

Notting Hill Genesis

Conrad Court

Inspection report

1-78 Conrad Court
Cary Avenue
London
SE16 7EJ

Tel: 02038152106
Website: www.nhggroup.org.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Conrad Court is an extra care service which provides accommodation and personal care for people living in self-contained flats in one purpose built modern building. At the time of the inspection the service was supporting 34 people with variety of care and support needs.

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 and what we found

People were protected from risk of abuse or harm. Medicines were managed safely. Not all risk assessments contained sufficient information about risks and guidance for staff. We discussed this with the registered manager and they have made the necessary improvements to the risk management plans.

People's needs were assessed, and care plans put in place to meet these. The service worked with a range of healthcare professionals to ensure people's health needs were met. People were supported by skilled and knowledgeable staff. Safe recruitment practices were followed.

People were positive about the kind and compassionate attitude of the staff team. Staff promoted people's dignity and independence. People were consulted about every aspect of their care and support.

People knew how to complain if they were unhappy about their care and support. Staff had a good understanding of people's needs and preferences, but care plans did not always contain sufficient detail about people's preferences.

People who used the service were positive about the staff and the management and felt the service supported them to live as they wanted. There were a range of systems and opportunities in place to get feedback and suggestions for improvement. The service worked with a broad range of professionals to help achieve positive outcomes for people.

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.

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 12 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Conrad 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, the nominated individual, the regional business manager, a housing officer, a care coordinator, two domiciliary care officers, and the chef.

We reviewed a range of records including put in space 10 people's care records and five medication records. We looked at five files in relation to staff recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found. We looked at training data and quality assurance records. We asked for feedback from four health and social care professionals but did not receive any response.

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.

Assessing risk, safety monitoring and management

- People told us they felt safe. Staff were knowledgeable about the risks to people and explained how these were managed to mitigate the potential of harm.
- Care plans contained details of individual risks to people receiving care, but we found these did not always have sufficient information. For example, some people had behaviours that challenged but the guidelines were not sufficient to instruct staff of steps to take if behaviours escalated. There was evidence that the service had taken action to support the reduction in behaviours. Referrals had been made to the appropriate mental health professionals and best interests meetings had been convened to agree support strategies. The service has now reviewed the risk assessments, so they contain sufficient guidelines for staff to follow if there is an escalation in behaviours that challenge.
- The service has also arranged additional training for staff in working with people that have behaviours that challenge.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were in place. Staff received safeguarding training and demonstrated a good understanding of this when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC. We saw evidence that the service conducted investigations when there were concerns that people had been put at risk of abuse and measures were put in place to reduce the risk of harm.
- People were protected from financial abuse and there were systems in place to manage and account for people's money if they were not able to manage this themselves.

Staffing and recruitment

- The staffing levels were appropriate to ensure people's needs were safely met. People told us there was enough staff to visit them and attend to their needs. One person told us, "They come every day and ask me is there anything I want done and they do it."
- The service followed safe recruitment processes. There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed well, and people's comments confirmed this. We received comments such as, "I have my tablets given to me every day" and ""When they come to give me my medications they put it in a tray and watch me take it with water and once done they leave. They also put cream on my legs in the morning and the evenings."
- Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.
- People's medicines were checked regularly by the care coordinator and any issues were investigated. The registered manager discussed medicine errors with the team to enable group learning and addressed performance issues in relation to the safe administration of medicines with individual staff where necessary.

Preventing and controlling infection

- The service ensured infection control was well managed and the environment was kept clean and tidy to promote people's safety and wellbeing. The communal areas were maintained by a domestic cleaner and were clean and hygienic throughout.
- People told us they were happy with the support they received to keep their flat clean. We received comment such as, "They come and do a good clean and change my bed" and "After I have eaten they come back in and do the dishes and tidy up."
- Staff told us they had access to personal protective equipment to prevent the spread of infection, such as gloves and aprons.

Learning lessons when things go wrong

- Staff understood their responsibility to report all accidents and incidents and the registered manager ensured all necessary steps were taken to maintain safety after incidents occurred. Steps taken included emergency medical attention, changes to people's care and support plans and referrals to social workers so people's needs could be reassessed.
- The registered manager collated and analysed all accidents and incidents on a quarterly basis to identify trends or patterns. A recent analysis showed a high number of falls and the manager had ensured that additional measures were put in place to reduce the risk of harm. These included referrals to the falls clinic, additional monitoring by the care workers and the installation of falls sensors for people at higher 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.

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

- Initial assessments of people's needs were completed by the local authority and the provider and care plans were put in place to meet these. There was information in place about people's background histories and physical and mental health conditions.
- People were actively involved in their assessment and the reviewing of their care plan and told us it met their needs.
- The service used technology to enhance people's independence. For example, some people who were at risk of falls or sudden changes in their health were given pendant alarms, so they could call for help from staff in the event of an emergency.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support. One person receiving care told us, "When a new staff starts that person is always a shadow, so they are shown what to do by someone that knows."
- The service offered a range of ongoing training to ensure staff continued to develop skills and knowledge and meet the needs of people using the service. The service had systems in place to ensure training was refreshed regularly so staff would be kept up to date with best practice and guidelines.
- Staff told us they felt supported by their manager and had regular supervision and an annual appraisal and records we saw confirmed this.

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

- People's ability to prepare food was assessed and they could choose to eat in the restaurant or be supported to prepare food in their own flat.
- People told us they were happy that the service supported them to have the food they wanted. One person told us, "The food is part of my care package. I do my breakfast myself but come here for my dinner and afters. Later on, they give me something to take back for the evening. I love the food guv, it is so beautiful."
- Care plans contained information regarding specific dietary needs such as allergies or health conditions. This information was shared with the chef to ensure people received food that was safe for them to eat. The chef regularly consulted with people to ensure they were happy with the menus and people gave suggestions of things they would like on the menu.

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

healthier lives, access healthcare services and support

- The service worked with a range of health and social care professionals to ensure people's needs were being met. This included GPs, district nurses, and occupational therapists. Staff also worked with guidelines from physiotherapists to support people to do rehabilitation exercises.
- People told us the service helped them stay healthy and ensured they got medical attention when they needed it. The provider had successfully advocated for a GP to provide regular visits to the service so that people who had difficulty getting to the local practice would be able to see a GP in their own home.
- People received support to attend hospital appointments if they wanted. We saw one person was supported by staff to attend meetings with the community mental health team as part of their ongoing mental health support.
- The service had developed an emergency hospital admission form which gave an overview of people's health and social care needs to be shared with hospital staff in the event that people needed to go to hospital.

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

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

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service had carried out mental capacity assessments when there were indications that people lacked the capacity to make some decisions about their care and support.
- The service had made all the necessary referrals to the local authority to make the applications to the Court of Protection when people lacked capacity to consent to their care and treatment. At the time of our inspection there were no restrictions on people's liberty.
- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff demonstrated an understanding of the principles of the MCA and told us how they supported people to make day to day decisions. We saw examples of best interests' meetings that had been convened when people did not have the capacity to make some decisions for themselves.

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 that the staff were caring and interested in people on a personal level. One person told us, "Last Saturday was my birthday and they made me a big birthday cake. I thought that was amazing." Another person said, "I have been here 3 years plus I think. I just love them here, the carers. They are just like my friends."
- The staff team discussed respectful approaches and equality and diversity during staff meetings to enable staff to share positive examples, discuss possible obstacles and encourage improvement within the team.
- People told us they felt respected. One person told us, "Oh yeah they always talk to me, very decent people and always showing me respect."

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

- People were actively involved in making decisions about their day-to-day care and staff routinely asked for the consent. We received comments such as, "Yes I am always consulted about everything" and "They never do anything without verifying with me first. They are very good."
- People had signed their care plans and risk assessments to show they understood and agreed with them. Where people lacked the capacity there was evidence that their next of kin had been consulted.
- The service informed people of local advocacy services that were available if they needed support to express their views or make decisions. One person had recently been supported by an advocate to understand and manage risks to themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted, and they were treated with dignity. One person told us, "When I first came here I had to get used to being supported in that way. They help me in a totally sensitive and caring way."
- People told us that staff helped them maintain their independence. One person told us "I do my own personal care, but they do prompt me to shower and put deodorant on and I appreciate that." Another person told us, "I can be independent. I like to go out when I want, and I can have peace and quiet when I want too."

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

- Staff knew people well and knew how they liked to be supported. Care plans contained information about people's history, likes and dislikes so that staff would have a full and broad understanding of people.
- People we spoke with were positive about how well staff knew them and honoured their personal preferences. We received comments such as, "The staff support me in anything I want to do" and "I think they know me. They are good staff."
- Although staff had a good understanding of people not all care plans had sufficient details about people's preferences and abilities. We discussed this with the provider and they have put a plan in place to improve the quality of information to ensure staff have the relevant information to support people's needs and preferences. At the time of our inspection the level of detail in plans was not having an adverse effect on the care people received as the staff knew people well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had one-page profile's in place which detailed their communication needs so staff would understand what support people needed to communicate. These contained information on people's sensory needs, any issues with expressing themselves and strategies to aid day-to-day communication.
- Staff told us how they adapted their communication to suit the needs of different people.

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

- The service provided arranged a range of regular and ad-hoc activities in the communal areas to keep people occupied and mitigate the risk of social isolation. Regular activities included arts and crafts groups, bingo and exercise classes. Ad hoc events included, visits from the London Museum, theatre and dance groups and afternoon tea.
- People were mainly positive about the opportunities they had to interact with their neighbours. One person told us "We are here on a Monday for bingo. This is the one I go to. They do have a very good art programme here but I am not into that, but you can see their results here around on the walls of the room." Another person told us, "There are 73 people here and they are my friends and I love them."
- Not all people took part in the communal activities on offer but we saw evidence that the provider routinely engaged with people to try to introduce activities that would appeal to more people.

Improving care quality in response to complaints or concerns

- The service responded to complaints and acted to address issues when they arose, and records confirmed this.
- People were aware of what they needed to do if they were unhappy about any part of their care and support and they felt confident that their concerns would be addressed. One person told us, "Oh initially it would be the manager or the office. If I have any concerns I am totally happy who I need to go to and to get them sorted." Another person said, "If I had a complaint, which I don't, I would go downstairs and talk to the manager."

End of life care and support

- At the time of the inspection the service was not providing end of life care and support. The service had an end of life policy and staff had training in attending to end of life care needs.
- The service supported people to devise end of life plans which contained information about their funeral wishes including religious and cultural needs they wanted to be addressed. Not all people had chosen to make plans but there was evidence that they had been given the opportunity and had declined.

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

- The service worked to achieve positive outcomes for people. People were positive about the service and the care they received. We received comments such as, "Oh I love living here. To be honest if I was offered somewhere else I wouldn't move. I love it here, they are such nice people" and "It's very good. I have been here for five years. My friends say it is like a hotel."
- Staff were positive about the culture of the team and told us how they were supported by more senior staff to carry out their role. One staff member told us, "The office staff are great, if anything happens that I'm not sure about they always give help or guidance. If I have any problems I just ask." Another staff said, "The way we all work together it's a very supportive environment."

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 understood their responsibility to be open and honest and give people all the relevant information they required when things go wrong. They ensured they sent the appropriate notifications to CQC after significant events occurred

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

- Staff understood their roles and there were regular shift handovers which covered areas including medicines, finances, recent health updates and any other significant information such as appointments and activities.
- Monitoring and quality assurance audits were in place to identify shortfalls and ensure action was taken to resolve these. These included spot checks and night-time inspections conducted by senior managers with action plans put in place to address any issues found.
- The registered manager convened regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed of relevant information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service asked for feedback from people by sending out satisfaction surveys four times a year. The service analysed the results of the survey and made an action plan to ensure improvements were made.
- The service convened regular resident meetings and focus groups to share information and give people the opportunity to suggest changes to the service.

- The registered manager arranged 'lessons learnt' sessions for the whole team to ensure everyone was able to learn from past incidents. Examples of these included medicines learning after errors with people's medicines.
- The service also had a schedule of awareness weeks to share information with staff and customers about a range of topics that might impact people's lives. Topics included dementia and end of life care.

Working in partnership with others

- The service worked with a range of multi-disciplinary professionals, social workers and local authority commissioners to achieve good outcomes for people. We saw examples of joint working with district nurses to help people manage health conditions, so they could continue to live in an extra care setting.
- The service also worked with local community groups and charities. For example, they had an ongoing partnership with a local dementia charity that shared the communal facilities of the service and organised art classes and reminiscence groups. This enabled people who used the service and staff to engage with and understand people living with dementia.