

Chosen Care Group Limited

Hedgerow Court

Inspection report

27 Nelson Street
London
E6 2RL

Tel: 02036595052
Website: www.chosencaregroup.com

Date of inspection visit:
22 April 2022

Date of publication:
30 June 2022

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

Hedgerow Court provides care and support to older people living in specialist 'extra care' housing. 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. At the time of our inspection 23 people were using the service.

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

People felt safe at the service as there were procedures and systems in place that promoted their safety. Staff knew what to do if they thought somebody was at risk of abuse. People's care needs, and risks were assessed before they started using the service; and reviewed regularly. Care plans detailed how people's needs would be met and actions to minimise identified risks. People received their medicines safely. Incidents and accidents were reported, and the registered manager reviewed them and took actions to reduce a repeat of such incidents. Staff followed infection control procedures.

Staff received adequate training and regular support and supervision to do their jobs effectively. Staff were recruited safely and there were enough staff to meet people's needs. Staff were kind and caring; and respected people's dignity, privacy and independence. People were involved in their care. Staff supported people to access healthcare services they needed to maintain good health.

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 support this practice. People consented to their care before it was delivered. Staff and the provider understood their responsibilities to act within the Mental Capacity Act 2005.

People were supported to engage in activities and to socialise. People were supported to maintain their cultural and religious beliefs. Staff understood equality and diversity and promoted these. People communication needs were met. Information was provided to people in accessible formats.

There was a complaints procedure in place. People knew how to complain if they needed to. People told us the service was well run. Staff told us they had the leadership and direction they needed to do their jobs effectively.

The quality of the service was regularly assessed and monitored. The registered manager and staff demonstrated a commitment to their roles. The registered manager complied with the requirements of their registration.

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

Rating at last inspection

This service was registered with us on 20 March 2020 and this is the first inspection.

Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hedgerow Court on our website at www.cqc.org.uk.

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 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.

Hedgerow 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

The inspection team consisted of one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hedgerow Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built accommodation in a shared 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 service.

Registered Manager

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the location on 22 April 2022.

What we did before the inspection

We reviewed the information we held about the service including notifications we had received. 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 used all this information to plan our inspection.

During the inspection

We spoke with five people using service, two relatives, a social worker and a pharmacist involved in the service. We also spoke to the registered manager, chief operations officer and three care staff. We looked at four care files, ten people's medication administration records, three staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service and we received feedback from two members of the local commissioning team.

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 of 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

- There were systems and processes in place to safeguard people from the risk of abuse. People told us they felt safe. One person said, "Yes I feel safe here. I like the people here and I trust them,"
- Staff had received training in safeguarding adults from abuse and they understood what constituted abuse, signs to recognise abuse and actions to take. One staff member stated, "I will raise the concern to the manager, and they will take it from there. If the manager is not taking the concern up, I have responsibility to take it a step further to protect the person."
- The registered manager understood their responsibilities to safeguard people from abuse. They knew the procedures to follow including reporting to the local authority, investigating the concerns and notifying CQC.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm. One person said, "I can pull this emergency cord, and someone will be here to help me."
- Risks to people's health and well-being were assessed. These assessments included risks, such as skin integrity, nutrition, falls, and moving and handling. When a risk had been identified, action had been taken to minimise the risk. Risk assessments were detailed and provided staff guidance to promote people's safety.
- Where people required support to transfer and mobilise safely, there was guidance in place for staff to follow to do this. Appropriate equipment was also provided to enable safe transfers. Staff were trained on safe moving and handling techniques. We saw care plans helped staff recognise risk associated to people's health conditions and actions to respond appropriately.
- Staff knew actions to take to deal with medical and non-medical emergencies to reduce risk to people. Risk assessments were reviewed and updated regularly or when required to make sure they highlighted the risks people faced and actions to reduce them.

Staffing and recruitment

- There were enough suitably skilled staff available to meet people's needs safely. Staff were recruited safely, and appropriate checks were carried out to protect people from the risk of unsuitable staff working with them.
- The service was staffed day and night with suitably trained and experienced staff. Staff visited people to support them based on their assessed needs.
- There was a call system available which people used to call for help if they needed immediate support

from staff and they told us staff always responded promptly.

- Staff confirmed they had enough time to care for people. One staff member told us, "Staffing level is fine. The care time allocated to us to care for people is enough and enables us to support them with their needs. We don't have to rush because they put the people's needs first."
- Rotas were planned and ensured people received the support they needed from staff. Gaps in the rota were covered by staff who were willing to do extra hours or from the providers pool of bank staff.

Using medicines safely

- People were supported with their medicines in a safe way. Staff were trained and their competency assessed in the safe administration of medicines. Staff demonstrated they understood the provider's medicine management procedure including actions to take if a medicine error occurred.
- People's care plans contained information about the support they needed with taking and managing their medicines including ordering and administration.
- Medicines administration records (MAR) were completed clearly. Regular audits were conducted to identify errors and to ensure staff were following their procedures.

Preventing and controlling infection

- The service took steps to prevent infection and comply with COVID-19 guidance. We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were managed in way that enabled learning. Staff reported incidents and accidents and the registered manager reviewed them looking at the possible causes of the incidents and actions that could be taken to prevent them.
- Appropriate actions were taken to reduce the risks of similar incidents recurring. For example, equipment was put in place to reduce risk.

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

- People's needs were assessed and planned for in line with their standards, guidance and law. The registered manager or senior members of staff completed assessments of people's needs looking at their physical health conditions, mental health conditions, personal care, nutrition and mobility.
- Information received from the referring authority and relevant reports from professionals involved were also reviewed. People and their relatives where possible took part in the assessment process.
- Care records contained information sheets about people's health conditions such as on Alzheimer's disease, diabetes, and Parkinson's. This was shared with staff, so they understood people's conditions and symptoms.
- The registered manager told us that assessment of needs was an ongoing process initially as they observed people's abilities and learnt new information about them.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained, supported and supervised. One person commented, "The carers are very good."
- Staff received induction and training when they first started and continued to receive training to develop their knowledge and skills. One staff member commented, "I had induction when I started, and I completed the Care certificate workbook. Every year we are asked to repeat our training so we can brush up our knowledge and experience. I have done all the training I need for my role. If I need any training, I go to my manager."
- Staff told us, and training records confirmed they had received relevant training they needed to provide effective and safe care to people.
- Staff told us, and records showed they received support from the team leaders and registered manager these included regular supervisions and spot checks to assess their competence in care delivery. Staff performance was appraised annually.

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

- People were supported with their nutritional needs. People's nutritional needs were assessed and documented. People told us staff supported them to have their meals where required. One person said, "We can get our food supplies sent to our rooms after we've ordered them." Another person stated, "I love the food here from the canteen."
- There was an onsite catering service that provided hot meals daily if people wished to get their meals from them. This meant people always had a nutritious food available to them.
- Staff supported people with shopping for food and preparing their meals in their flats if they preferred

their meals provided this way. Staff knew the actions to take if they had concerns about people's eating and drinking. They told us they would let a member of the management team know and then involve people's relatives and GP.

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

- People's health care needs were met, and staff liaised effectively with other services to ensure care and support was well coordinated. One person told us, "If I fall the doctor will come to see me, like I did and now I have prescription for pain killers."
- The service used a document which contained important information about a person including name, next of kin, date of birth, ethnicity, religion, GP and medical conditions. Staff shared information appropriately with other services to enable people to receive the support and care they needed.
- The provider liaised with the housing provider effectively to maintain the building and comply with health and safety issues. The housing officer we spoke with told us that staff liaised with them regarding any maintenance or repairs needed in people's flats. They said, "I've be here for about seven years now and it's working well."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People gave their consent before care was delivered to them. Records showed that people and their relatives were involved in making decisions about their care. The registered manager understood their responsibilities under MCA. Staff had received training in MCA and understood the principles of the MCA.

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 were treated and supported with respect. One person told us, "The carers are good, yes, they're lovely people. They seem to know what I want them to do." Another person mentioned, "The carers are such kind people and very helpful. I love it here."
- We observed staff providing support to people in communal areas. They were attentive to people's needs. They called people by their preferred names. There were good interactions between people and staff. Staff spoke to people appropriately and in a caring manner.
- Records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race. Care plans covered what support people needed to promote these. One person had stated they preferred staff who were from their cultural background and spoke their language. This was provided as it enabled the person's needs to be met. One person commented, "I get three carers in each week to help me. They all speak my local language as I don't speak English."
- Staff had completed equality and diversity training and promoted this in their work. Staff were aware of the various diversity issues. They gave us examples of how they respected and promoted these.

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

- People were supported to express their views and in making decisions about their care. People told us they made decisions of what they did day-to-day and staff respected them. People decided what time they wanted their care visits.
- Care plans indicated where people needed supported to express themselves or make decisions and how they are supported with this. For example, one person's care plan stated, "Staff to speak slowly and give the person time to respond." Staff told us they always allowed people to make choices about their care and decide what they want. One member of staff said, "Always involve them in the process in whatever you are doing. Explain to them everything you are doing and give them choices."

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence was respected. Care plans indicated what people could and could not do for themselves. Care visits were tailored to support people in areas they needed support. Where people were able to do aspects of their activities of daily living, staff encouraged them to do so.
- Staff worked with people to increase their independence and to continue to live in their own flats as long as possible.
- Staff gave us examples of how they promoted people's dignity, privacy and independence. One staff

member commented, "Give people space when they are doing personal care except when they need you in there." Encourage them to do things themselves. Praise them to motivate them and speak to them like adults not like children."

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 the care and support they needed in line with their assessed needs and preferences. Each person had a care plan which detailed their needs and the support they required to meet these needs. People's backgrounds, likes and dislikes were also included in their care plans.
- People received care and support to maintain their physical health and mental health conditions, personal care, nutrition, mobility and social inclusion as agreed on their care plans.
- Staff worked in a proactive and responsive way to maintain people's health conditions. Staff checked people's vital signs such as blood pressure regularly and liaised with people's GPs on actions to take where they recognise readings which may indicate people's health might be at risk or deteriorating. This has helped people received immediate or early intervention that improved their well-being.
- Care plans were reviewed regularly to reflect people's needs. Staff told us they had updates when people's needs changed so they supported people in accordance to their needs. They also told us they informed the registered manager or senior staff about changes in people's conditions so a review could be carried out.

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 service met people's communication needs and followed the requirements of the Accessible Information Standard.
- People's care plans included their communication needs and how best to achieve effective communication. Where people used hearing aids, care plans reminded staff to support people to use them. People were matched to staff who spoke based on language needs to enable effective communication.
- Information such as care plans, service user guides, and the complaints procedures were produced in other languages based on the needs of people using the service. For example, we saw these documents in Tamil language.

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

- People were supported to socialise and engage in activities they enjoyed. There was a well-being co-ordinator who organised activities such as coffee mornings, games, sing-a-longs, beauty therapy, exercises, musical entertainment and performances from local schools. Activities took place in groups or individually

depending on people's needs.

- There were communal sitting areas where people spent time if they wished. We saw staff engage people in small groups chatting with them. Some others watched TV and were chatting to each other.
- The service had undertaken an activity with people where photographs of objects people regarded as important to them were taken and displayed for people and visitors to see. People expressed that the activity helped them reflect on objects that were meaningful and important to them; and brought back happy memories.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they were not satisfied with the service. People received a copy of the complaint procedure when they started using the service.
- Records showed there had not been any complaints since the service was registered. This reflected what people told us. One person said, "I can't ask for more, I'm so happy here." A relative commented, "I get on very well with the manager like if there are any problems, they sort them out quickly. Yes, they are really responsive to their needs."
- The registered manager understood the provider's complaint procedure and told us they would follow their procedure to address any complaint.

End of life care and support

- People's advanced care decisions were discussed with them and their wishes detailed in their care plans where relevant. At the time of our inspection, no one was receiving end of life care. The registered manager told us they would work closely with the local palliative care team, and people's GPs to meet people's needs.
- End of life training was delivered to staff to meet people's specific needs when required.

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

- The service promoted positive outcomes for people and enabled them to improve their well-being. People told us the service was well run and met their needs. One person said, "I will give them 100% for everything. Yes, 100% for everything, absolutely no problems. They're great, no problems." Another person commented, "I am so happy here, I never want to leave here, I have everything I need right here."
- The service had adopted various programmes and technologies aimed at achieving exceptional positive outcomes for people that improved their quality of life and well-being. They worked and followed a care at home strategy that aimed to reduce the risk of hospital admissions. Staff had been trained to take clinical observations and they liaised with the person's GP or health advisor service for advice on actions to take where people's readings showed their health was at risk. This meant people received early intervention and care that reduced the risk of their health and well-being.
- The service had an Emergency lifting cushion available which can be used to help people lift themselves off the floor quickly following a fall. This aimed to help reduce the impact of falls on people's confidence and dignity as they got help from staff using the cushion to get people off the floor quickly after appropriate checks had been carried out. At the time of our inspection, this equipment had not been used at this service.
- The registered manager had completed a Trusted Assessor' Award. This award meant they can assess for minor adaptations and make recommendations for equipment to help people living with a disability to decrease risk and increase independence and quality of life. This ensured timely referrals to health professionals such as an occupational therapist were made, and equipment was ordered and supplied promptly to people.
- They were awarded for their contribution to promoting best practice within the care sector and for demonstrating excellence in their work.

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

- The registered manager understood their role and were experienced in running an effective care service. They complied with the requirements of their CQC registration including submitting notifications of significant events at the service. They were open and transparent when things went wrong and understood and acted in line with the duty of candour.
- The registered manager and staff were clear about their roles. Staff had the leadership and direction they

needed to be effective in their roles. They knew who to go to for support when needed.

- Records showed they were given a copy of their job description when they started, and they had been inducted and trained in their roles. One staff member said, "The registered manager is doing a fantastic job. She's at the other end of the phone to support you if you need it. She always listens to us and support us." Another staff member told us, "The registered manager is very good and approachable. Very supportive, we can contact her anytime out of hours, and she is willing to help."
- The service had a procedure for staff to follow to respond to emergency situations; and staff understood this procedure. The service operated an on-call duty management system which provided support to staff if needed.

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

- The service sought people's views about the service. Regular meetings took place with people to liaise, consult and share information with them. People also used this to feedback on their views about the service and share any concerns. We reviewed the minutes of the most recent meeting held with people and it showed various matters were discussed such health and safety, staffing and infection control. Actions were agreed.
- Staff were also involved in the running of the service. Regular staff meetings took place where various issues about people's care, team issues and how the service is planned and organised are discussed. Staff felt their contributions and suggestions were recognised. Team meetings were also used as opportunity to learn and share experiences.
- The provider supported people to engage by considering their language needs. People whose first language was not English had their care plans, complaint procedure and service user guide produced in the language they understood. Surveys were also sent to people in accessible formats and in the language, they understood so they could share their views appropriately. One person had an interpreter who translated for them during important meetings.

Continuous learning and improving care

- The quality of the service delivered to people was regularly assessed and monitored through checks and audits. The registered manager audited medicine administration records monthly to ensure these were correctly completed and to identify any errors. People's care records including daily logs, care plans and financial records were also checked to ensure they were accurate. Regular spot checks were conducted to check staff were performing to the standard expected.
- The provider conducted an annual survey to obtain feedback from people, their relatives and staff about the service they provided. The analysis of the survey conducted in March 2021 showed high satisfaction levels.

Working in partnership with others

- The provider worked in partnership with the local authority and other care organisations to improve and develop their services. One professional we spoke to told us, "The management are on the ball and we work together, really well. I know the place is good and I can see how well they work with people here." Another health professional involved in the service commented, "We have worked together for years, never had any problems here. All good."
- The registered manager had been part of various projects within the local authority and contributed actively through sharing learning and good practices that had enabled others to improve the service they provide. They had been part of a group reviewing medicine policy for the local authority. They contributed in developing the policy which would be used across the borough for domiciliary care services. The registered manager had also contributed in developing a 'patient passport' document for the local NHS Clinical

Commissioning group. The document will help pull together information about people and their needs to enable an effective and consistent service to be delivered across services.

- The provider worked with other organisations such as Skills for Care to develop training programmes for staff. The provider was also part of the care providers voice which strive to understand local needs, experiences and concerns of people who use health and social care services and to effectively to speak out on their behalf.