

Notting Hill Housing Trust

Turnberry Court

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 14 and 15 December 2016. We gave the provider 48 hours' notice of the visit on 14 December and arranged to return on 15 December to complete the inspection. We gave the provider notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The last inspection was in January 2014 when we found the service was meeting all of the standards we inspected.

Turnberry Court is an extra-care sheltered housing service that provides care and support for people living in their own flats. The service provides 38 one-bedroom and two two-bedroom flats. There is a team of care workers based on site to provide people with the care and support they need.

The service had a registered manager who had been in post since the service opened. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and their relatives spoke extremely positively about the quality of care and support provided at Turnberry Court. People repeatedly told us there were enough staff to meet their support needs and staff went the extra mile to help people. People frequently referred to care staff as 'kind' and 'caring.' People who used the service, their relatives and a social care professional consistently commended staff knowledge and competence. Relatives repeatedly told us they were confident that people who used the service were safe and supported by competent staff. Relatives also praised the ways in which people's quality of life had improved since their family members moved into the service.

People were protected from the risk of abuse. People told us they felt safe and secure. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns. Suitable recruitment procedures meant the provider carried out checks on all staff before they started work in the service.

People's support plans strongly emphasised the importance of promoting independence and empowering people. Staff promoted a person centred approach to risk. This enabled people to take calculated risks which enhanced their well-being.

Suitable arrangements were in place for managing and administering medicines. Regular medicines audits were carried out to ensure medicines were administered appropriately to promote safe and effective care.

The service worked in partnership with other care professionals to meet people's needs. A social care professional praised the standard of care provided and described the service as professional and reliable.

Staff supported people to attend a wide range activities. The approach to providing activities was individual and person-centred. Staff spent time with people talking about their hobbies and interests and used this information to plan a programme of activities. People were enthusiastic about the activities and the opportunities made available to them and repeatedly said there was plenty to do. There were active links with the local community and people were encouraged to be citizens in their own community. The provider and staff in the service had worked creatively with an independent organisation to provide stimulating and imaginative activities that people told us they enjoyed.

The environment had been designed and arranged to provide positive living, learning and social experiences. The service provided excellent standards of private and communal accommodation. There were extensive facilities on site to support people's care and leisure needs and where they were able to practice and develop the skills they needed to live as independently as possible.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There was an exceptionally inclusive atmosphere in the service. People told us that staff knew them well and they felt involved in how the service was run. We observed excellent examples of good caring interactions between people and staff during our inspection. Staff treated people with the upmost dignity and there was a respect between people and staff that created a warm and caring environment. People's privacy was protected by sensitive and compassionate staff.

There was a welcoming, homely atmosphere within the service where visitors were encouraged. The staff promoted and nurtured links with family members. There was also an open and transparent culture within the service. Feedback was continuously gained from all parties as a means to develop and improve the service. People who used the service and their relatives told us they were consulted on a regular basis.

The provider trained staff to enable them to carry out their roles effectively. Staff training was monitored and provided when training needs were identified. Staff praised the training on offer and said they were encouraged to develop their own interests within the workplace. Staff were eager to learn and improve their knowledge in order to provide more effective care. Staff had clear knowledge of roles and responsibilities and knew how to seek advice and guidance if they required support and guidance.

Staff were consistently positive about the way the service was managed and the support received from the management team. Staff praised the positive presence of the registered manager and the management team at the service and repeatedly described them as supportive and professional. Staff described a positive working environment with high levels of job satisfaction. Staff spoke highly about the good teamwork which took place within the service and said this contributed to positive outcomes for people.

Staff described communication within the service as 'good.' They told us regular team meetings took place to discuss concerns and improvements. Staff said they were able to contribute to making suggestions to improve service delivery and they felt their opinions were listened to.

Leadership within the organisation was exceptionally strong. Managers had a clear vision of what was required of a quality service and this spread throughout the organisation. All staff were respectful of management and demonstrated a commitment to working towards the shared values of the organisation.

The service worked proactively with other organisations to ensure they were implementing and following

best practice guidelines. Information was actively shared throughout the provider organisation to assist improvements within other services.

The registered manager had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. Audits were carried out by different members of staff within the organisation, by staff who had specific knowledge and skills. This was overseen by a member of the senior management team and the registered manager.

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.

The provider had systems in place and staff knew how to keep people safe. They assessed and managed potential risks to people.

There were enough staff to meet people's care and support needs and the provider carried out checks on new staff to make sure they were suitable to work in the service.

People received the medicines they needed safely.

Is the service effective?

Good ●

The service was effective.

Staff had the training and support they needed to do their jobs. Staff also had access to regular supervision and an annual appraisal of their work.

The environment had been designed and arranged to provide positive living, learning and social experiences. There were extensive facilities on site to support people's care and leisure needs and where they were able to practice and develop the skills they needed to live as independently as possible.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

We saw staff treated people with dignity, respect and kindness. Staff were extremely knowledgeable about people's needs, likes, interests and preferences.

We saw that care staff consulted people at all times and there was a strong emphasis on taking people's views into account.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

People's care and support was based around their individual needs and aspirations. Staff understood people's needs and supported them to achieve their goals and to maintain and increase their independence.

There was a wide range of activities available to people. These were individualised and meaningful for people as well as creative and innovative.

Close links with the local community ensured people were not socially isolated.

The provider listened to people's concerns and complaints and responded in a timely manner. Feedback was valued and used to make improvements.

Is the service well-led?

Outstanding 

The service was exceptionally well led.

The leadership, management and governance of the organisation ensured the delivery of high-quality, person-centred care that supported people to meet their goals and aspirations.

The culture of the organisation was open, transparent and inclusive, which meant staff felt able to raise concerns. There was a range of methods for staff to be included in the development of the service and to express their views.

The provider sought the views of people using the service and acted on these. People were encouraged to shape the direction of the service.

Robust and frequent quality assurance processes ensured the safety, high quality and effectiveness of the service.

Turnberry Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 December 2016. We gave the provider 48 hours' notice of the visit on 14 December and arranged to return on 15 December to complete the inspection. We gave the provider notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

On 14 December, the inspection team comprised two inspectors. On 15 December, one inspector returned to the service to complete the inspection.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 14 people using the service, the registered manager, a care co-ordinator, the service's activities organiser, facilities officer and seven care staff. We also met with the provider's care and support compliance manager and assistant director. We reviewed the care records for four people using the service, including their support plans, risk assessments and medicines management records. We also reviewed two staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits the provider carried out to monitor quality in the service and make improvements.

Following the inspection we spoke with five relatives of people using the service and received comments from one social care professional.

Is the service safe?

Our findings

People using the service and their relatives told us people were safe living in the service. People's comments included, "The catering, domestic, everybody is very good. They are so into their job here. They don't abuse people even if they get it from some people living here," "This is a good, nice place," "[The registered manager] is like a father to me, I feel very safe with him," "We have a cord to pull if something happens. They come quickly when something happens. Sometimes, I don't even know how they know it, but they come straight away." This was very important to this person as in a previous service she fell and hurt her head. "I feel so safe here I don't even want to go out. I meet nice people here," "It is safe and not safe as some residents shout and make noise. I feel safe with the staff," "I feel safe most of the time. Sometimes people living here are abusive and you don't know what they would do" and "I feel safe here." We discussed these comments with the registered manager who told us one person received additional support from an external agency due to their challenging and abusive behaviour towards the staff. The registered manager and the local authority made this decision as they recognised that the person's abusive behaviour was affecting care staff and as a result had an impact on other customers.

People's relatives also told us they felt people were cared for safely, Their comments included, "I'm sure my [family member] is safe, we have no concerns at all," "My [family member] is very safe, that is why we wanted her to move there" and "No concerns about safety at all. The family visit regularly and at different times and we have never had any concerns."

The provider had systems in place to care for people safely. They reviewed and updated their safeguarding adults policy and procedures in September 2015 and staff told us they had access to the provider's whistle blowing procedure, if necessary. When we asked staff how they would respond if they felt a person using the service was being abused, their comments included, "If my manager would not act on my concern I could speak to the safeguarding team at Notting Hill Housing and I would put it in an email to have written evidence of my action" and "If anything happened we need to take it seriously i.e. fall, abuse, medicines error. I would report it to my manager or if they were not here, to the out of hours manager. I would inform the police, Care Quality Commission, other professionals and social services." Another member of staff told us, "It is about safety for my clients and myself. In the case of a safeguarding concern, I would report it to senior staff or to the manager or out of hours manager. It all depends on the concern. I could also inform doctors, nurses, other professionals, the next of kin or the Care Quality Commission." Training records showed that staff had completed training in supporting people safely and the provider updated this when required.

There were enough staff to care for and support people using the service and the provider made sure all staff were suitable to work in the service. People told us they did not have to wait for care and support. Their comments included, "There are always staff around and they are always popping in to see if I'm alright" and "You never have to wait for the staff, if you pull the cord they come straight away." Staff also told us they thought there were enough staff to care for people. Their comments included, "We handover every day, three times every day after each shift. There are enough people to cover each shift as we support each other" and "We work well as a team, we know what we have to do each day and we all work together to

make sure everything is done for the people living here."

Rotas showed there was a minimum of five care staff on during the morning and four care staff during the afternoon. At night, two waking care staff were available in the service to support people in an emergency. The registered manager told us they based staffing levels on people's assessed care and support needs and the number of hours' support each person was allocated each day. In addition, managers, activities, maintenance and cleaning staff were available during the day.

Staffing records showed the provider carried out checks on staff before they worked with people using the service to make sure they were suitable. Records included an application form, a record of the person's interview, a minimum of two references from previous employers, proof of the person's identity and their right to work in the United Kingdom and a Disclosure and Barring Service (DBS) criminal records check.

People using the service received the medicines they needed safely. They told us, "I take medicines by myself at 10 pm. They suggested that I took it at 6pm but I said 'no way', because my meds alter the way I am and I kept it going my way" and "I always get my medicines on time." Staff told us, "I had medicines training. We can encourage people to take their medicines, give it to them or administer. We record it on a MAR chart (Medication Administration Record). Always when I open new medication I need to put the date on as it may become out of date." The registered manager told us that most people kept their personal medicines in their flats, where they had a secure storage space. Staff had completed risk assessments for two people that showed they were not able to keep their medicines in their flats and these were stored securely in the service's main office. We checked the MAR sheets for these two people and found staff had completed them accurately, with no errors or omissions. One of the records included details of 'PRN' (as required) medicines and the reason the person took these on each occasion. The provider had arranged for an independent audit of medicines management in the service in November 2016. The auditor concluded, "Medication is managed safely in the setting with good systems in place." The registered manager confirmed that they had shared action points from the audit with staff and implemented the recommendations the auditors made in their report.

The provider assessed possible risks to people using the service and gave staff clear guidance on how to mitigate any risks they identified. One member of staff told us, "We do a risk assessment if people go on holiday or if there is any danger for them, everything e.g. moving and handling, when you go out with them. Risk assessments must be updated at least every three months."

People's care records included assessments of possible risks, including moving and handling, medicines management, falls and skin care assessments. The assessments included a risk management plan for care staff working with the person and the provider reviewed these and made changes when necessary. For example we saw care staff had referred one person to the nutritionist for advice when they identified the person had lost weight.

The provider carried out regular checks to make sure the service was safe. They completed an environmental risk assessment on each flat before a new tenant moved in to ensure all equipment, fixtures and fittings were safe. The service had an on-site facilities officer who was responsible for maintenance issues. They told us they met with tenants each month to discuss the facilities service. As a result of requests by tenants, the provider had replaced paper towels in communal bathrooms with hot air dryers and had provided lockable toilet roll holders. They also planned to install a voice system in the passenger lift to inform tenants which floor they were on. They also told us they checked the service's fire panel three times each week and conducted weekly fire alarm tests, using a different call point for each test. Fire safety records showed the service's fire equipment was last serviced in February 2016 and the last fire drill was held

in November 2016. The provider reviewed their fire safety risk assessment in March 2016 and the facilities officer told us all of the recommended actions in the assessment had been completed.

Records showed the provider arranged for monthly legionella and hot water temperature tests. The facilities officer also completed a daily health and safety checklist and recorded this on-line. The provider had fitted opening restrictors on windows in communal areas and people's flats and records showed they checked to make sure these were operating effectively every six months.

Is the service effective?

Our findings

People using the service spoke very positively about the care staff who supported them. Their comments included, "Staff are very good, my key worker is very good. He is very patient, sincere and treats me like a relative," "They (the staff) are 100% here, they bend forwards and backwards for you. They are very dedicated," "The staff are alright, they do their job," "Staff are trained well. What is more, once a week they go to the head office for training. I am not sure if everyone is going," "I think the staff are good, I think they know what they are doing," "I like it here, people are very nice, the boss is very nice here" and "This place is nice, clean. A lady cleans my room very nicely, she will do what I ask her. Every room is very nice and clean. I only stay in my room."

People's relatives commented, "The staff are very, very good. They appear to be well trained and they know what they are doing," "The staff are excellent, we have always been very impressed with the lengths they go to for my [family member]" and "I think the staff are first class, very competent. You can ask any of them for information and if they don't know then they know where to find out. We' are very happy with the care at Turnberry Court."

Staff told us they felt they received the training and support they needed to do their jobs. Their comments included, "I love my job, I laugh all the time," "If I need training, it is flagged up by my manager. He has a traffic lights system in his office that highlights training needs for staff," "I meet for 1:1 with my manager weekly where I tell him what is planned and what I need for it to happen e.g. extra wheelchairs etc. There is monthly supervision and a six monthly appraisal that is called On Track. The last one took place in November." "I had an induction. I applied for the job centrally. I had pre-test in maths and English and medication, then I had two weeks training. Following this I got an ID and a uniform and I was assigned to this scheme because I live locally. Then I shadowed for one week." Other staff commented, "Yes I feel supported. I have a line manager that I can speak to. I have formal supervision once a month and an On Track six monthly appraisal, but anytime I can ask for support" and "I feel supported, if I don't understand there is always someone to support me. I have supervision every month and an On Track appraisal. It is very detailed; they go through everything, sometimes it lasts up to two hours." Staff records showed that staff had regular supervision with a senior member of staff in the service where they were able to discuss people using the service, their training and personal development needs. The provider kept a record of all supervision sessions and staff signed these. We also saw copies of the provider's annual appraisals of staff performance. These showed staff were able to discuss their work with senior staff and receive feedback on their performance.

Training records showed staff had completed training the provider considered mandatory for their role and arrangements were in place to provide refresher training, where this was required. The provider's mandatory training included fire safety, moving and handling people, medication, food hygiene, safeguarding adults, first aid and personal safety.

The provider had also worked with the Mental Health Foundation to design and develop training that supports the confidence and resilience of staff in working with people with a mental illness, learning

disability, alcohol and substance misuse issues.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager demonstrated a good understanding of their responsibilities under the MCA and was able to tell us how they obtained consent from people using the service, or their legal representatives. They told us they had applied to the local authority for authorisation to place restrictions on some people but at the time of this inspection, no DoLS authorisations were in place.

When we asked care staff what they understood by the Mental Capacity Act 2005 and DoLS, their comments included, "Each person has an ability to make decisions wise or unwise. It can be that a person with dementia has a good day and they can make all their decisions. If a person has no mental capacity, we need to contact their next of kin or the person with lasting Power of Attorney," "The Mental Capacity Act is about mental capacity and making decisions. People can make some decisions even if they don't have capacity. It is important to give them choices and treat individuals with dignity" and "We normally talk about [the MCA] and it is mentioned in every handover. It is designed to empower people with no capacity to make decisions. Even if they don't have capacity we have to give them a choice. If they don't have capacity we would need to contact Attorney or next of kin, but this needs to be an informed decision and needs to include other professionals."

Care staff also told us they asked people for their consent before supporting them with their care and we saw this happened during the inspection. One member of staff told us, "I ask for and record people's consent to use photographs and for their names to be mentioned in the Notting Hill Housing newspaper." We saw that care staff explained to people the care they were going to provide and made sure the person understood before they started to support them. Where people needed support with their mobility, we saw staff did this in a patient and caring way, providing reassurance and encouragement at all times.

People told us they enjoyed the food they ate in the service. The provider had appointed a contractor to provide an optional cooked lunch each day in the service's communal dining room. Where people chose to eat in their own flats, staff supported them to cook or encouraged them to collect a meal from the dining room before returning to their flats. Staff told us this promoted people's independence and helped to avoid isolation. People prepared other meals in their flats, with staff support if required. While we were speaking to one person in their room, a staff member knocked on the door and asked what they would like to eat for their lunch. The person gave their choice of starter, main course and a pudding from the day's available options. They told us this happened every day, they were always offered choices and enjoyed the food. Other people's comments about the food provided at lunchtimes included, "Chef has been here for a long time, food is very nice but there are no pasties. I asked about it but they do only sometimes" and "Lunch is very good, there's always a choice and if you don't like either option they will make you something else."

Where required, people's care records included nutrition assessments and evidence of referrals to relevant health care professionals, including the Speech and Language Therapist (SALT) and nutritionist. Care staff

recorded people's weight regularly and took action to refer for specialist assessment and advice, if necessary.

The provider ensured people had access to the healthcare services they needed. People's care records showed they saw their GP, dentist, optician and other clinicians regularly. Where healthcare professionals made decisions about people's treatment, we saw the registered manager ensured they included these in an updated care plan and risk assessments. For example, one person had been diagnosed with a life-limiting illness. The provider had reviewed the person's care plan and risk assessments to incorporate treatment recommendations made by their GP and staff from the service had worked with the person to plan their funeral and write a will.

The service provided excellent standards of accommodation. Each person had their own one or two-bedroom flat and there were a number of communal spaces including a dining room and lounge areas that were available for people to use. The accommodation was designed to enable people with a physical disability or people living with dementia to live as independently as possible. For example, carpets and flat doors were painted a different colour on each of the three floors so that people knew if they lived on the green floor or the blue floor and could orientate themselves within the service. Work surfaces in people's kitchens were height adjustable so they could be used from a seated position or by a person using a wheelchair. Electric sockets were located at waist height so that people did not have to bend to use them and the service had underfloor heating so there were no radiators in flats, making access and positioning of furniture and equipment easier. The service had a large, enclosed garden that people could use safely without staff supervision. The registered manager had provided equipment, raised planting areas and a greenhouse to enable people to grow their own vegetables and one person told us they had recently enjoyed growing tomatoes.

Is the service caring?

Our findings

People using the service and their relatives told us people were supported by caring staff. People's comments included, "The ones (the staff) we have here are A list," "I cannot think of anything to improve. Everything is hunky dory," "They go the extra mile to do things for you. I know they would help me if I needed it," "I am saying it from my heart. All people that work here, you could not get better. They are like family. They do their job the best," "This is a nice place, they always look after you. They try the best they can," "Very nice, everything is in order and well organised. I am telling you the truth. This place could pass for a hotel, top class, prestige," "I find it quite pleasant, there is a relaxed atmosphere and I can feel comfortable" and "Staff know what they are doing. It is better than in other places. Staff are smiling, joking, making everybody happy."

People's relatives told us, "The staff are more than caring, they genuinely love people and always try and do the best for them," "I can't say enough good things about the carers, they are lovely people. They really seem to enjoy their work and the care they provide is first class," "The staff are very good, they treat people like their own family. We couldn't ask for more" and "One of the carers told us they tried to look after people the way they would want their relatives looked after and it really shows. They provide excellent care but it is the little things that make it special."

Staff comments included, "The core is to work with people and their needs. One person said to me, 'thank you for understanding me'," "I care for my customers as much as they allow me. People are happy here". "It's lovely to work here, it is nice to laugh with people."

Care staff ensured they respected people's privacy and dignity. Care plans included information about how people wanted staff to support them and people told us that staff understood and respected these choices. One person said, "I enjoy my privacy and the staff respect that. They never come into my flat without permission." A second person told us, "The staff always treat me with respect. If I need help they make sure they do this in private. I have my own bathroom and that makes it very easy for me."

We saw that care staff consulted people at all times and there was a strong emphasis on taking people's views into account. Care staff constantly checked with people when offering care or support. During the inspection we saw many positive and caring interactions between care staff and people using the service. Care staff were very kind and compassionate to people, they took time to listen carefully to what people said and then responded appropriately. If a person became upset or annoyed we saw that the care staff knew how to help them to feel better. This often ended with the person smiling. There was good humoured banter between staff and people using the service that showed people were relaxed and felt comfortable with the care staff who supported them.

Care staff supported people and ensured they were dressed appropriately at all times. A relative told us they were very pleased their family member was always dressed smartly when they visited because that is what they would have wanted. Care staff also said they had the opportunity to make meaningful relationships with people using the service. One member of staff said, "We know everybody here is unique and we respect

that." A second member of staff told us, "We try and make people feel this is their home. It is a good feeling to see people happy and smiling."

Is the service responsive?

Our findings

Since our last inspection of the service, the provider had identified that some people using the service were at risk of isolation or lack of stimulation. In response, the provider agreed to fund an activities organiser for an initial 12-month period. The activities organiser had worked alongside staff in the service to introduce a wide range of interesting and stimulating activities.

People using the service told us they enjoyed the activities provided. Their comments included, "I like the place, it is very good. I like the activities and food. Activities are most of the days (4-5 days a week) and are done by [activity organiser's name]. We also go out together. Recently we went to a party in the school," "I never do activities, but this is my choice. Mornings I keep myself busy or go down to the lounge. Currently I know they are getting ready for Christmas," "If you give them 24 hours' notice, for example, if I want go out to London, they will do it. They do it for other residents," "It is absolutely great, I love the company of other people," "When just carers are about I don't feel isolated but I prefer when [the registered manager and care co-ordinator] are about as I can talk to managers better and they can talk to me. I feel understood by them," "The carers just come to my room, I get anything from them. Carers are wonderful. It is a wonderful home," "I don't think anything needs improving here," "[The activities organiser] is very, very good. She gives us good days of bingo, ball games. Because of cuts, we had to stop exercise and music classes. But they may have some more in the next session and the home will pay for it," "They take us out for outings. Yesterday we were meant to go to Windsor, but the vehicle broke so we went for a meal in a restaurant instead. Sometimes they take us to the beach," "[The activities organiser] gives us a worksheet of activities every week and everyday something is happening. You can choose what you want to do. There is a monthly residents meeting where you can throw your ideas too," "We had a BBQ this year, we did garden plants and we also have school visitors. They come every Friday. They come and help, they bring tea and play. They want to become doctors (medical students)," "Sundays I go to temple. In the evening, we have bingo. They keep us occupied 2-3 times a week with bowling, bingo, dominos, Boccia game," "They have different activities and classes here. [One of the staff] brings her cat to play with," "We play different games, exercise and play music," "Staff do the cleaning, medication and shopping, sometimes they go to the bank with me," "The staff, if you ask, will do things for you. They like you to do things on your own," "I get personal care and I feel respected. I feel like a special person here," "Staff respect me, they know my needs. Staff do not do everything for me. At the beginning they did, but now they ask me to take responsibility" and "I go to meetings. They ask us what actions they are going to take every month. They talk to us about fire safety rules for example."

The activities organiser told us, "My role is helping to build a community and social life and reduce isolation that people could fall into. I work three days a week but I ask the staff for it to happen through the week. I involve residents in everything I do, even making tea. They become my team. In the communal area I changed the room setting so people can see each other and interact. Each little thing gives people the sense of purpose. I record all activities and attendance on my spreadsheet showing how many people got involved."

There are young people coming to visit on Fridays for a tea party with people. We also have medical students and other community groups e.g. – the National Citizenship Service (NCS) who come to socialize.

There are many different ways of getting feedback. I speak to people in monthly customer meetings. In an informal way, I talk to my residents all the time. I work on the activities timetable one or two weeks in advance. It is flexible and is planned with residents. Sometimes they use it as their diary and they cross out activities they attended. I love when a new person comes. I try to get as many clues about who they are. I speak to them about what we already have and I am trying to find out what they like. I get to know them over the first weeks. For example, one lady refuses to come to activities but I know she goes to hospital for appointments. I know she waits downstairs in her coat. I suggested to her to come and join only for few minutes. I use every opportunity to draw them in.

There is a blind person here, I organised talking books for them and a befriender, I also took them to the local café where they could eat in public. They never did it before as they struggled with the fact the food falls out of their hands. I try to give them anything to keep their mind occupied." In this way, the service supported the person to participate in new experiences and meet new people. Care staff were very clear about the positive impact this had for the person concerned

Care staff and volunteers also ran some activity sessions in the service. When the activities organiser joined the project, they were already running bingo sessions and a film club. The activities organiser asked them to continue with these activities, as they wanted to build more activities around those that already existed.

The activities organiser produced a weekly programme in English, Urdu and Hindi to inform people using the service of the activities they planned to run. People told us about the programme and individual activities they enjoyed and we saw that people often arrived early for sessions which showed they enjoyed the activities they took part in. The activities organiser had also recently organised 15 employees from Heathrow airport, who came as volunteers to clean, tidy up and do some maintenance jobs around the service. This strengthened links with the local community and gave people using the service the opportunity to meet and interact with other people. The service was very clear that such experiences enriched and enhanced people's experiences and the positive impact of these.

The provider had also worked with an independent organisation to "support creativity, innovation and a vibrant care culture." Staff from the service attended development days to meet other activities staff to share, experience and develop practice together. The organisation also provided monthly, themed activity boxes to enable staff in the service to run events. For example, facilitators supported people using the service to recreate the 1950's film, 'Some Like It Hot' when people had the opportunity to act, direct and sing in the production. This enabled people to work together in an enjoyable and meaningful activity. The provider also recorded the performance and held a premiere evening when people's families and friends were able to attend. A relative provided a red carpet for people to walk on into the premiere and one relative commented, "You have given me a new [family member]. He never used to care about his appearance; now he shaves and dresses well as he is an Oscar winning actor!"

The activities organiser had also worked with Queens Park Rangers football club to introduce boccia, an indoor game similar to bowls. A coach from the football club ran introductory sessions for people using the service and staff and the club donated the equipment to enable the service to continue providing the activity. The activities organiser told us one person especially enjoyed this activity and had learnt the rules of the game to enable them to help run the sessions. This added to the person's self-esteem and independence.

Where possible, people using the service and/or their relatives were involved in the development of their care plan and other records relating to the person's life. One person told us, "The staff ask me about what help I need and it is all in my care plan." Comments from people's relatives included, "I'm always consulted

if my [relative's] needs change" and "My [relative's] care plan is reviewed regularly and I'm always involved." Each person had a care plan that included an assessment of their health and social care needs. Assessments covered people's medical needs, mobility, personal care, communication, mental health, continence and skin integrity.

People's care plans included person centred details with information on routines and preferences for example, the person's food likes and dislikes, their usual time of going to bed/waking up, social interests and other activities they enjoyed. Examples of recorded preferences included, "I need support to clean my flat and go on longer shopping trips," "I like to go to the temple," "Please prompt me to have a shower and give me my medication," "I enjoy socialising" and "I have checks from staff at night." Most of the care plans we reviewed included a one-page summary of the care and support the person needed, as well as a comprehensive life history with details of important events and people. Care staff understood where to find important information in people's care plans, they were able to tell us about people's individual needs and they were familiar with the different characteristics, routines and preferences of people using the service. The care staff also completed daily care reports that showed the care and support they gave people each day. The daily care records we saw included information about people's health care needs, personal care and nutrition and showed that care was delivered in line with people's preferences and care plan.

Staff comments included, "We have care plans and risk assessments individual for each person and we need to stick to them. Also we ask people what they like and give them a choice. When entering the flat I introduce myself and I have a chat before asking them (people) questions. I close the door when giving personal care" and "If people don't want support I encourage them, but if they don't want it, I don't do it. I inform my colleagues about it, as maybe the person doesn't want support from me. People have a choice if they have male or female workers. For female clients I only help to hoist them to the shower but then I leave the room."

The provider had a complaints policy and people using the service and their relatives told us they were aware of this. Relatives' comments included, "There is a complaints procedure but we have never needed to use it. If there are minor issues we talk to the staff. I would feel comfortable discussing anything more serious with [the registered manager] and I am sure he would sort things out" and "We were given the complaints procedure when [family member] moved in but we have never needed it." The provider recorded compliments and complaints from people using the service and their relatives. The complaints record included details of the complaint, together with details of any action the provider had taken and the response given to the person making the complaint.

Is the service well-led?

Our findings

The service had been involved in projects that the registered manager told us were used to enhance the lives of people who used the service and to encourage improvement in other services. They told us, "I want to make a difference to the lives of people who live here and want to share what we do with other services." For example, the provider had identified that some people using the service were at risk of isolation as they did not have access to community activities and were unable to continue to pursue their hobbies and interests. The provider agreed to fund the post of a permanent activities organiser to enhance activities provided in the service by care staff and volunteers.

The registered manager also told us that the provider had started to provide a programme called Standing Together with the Mental Health Foundation. This facilitated a self-help group running for six months for customers with mental health issues, early stage dementia, learning disabilities and those who experience significant loneliness. The project aimed to improve people's quality of life and well-being and help them to be part of building communities that support and build resilience in older adults. The provider had run the project in several housing schemes and the registered manager told us that a group would start at Turnberry Court in January 2017. They hoped people using the service would experience the same benefits that were found at other schemes. This included, reduced social isolation, the engagement of customers with complex needs, grief management and reflective activities based around people's areas of interest, for example, music, flower arranging, writing groups and theatre groups.

The provider was awarded the Investors in People Gold award in January 2016. The registered manager told us they held a bi-annual all staff conference / away day. They described it as "always a big success that encourages good practice, boosts morale and gives an opportunity to celebrate success." The last conference was in July 2016. Following the conference, the registered manager told us they had re-launched a Carer of the Month award in August 2015. Customers and colleagues were able to nominate staff members who they felt offered an exceptional service. Each month one carer was nominated and received a letter from the Assistant Director, a certificate and a voucher. Their achievement was recognised and celebrated through the provider's monthly Pathways News. Carers received the award for outstanding performance of their duties. For example, "You always go the extra mile with customers, taking them to appointments and assisting with shopping even when they're not listed on your allocations," "You always work very hard and work over and above your role and your hours to ensure our customers' needs are met. You use your initiative to ensure all tasks are completed, supporting your more senior colleagues to ensure a good and efficient service. You have recently given up some of your spare time to help cover shifts when you knew we were short" and "I hear that you always have a smile on your face, will go above and beyond for colleagues and customers and always consider the bigger picture. I know that your positive attitude made a difference to the recent Ladder To The Moon training day at Turnberry where you volunteered to dress as Marilyn Monroe and delighted everyone!"

People who used the service and their relatives told us there was exceptional leadership at the home. Their comments included, "The manager is like a second dad to me. That's why you will hear me sometimes saying "all right dad" to him," "[The registered manager} and all the staff are very good, very easy to talk to,"

"[The registered manager] is first class, nothing is too much trouble for him and he always has time for everyone" and "The manager is all right."

Relatives' comments included, "[The registered manager] is very organised and very helpful. He will always make time to talk if we have questions," "I think the reason it is so good is because it is well led. You can tell that everyone respects [the registered manager] and he leads by example," "The manager is very good at communicating with families, we are kept very well informed" and "[The registered manager] or one of the seniors is always available if you want to talk. I think the place is very well run."

The service had a registered manager who was registered by the Care Quality Commission in 2003. They had managed a number of health and adult social care services before moving to oversee the opening of Turnberry Court. They told us they were a qualified medical professional and also had a management qualification. They also told us they kept their knowledge up to date by attending conferences and training. This included, person centred service delivery, safeguarding, encouraging independence, fire safety, medication, food hygiene and first aid. The registered manager spoke passionately about the importance of ensuring people received high quality care with fulfilling lives and creating opportunities for staff to enable this. They spoke enthusiastically about their commitment to improving service delivery through best practice and they also provided support and guidance to other homes.

The registered manager had a sound knowledge of their roles and responsibilities in regard to managing the regulated activity they provided. They sent statutory notifications about significant events affecting people using the service to the Care Quality Commission, in a timely manner and when required.

The provider's commitment to using innovative and creative ways of achieving high standards of care and providing people with a fulfilling life was evident throughout the planning and conducting of our inspection. They told us in their Provider Information Return that their purpose was to "provide an open, fair and transparent culture. Leadership and management ensure the delivery of person-centred and high quality care. We continually strive to improve and embed a culture where staff and customers openly challenge us." The evidence we gathered throughout our inspection supported what the provider told us.

There was an open and inclusive ethos in the service where staff and management worked together to strive towards improvement. We saw all staff worked well as a team, communication was efficient and resulted in people receiving care and support which met their preferences and care needs. One member of staff told us, "The culture here is very open, the manager and senior managers are very approachable." We saw the registered manager held monthly staff meetings where they gave staff information and updates as well as the opportunity to discuss issues that affected them and people using the service. For example we saw at one staff meeting that the registered manager had explained the importance of staff completing the provider's survey so that their views could be included in plans to develop the service. Staff described an open and transparent culture where they could make suggestions and were listened to. They told us they were able to contribute to staff meetings and make suggestions for improvement. One member of staff told us, "We are certainly listened to, we are always encouraged to make suggestions. It's a lovely place to work." This showed the service was committed to including and listening to staff as a means of making improvements within the service.

Staff repeatedly commented upon the positive working atmosphere and the caring nature of colleagues they worked with. Their comments included, "[The provider] is extremely good to work for and they attract good, caring people to work for them" and "I love coming to work, I work with good people who want to provide the best possible care for our customers and we all work well together."

Prior to the inspection visit we asked health and social care professionals for their opinions on how the home was managed. One social care professional commented, "Since Turnberry Court opened in 2012 the manager and his team have worked on their relationships with other local organisations, GPs, West London Mental Health Trust (WLMHT), district nurses, social services and other professionals to secure a safe and healthy environment for their customers. They have sourced funding and grants to provide activities which are suitable for their tenants' varying needs. Once a year I complete surveys with the residents, the customers are yet to have any complaints regarding the care or service they receive. Occasionally the quality of the food is mentioned, but the manager, caterers and customers have regular meetings to address any complaints which arise. The activities within Turnberry Court are very popular with the customers, as are the outings. The tenants are encouraged to attend the activities and are asked regularly whether there is anything they would like to have included on the Activity Planner.

Monitoring Turnberry Court's paperwork has never raised any concerns, the staff are extremely thorough in keeping files up-to-date, and reflecting any changes in care needs. The manager and his team copy me into emails to Social Services requesting increases in hours or reviews in order that should there be a delay in these requests I can escalate and chase. The manager and I meet regularly for him to raise any issues or concerns that need progressing. Relatives are very complimentary regarding Turnberry Court, and some hope that it will still be running when/if they require that type of service. Ealing Council are extremely happy with this extra care scheme, which they have 100% nomination rights, and are hoping to enter into another scheme with Notting Hill Housing Trust due to the success of Turnberry Court."

Staff consistently praised the management team and their professionalism. Their comments included, "The staff are good friends and they laugh all the time. [The registered manager] doesn't micromanage us, he gives me freedom, and never interferes with my work. He says to me 'You are the expert,'" "All the customers like to be here and they are happy. So it shows it is well led. They have activity every day and if there is an emergency we attend them straight away," "We have a staff meeting every first Wednesday. If we cannot attend, we can read the report or the manager updates us" and "They look after the staff as well as customers. We have staff meetings where we can share our opinion."

The provider had systems in place to monitor quality in the service and make improvements. They had reviewed their quality assurance procedure in March 2016 to include an annual pharmacy audit, monthly internal medication audits, monthly health and safety checks and audits, monthly infection control audits, satisfaction surveys and monitoring of compliments, complaints, accidents and incidents. The records we saw during the inspection confirmed that these audits and checks took place and the registered manager and staff developed action plans to address any issues they identified. For example, the registered manager had liaised with the local authority's safeguarding team to improve the way they made people using the service, their relatives and staff aware of how to contact the team and report any concerns. The registered manager had also met with his senior team to discuss the management of medicines and the provider's systems for risk assessment. This helped to ensure that staff managed people's medicines consistently and safely in the service.

The registered manager also completed a six-monthly audit overview to check that staff had completed actions identified as part of the provider's quality assurance checks. For example, the registered manager completed the audit in August 2016 and confirmed in a written report that staff had discussed changes to the service's arrangements for ordering medicines with the pharmacist and GP service. They also carried out spot checks on people's care plans to make sure they were up to date and reflected the level of support the person needed and checked that staff training was up to date.

We also saw that the provider's care and support compliance manager had carried out an internal

compliance audit in August 2016. The audit was based on the five questions the Care Quality Commission asks as part of the inspection process. They checked the actions outstanding from the previous compliance audit and confirmed the registered manager and staff had completed these. The audit report concluded, "All customers are safe and having their needs met in an effective manner."