

● The service made sure important information was available to people. For example, details of activities and planned works were displayed in the lifts and communal areas.

Continuous learning and improving care

● Standards were maintained through a series of audit processes. This included regular spot checks, monitoring of people's medicines and documentation and checks of people's money. The provider carried out a detailed audit by an external compliance manager to assess their compliance with regulations and identify areas for development.

● The provider sought external advice on reviewing and improving practice. They had conducted an organisational review of safeguarding to assess whether organisational changes had affected safeguarding processes, and had commissioned an external consultant to review the effectiveness of their procedures.

● Care workers were encouraged to develop in their roles. This included identifying staff members who had the potential to move into management roles and supporting them to do so. Care workers gave us examples of when they had worked with senior members of staff on management tasks. A care worker told us, "It's good experience for me to understand their roles and they show trust in us as well."

Working in partnership with others

● The provider had strong, formalised working relationships with other services in the areas. This included holding regular liaison meetings with all their key stakeholders such as the local authority, pharmacy and local health services.

● Liaison meetings with stakeholders had a strong emphasis on people's needs. For example, meetings with the local authority discussed individual people's needs and highlighted areas where they may require changes to their packages of care. There was a regular meeting with a palliative care team which discussed people who may soon be requiring end of life care and how best to prepare for this.