

Notting Hill Genesis

Cheviot Gardens

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cheviot Gardens is an Extra care housing scheme providing personal care to people. The service provides support to older people living in rental and shared ownership homes. At the time of our inspection there were 31 people using the service.

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 not always protected against the risk of avoidable harm as risk management plans did not give staff clear guidance how to mitigate risks. People's medicines were not always recorded in line with good practice. As and when required medicines protocols were not always in place. Staff personnel files did not always contain staff's full employment history.

People did not always receive a service that was well-led. Systems and processes in place failed to identify all the issues found during this inspection. Records were not always easily accessible or in place at the time of the inspection.

People continued to be protected against the risk of abuse as staff knew how to identify, respond to and escalate suspected abuse. People continued to receive support from sufficient numbers of staff deployed.

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.

People and staff were complimentary about the registered manager and their management style. The registered manager worked in partnership with other healthcare professionals and services to drive improvements. People confirmed their views were frequently sought and action would be taken on any issues identified.

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 19 November 2019).

Why we inspected

We received concerns in relation to staffing levels, fire safety and management. As a result, we undertook a

focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, risk assessments and good governance at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cheviot Gardens

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 was carried out by two inspectors.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or 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.

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, however the registered manager was not present during the inspection.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 August 2022 and ended on 15 August 2022. We visited the location's office on 9 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 four people using the service and 10 staff members including, care workers, care coordinators, the regional business manager and the compliance manager. We reviewed a range of records including six care files, six staff recruitment files, policies and procedures and medicines records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely and Assessing risk, safety monitoring and management

- People's medicines were not always managed safely and in line with good practice.
- Medicines administration was not always sufficiently recorded. People did not have medicines risk assessment or lists in place. There was a risk that staff and people could not be sure of the reason for medicines administration or any potential contra-indications or side effects.
- Where people were prescribed 'as required' (PRN) medicines there were no protocols in place. Staff did not have clear circumstances under which people would need to be prescribed these medicines.
- We identified gaps in medicines administration records (MAR) and recording of PRN administration that did not follow best practice. Omissions in MAR had not been identified through the provider audits.
- People were at risk of avoidable harm as the provider failed to ensure identified risks were clearly documented and guidance for staff to mitigate risks was not always in place.
- Care records identified areas of risk such as potential self-neglect, substance use, falls and pressures sores. However, the provider had not implemented specific risk management plans so that staff had clear guidance to how to mitigate the occurrence of these particular risk areas.
- Risk assessments focused on potential risks in relation to health and safety within people's homes and their moving and handling needs.
- People had Personal Emergency Evacuation Plans (PEEPs) in place, however these failed to give staff clear guidance of the level of support people required in the event of an emergency.

The provider failed to deliver a safe service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- After the inspection the service submitted an action plan and updated medicines list that addressed our concerns during the inspection.
- Notwithstanding the above, people told us staff supported them to receive their medicines and that they had no concerns in this area.
- Staff confirmed they would raise any concerns in relation to people's medicines with the registered manager immediately.
- People who smoked in their private flats had a risk assessment in place which had been shared the London Fire Brigade. Measures to mitigate the likelihood of fire occurrence had been implemented, for example, fire retardant bedding and regular emptying of ashtrays and bins was recorded in their risk

assessments.

- We raised the above with the regional business manager who told us they were aware of some of the short comings in relation to the risk assessments and had devised an action plan to address our concerns.
- After the inspection the regional business manager sent us a copy of their updated PEEPS which detailed people's support needs to evacuate the building in an emergency; and had requested further guidance from the London Fire Brigade. We were also sent a copy of the action plan.

Staffing and recruitment

- People continued to receive support from sufficient numbers of suitable staff to keep them safe.
- People told us staff arrived on time and stayed for the required duration of their visit. Comments included, "[Staff] come on time", "[Staff] stay until they're done with me" and "I use the buzzer sometimes, a matter of seconds they come up and see what it's about."
- Staff confirmed there were enough staff on each shift and where there were shortages cover from bank staff was used.
- During the inspection we saw staffing levels meant people's needs were responded to in a timely manner.
- Prior to commencing the role, staff members underwent pre-employment checks to ensure their suitability. We reviewed staff personnel files and although they contained satisfactory references, photographic identification and a current Disclosure and Barring Services (DBS) check, not all staff had their application or a full employment history on file. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We shared our concerns with the regional business manager who after the inspection was able to provide this to us without delay.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse as staff had a clear understanding of how to identify, respond to and escalate suspected abuse.
- People told us they felt safe living at the service and that staff looked out for them at all times.
- Staff told us they would report any poor practice to senior management immediately and were confident in whistleblowing should management fail to act.
- At the time of the inspection there was one safeguarding concern being investigated by the local funding authority safeguarding team.

Preventing and controlling infection

- The registered manager had arrangements in place for preventing and controlling infection.
- Staff confirmed they had access to personal protective equipment (PPE). For example, masks, gloves, aprons and hand sanitiser. Staff told us they could access additional PPE as and when needed.
- Staff frequently undertook lateral flow tests to ensure they hadn't contracted COVID-19 and as per government guidance to help prevent the spread of infection.

Learning lessons when things go wrong

- The area business manager told us the service was keen to learn lessons when things went wrong to improve the service and people's experiences.
- Prior to our inspection, the area business manager was aware of issues identified and had devised an action plan to address these issues. Records showed staff 'lessons learned' meetings were held to discuss issues and provide additional staff training where 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People did not receive a service that was always well-led.
- The registered manager did not have adequate oversight of the service to ensure issues identified prior to and during the inspection had been acted on in a timely manner.
- People's medicines administration records were not completed in line with good practice, this meant they were at risk of potential overdose. Identified risks were not always mitigated and risk documentation failed to give staff clear guidance. This meant people were at risk of avoidable harm.
- Audits undertaken had not identified all the concerns found during this inspection.

The provider failed to deliver a service that was well-led. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff undertook frequent spot checks of people and their flats, which included for example, people's wellbeing, medicines, environment cleanliness and fire safety.
- After the inspection the area business manager submitted an action plan to address the concerns identified during this inspection.

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

- People and staff were complimentary about the service. Comments received included, "She's [registered manager] very down to earth and you can talk to her and she will sit down and listen" and "We can approach her [registered manager], very open, will find a solution."
- The service ethos was imbedded amongst staff and focused on empowering people to live lives that they chose whilst having their needs met.
- The atmosphere within the service was relaxed and people were observed accessing communal areas talking with staff and others.

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 provider ensured staff within the service were open and honest and apologised when things went wrong.
- The registered manager was aware of what notifiable incidents had to be submitted.

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

- People's views were sought and welcomed by management at Cheviot Gardens.
- People confirmed they attended house meetings and shared their views which management welcomed and where appropriate action was taken to implement changes.
- The provider sent out surveys to further receive feedback on the service. We reviewed the 2022 survey results and found 21 people completed the survey with an overall score of eight and a half out of 10. The survey looked at all aspects of care provided and the provider devised an action plan to address areas of concern identified.
- Staff told us that management consulted them on their views to help drive improvements across the service.

Working in partnership with others; and Continuous learning and improving care

- People benefitted from a service that worked in partnership with other health services and professionals.
- Records showed where guidance was provided, this was implemented into the service delivery.
- Notwithstanding the issues identified during the inspection the area business manager was keen to ensure actions were taken to address our concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure risk people's medicines were managed safely; and identified risks were mitigated with clear guidance for staff. These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure there was effective oversight and monitoring of the service. These issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p> <p>Regulation 17(1)(2)(a)(b)(c)(f)</p>