

Notting Hill Genesis

Lingham Court

Inspection report

10 Lingham Street
London
SW9 9HF

Date of inspection visit:
28 October 2019

Date of publication:
18 November 2019

Ratings

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

Overall summary

About the service

Lingham Court is an extra care service providing personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

People using the service lived in individual flats within one building in the borough of Lambeth.

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

There suitable amounts of staff to keep people safe and meet their needs. Staff were appropriately recruited prior to commencing employment. Safeguarding concerns, incidents or accidents were thoroughly investigated and recorded. Medicines were well managed and staff took steps to prevent the spread of infection.

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.

Staff received appropriate induction, supervision and support in their roles. People's healthcare needs were promptly met and staff supported them with any nutritional needs.

People were well cared for, by a staff team that were passionate about their roles. People were supported to be as independent as possible, and were treated with dignity and respect.

Care records detailed people's preferences, and the provider offered a range of activities for them to participate in. People were supported to express their end of life wishes where necessary. Complaints were thoroughly investigated and responded to.

The registered manager involved staff, people and relatives in the development of the service. Quality checks were routinely undertaken to monitor and improve care delivery. The provider worked alongside other agencies to meet people's needs.

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

Rating at last inspection

This service was registered with us on 26/11/2018 and this is the first inspection.

Why we inspected

This was the provider's first inspection since their registration.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lingham 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

This inspection was conducted 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 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.

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 it is a small service and 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people using the service and two visiting healthcare professionals. We also spoke with four care staff and the registered manager.

We reviewed a range of records including four people's care files and medicines records. We reviewed six staff files and a range of other documents relevant to the management of the service.

Is the service safe?

Our findings

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

This was the first inspection since registration and it has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff recognised the potential signs of abuse and were able to describe potential types of harm that people could come to.
- If staff believed there was a risk of potential abuse they knew how to report it. Comments included, "I have to take further action with management team or whistleblow, to CQC or social worker."
- Records showed that the registered manager took action to highlight potential safeguarding concerns.

Assessing risk, safety monitoring and management

- Potential risks to people were suitably assessed to staff were able to keep people safe. For example, where some people used paraffin based emollients, London Fire Brigade recommended risk assessments had been conducted.
- Risk assessments were clear in defining for staff the likelihood of a risk occurring, and the actions they needed to take to help mitigate this risk.

Staffing and recruitment

- People received support from adequate numbers of suitable staff deployed to keep them safe. Staff confirmed there were sufficient numbers of staff on duty and where there was a staff absence, cover was always found.
- Staff records contained photographic identity, previous employment references and a Disclosure and Barring Services (DBS) check.

Using medicines safely

- People told us, "They do help, they are very good at helping with my medicines" and "Yeah, with medication, they deal, I don't have any problem."
- The registered manager carried out a comprehensive medicines audit which looked at, recording, disposal, level of support, administration and management of medicines errors.
- Where issues were identified the registered manager took appropriate action to mitigate repeat occurrences. For example, where a MAR had not been signed, the registered manager had a one-to-one meeting with the staff involved which focused on the importance of appropriate medicines recording.

Preventing and controlling infection

- Staff told us they were provided with suitable equipment to prevent the spread of infection. Comments included, "Yes, plenty. We have plastic for the hair, shoes for hygiene and prevent infection. There's always

enough."

Learning lessons when things go wrong

- Accidents and incidents were thoroughly reviewed, investigated and information shared with the local authority where appropriate. For example, one person had had a fall, the registered manager had made a referral to the falls team.
- The registered manager ensured lessons were learnt to minimise the risk of repeat incidents.

Is the service effective?

Our findings

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

This was the first inspection since registration and it has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving support from the service. The provider consulted with the local authority to ensure they could meet people's needs.
- Assessments of people's care needs were up to date, and the registered manager encouraged people and relatives to express their views in relation to their care provision.

Staff support: induction, training, skills and experience

- People received support from staff that were knowledgeable about their role. One healthcare professional told us, "The staff are very knowledgeable and genuinely care."
- Staff spoke positively about the training provided. We reviewed the training undertaken by staff and found this included, for example, moving and handling, safeguarding, first aid, infection control and food hygiene.
- In addition to the training provided, staff attended workshops to further enhance their knowledge. Workshops included, for example, Mental Capacity Act 2005, end of life care and dementia friendly.
- Staff were supported through regular supervision to support their roles. This gave them the opportunity to discuss any care needs for the people they looked after, and reflect on their practice.

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

- People were supported with their meal choices and preferences, as detailed in their care plans.
- People told us they were satisfied with the meal options presented to them. We observed meal time and saw that people were given choices and plentiful portions.
- Staff said, "We ask them [people] what they want. We do shopping and the family do too. It's in the care plan [any allergies]." Staff told us that where people had any dietary requirements these were communicated to the meal providers.

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

- Records showed that people were supported to access other healthcare professionals, including their GP, dentists and other specialist care providers.
- Visiting healthcare professionals were complimentary about communications from staff, in order to meet people's needs in a timely manner.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- People's care records clarified whether they had capacity to make specific decisions.
- Staff understood the principles of MCA. Comments included, "You don't restrict them [people], you give them their own choice. Whatever they want you to do you do it" and "If they can't make a choice we have to help them. Let the managers, doctors know so they can assess them."

Is the service caring?

Our findings

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

This was the first inspection since registration and it was rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt that staff treated them well and supported them sufficiently.
- Comments included, "Oh yes, staff are kind" and "Very kind, carers and things. Go to them and they help you. Do you need anything, going shopping, I get them to do that" and "Nice here. I love it!"
- People told us they were able to visit places of worship if they chose to. The registered manager had also made connections with local services and encouraged people to attend their chosen place of worship if they chose to.

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

- Staff familiarised themselves with people's care needs when reviewing their care plans. A staff member said, "Everything about them is there. You'll find all the documents, I'd show manager or co-ordinator if it needed changing. We read it to catch up about a person."
- Care records showed that they, and people that were important to them had been consulted in relation to their care needs.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of ensuring people's dignity was maintained.
- People were supported to be independent where there were able to be. A staff member said, "Food, one of their family asked to encourage them to wash the plates, make sandwiches. Make sure she's safe and support her to make it. I always encourage her, say well done and that she's done good. It improves her self-esteem."
- Care records showed what people were able to do for themselves, and highlighted areas where they needed further support.

Is the service responsive?

Our findings

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

This was the first inspection since registration and it was rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were regularly reviewed, and when their care needs changed. Care plans reflected individual needs, in the ways they wished to be cared for and activities they liked to participate in.

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's care records highlighted their communication needs. For example, where one person was hard of hearing their care plan detailed how staff should communicate with them so that they were understood.

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

- People were encouraged to participate in activities both in-house and in the local community. Activities provided included, for example, singing, arts and crafts, exercise, day trips and shopping trips. Staff confirmed they support people to go on trips or out shopping.

Improving care quality in response to complaints or concerns

- Complaints were robustly investigated in a timely manner, to seek a positive resolution and shared with relevant personnel. We reviewed the complaints file and identified there had been 15 complaints in the last 12 months.
- People were provided with a 'Your guide to complaints' leaflet, which gave them clear guidance on how to raise a complaint, what to expect and what to do if unhappy with the outcome.
- The registered manager ensured lessons were learnt from all complaints to minimise the risk of repeat incidents.

End of life care and support

- Where relevant, people had 'do not attempt resuscitation' orders within their care plans, easily accessible to staff.
- Where people had chosen to discuss their end of life needs, these were recorded in an advance care plan. This set out any cultural requirements, final wishes or funeral choices.

Is the service well-led?

Our findings

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

This was the first inspection since registration and it was rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were encouraged to share best practice and work as a team. This was evidenced in team meetings and learning lessons feedback. They told us, "We are balanced all of us, natural carers. We love our work, when our service users are happy with what we provide. We support each other and I believe people are happy. It's not an easy job, but we try to do it to the best of our abilities."

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 understood the requirements to comply with the duty of candour. Where complaints were substantiated the registered manager acknowledged if improvements were needed and was prompt to deliver these.

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

- The registered manager understood the importance of ensuring that quality checks were regularly undertaken to review the quality of the service.
- The CQC were notified of important incidents as they occurred, and informed of appropriate action taken to make improvements.

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

- The service held monthly meetings which were well attended and where people were encouraged to share their views. Staff also attended regular meetings to share learning.
- We reviewed the last meeting minutes which showed discussions were held around, for example, monthly activities leaflets, fire drills, security of the property, changes to dispensing pharmacy and working with family policy. Issues identified during the meetings were then actioned in a timely manner.
- Quality checks were regularly conducted, with prompt action taken to improve service delivery based on feedback from people or relatives.

Continuous learning and improving care

- The registered manager and senior staff regularly carried out spot checks on both the environment and

staff members competency.

- Records indicated where issues were identified, action was taken to minimise repeat occurrences. For example, where issues around one person's medicines had been identified, the service took swift action to liaise with the prescribing Pharmacist to seek clarification.

Working in partnership with others

- The provider worked in partnership with others to improve service delivery. Conversations were underway with the local authority to streamline the service meal provision.
- When people needed support with end of life care, staff told us that the palliative care team were consulted.