One Housing Group Limited

Linden Court

Inspection report

Campshill Road
London
SE13 6QT

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Linden Court is an extra care service. People using the service lived in their own self- contained flats with access to shared facilities including a lounge, laundry and dining area. Meals were provided as part of people's tenancy arrangements. At the time of our inspection the service was providing care to five people. 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
People using the service told us they were happy living there. People spoke of being treated with kindness and told us that staff listened to them and had come to know them well. A person told us "Their heart is in what they are doing, they are genuine."

Care plans reflected what was important to people, including their families and their preferences for daily living. People's views were sought and recorded on their care and their future wishes. Care plans were reviewed regularly to ensure that they met people's needs.

The service worked to protect people from the risks of contracting COVID-19 and to ensure that they were able to access meaningful activities and maintain contact with family and friends. There were clear procedures for visitors to follow and staff had access to appropriate equipment to reduce the risk of infection but not a clear audit of these procedures. We have made a recommendation about how the provider audits its infection control procedures.

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 had support to eat and drink and stay well. This included supporting people to access local health services and providing meals for people to eat in communal spaces. Communal spaces and activities were used to ensure a sense of community and protect people from the risk of isolation; people had ownership of this and were encouraged to socialise and lead organised activities.

People were safeguarded from abuse and improper treatment, as staff were trained in recognising signs of abuse and reporting this appropriately. There were suitable systems for assessing risk to people's wellbeing and putting plans in place to mitigate these. The provider carried out regular checks to ensure people were safe in the building and people were able to call for assistance as required. The service ensured people's medicines were safely managed and checked.

Staff were safely recruited in line with best practice and there were enough staff to safely meet people's

needs. Care workers received suitable induction and training to carry out their roles, and managers made observations of staff skills and behaviours.

The management team of the service engaged with people to ensure their views were reflected in the running of the service. Staff spoke of being well supported and there were good systems of communication and lines of responsibility. Staff were allocated lead roles which encouraged them to take responsibility for important areas of service delivery and to develop their knowledge and confidence. Managers were open and honest when things had gone wrong and had a culture of learning and improvement to ensure the service continued to develop.

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 15 October 2019 and this is the first inspection.

Why we inspected
We carried out this inspection following a routine review of information we held about this service. Our analysis of the information showed we needed to assess all the key questions.

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.

Linden Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors.

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 services.

The service did not have a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration that they have a registered manager. The service had a general manager who was in the process of applying to be the registered manager.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was to check whether there were any infection control risks including cases of COVID-19 and to ensure we followed the proider's infection control procedures.

What we did before the inspection
We reviewed information we held about the service, including information of serious incidents the provider is required by law to tell us about. 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 asked the local authority commissioning team for their views on this service but did not receive a response. We used all of this information to plan our inspection.

During the inspection
We looked at records of care and support and medicines management for three people. We reviewed staffing rotas and records of training, and looked at records of recruitment and supervision for three staff members. We also looked at records of health and safety checks and audits carried out by managers. We spoke with two people who used the service, the general manager and the care co-ordinator.

After the inspection
We requested some additional information from the provider. We made calls to another person who used the service and two care workers.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service and knew who to speak with if they felt unsafe. Comments from people included "There are lots of staff here, I know them and feel safe with them."
- The service had a suitable policy for detecting and reporting abuse. This was clear about how the service should respond to suspected abuse and how it should be investigated.
- Staff were clear on their responsibilities to report abuse. Staff had received training in safeguarding adults and understood how to respond to allegations of abuse. Care worker we spoke with told us they believed managers would take their concerns seriously.

Assessing risk, safety monitoring and management

- There were appropriate systems for assessing risk. People had personalised risk assessments based on risks to their wellbeing such as falls, self-neglect and health conditions. There were missing persons plans containing key information staff needed to know in the event a person went missing.
- The provider had assessed risks from fire safety. This included assessing whether people required enhanced fire safety measures in their flats and the support people would require to evacuate in an emergency. There were appropriate fire safety measures and checks of alarms and equipment.
- There were measures in place to ensure people's health and safety. The provider carried out checks of the safety of the building and the equipment people used. A member of staff had a lead role in ensuring health and safety measures were followed. Staff had taken appropriate action when health and safety audits identified that improvements were needed. This included actions to improve building safety and the training of staff.

Staffing and recruitment

- Staff were safely recruited. The provider carried out appropriate checks to ensure that staff were suitable for their roles. This included obtaining identification, evidence of conduct in previous employment and carrying out a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.
- There were enough staff to safely support people. People received care hours in line with their care plans and staff carried out additional visits when people called for assistance. Staff told us that they felt there were enough staff on duty at all times. Due to the small number of people using the service, staff were allocated to people's care calls at handover at the beginning of their shifts, however the provider told us they intended to introduce a shift planner in January.

Using medicines safely

- Medicines were safely managed. People's medicines needs were assessed and the assessments used to

agree what level of support people required. There were clear agreements for whether staff, the person or their family member were responsible for managing people's medicines. The provider collected information on the medicines people took and why. When staff applied creams, there were clear body maps indicating which creams needed to be applied to which areas of the person's body.

● Medicines were suitably recorded. Medicines administration was recorded on appropriate medicines administration recording (MAR) charts which were correctly completed and checked by staff.

● There was appropriate oversight and auditing of medicines. This included checking that MAR charts were completed correctly and that weekly stock checks had been carried out. A member of staff was assigned to a lead role in overseeing and checking medicines. The provider also carried out spot checks, including checking that people who were managing their own medicines continued to be able to do this safely.

Preventing and controlling infection

● The service had suitable measures to protect people from infections, including COVID-19. This included clear guidance for visitors and carrying out checks on visitors as they entered the service. Visitors were required to complete a health declaration and have their temperatures checks on arrival.

● Staff understood how to protect people from infection. Care workers received training in infection control and the use of personal protective equipment (PPE), and told us they had no problems in accessing this. People told us that staff used this appropriately and a member of staff worked as a PPE champion to ensure its proper use.

● The service did not routinely audit infection control measures against its own procedures. There were suitable processes in place to ensure people were safeguarded against the risk of COVID-19, and appropriate records kept of the cleaning of the building. However, there was not a dedicated audit of infection control procedures which could alert managers if there were areas where performance needed to be improved.

We recommend the provider take advice from a reputable source on conducting infection control audits.

Learning lessons when things go wrong

● The provider had suitable systems for monitoring and responding to incidents. This included recording what had gone wrong and the immediate actions taken to respond to this. Where incidents had occurred, the provider took action to reduce the risk of an occurrence, for example by updating risk assessments, discussing the incident with the person and their family and seeking medical advice.

Good

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. The provider carried out an assessment which considered a range of people's daily needs and possible risks to their wellbeing. This included assessing people's needs with regards to personal care, communication, nutrition and maintaining their physical and emotional wellbeing.
- The provider had a range of policies which were in line with current standards and guidance. This included an infection control policy which was updated to keep pace with changing guidance in response to the COVID-19 pandemic. Care workers told us that they were kept up to date with the latest guidance on safe working.

Staff support: induction, training, skills and experience

- Staff had the right skills to carry out their roles. People told us they thought staff were competent. Care workers received regular training in a range of areas which was monitored by the manager. Staff we spoke with told us they had benefitted from training and had received additional training to help them develop their lead roles. Managers checked that staff had the right skills, and carried out observations of how staff worked with people.
- Staff received regular supervision from their manager. A care worker told us "This is the first job where I've had so many supervisions." Supervisions were used to check staff were up to date with training and to give feedback on how staff had supported people. Supervision was also used as an opportunity to discuss people's care needs and additional support that they may require.
- Staff were inducted into the service. New staff underwent a three- week induction, which included an opportunity to familiarise themselves with the service, safety procedures and key policies. Staff skills and their understanding of key procedures were reviewed by a manager after three months.

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

- People's nutritional needs were assessed when they started using the service. This included highlighting when people were at risk of malnutrition and discussing people's dietary needs and preferences.
- People were supported to eat and drink well. The service provided meals to people in a communal area as part of their care and support agreements. People told us they received the right support with food and the service responded appropriately when given feedback about meals.

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

- People were supported to live healthier lives. The service assessed people's health needs and how these

may impact on people's daily lives. People's care plans contained information about how to help them to stay healthy.

● People were supported to access health appointments. A person told us "If I need help they do, and staff help me with my appointments." We saw evidence of extensive support to attend routine health appointments. This included, when the service had sought medical advice or advice from an occupational therapist when they had concerns about people's health or mobility needs.

● The service worked with other agencies to help people maintain their health. There were good links with local health services including district nurses, specialist teams and the local GP. People were supported to attend online consultations when they were unable to attend appointments directly due to the COVID-19 pandemic.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

● People consented to their care. Care plans were signed by people, and people we spoke with told us they were involved in decisions about their care. People's wishes were recorded, including details about the types of activity and publicity that they would, and wouldn't like to be involved in.

● There were suitable procedures to act legally if people were not able to make decisions about their care. The service's policy outlined how they would assess people's capacity to make particular decisions and follow a best interests process when people lacked capacity.

● The service supported people to discuss what their wishes would be if they were unable to make decisions in future. People's wishes about future decisions, such as artificial feeding and where they would like to be cared for were recorded in an advance care plan.

Good

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated well by staff. Comments included "Their heart is in what they are doing, they are genuine" and "They are polite and friendly, it is a nice place to live."
- We observed positive interactions with people using the service. People chose to spend time in the communal areas with staff outside of meal times. We saw examples of how staff engaged people positively and how people talked and laughed together.
- We saw examples of how people's care was planned to consider their protected characteristics. People's care plans contained details of their cultural and religious needs, including religious and dietary needs, and how they could best be supported to meet these. Staff received training in equality and diversity as part of their inductions.

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

- People were supported to make decisions about their care. The care planning process was used to discuss how people would like to be supported, what they would like to do for themselves and their future wishes.
- The service routinely sought people's views about their care. People had regular reviews of their care plans and managers checked with people and their families that they were happy with the level of care they received and the way they were treated by staff.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. A person told us "They know how to respect my privacy. That is a big plus and so important." The service held online discussions on how to promote dignity and respect and this was also regularly discussed in team meetings.
- The service worked to promote people's independence. The service routinely recorded tasks that people could do for themselves and how best to promote this. Staff recorded in notes when they had left people alone to do tasks independently.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.
This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care was planned to meet their needs. Care plans were designed around people's stated wishes for their care and their assessed needs. Care plans showed a clear understanding of what was important to people, such as their preferred names, how they maintained contact with family members, their hobbies and interests and previous employment.
- Records of care showed the service responded to people's changing needs. This included additional support with key tasks as people's needs changed. Staff carried out welfare checks and additional visits when people had called for assistance.

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

- The provider was meeting the AIS. People's communication needs were assessed as part of the provider's initial assessment. This included assessing whether people required information provided to them in alternative formats. People's assessments also highlighted how best to communicate with people and when people may need glasses or hearing aids to assist them.
- People could receive information in alternative formats. The provider had access to a translation service and alternative formats that could be used for providing information to people.

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

- The service had a strong commitment to promoting social inclusion. People were encouraged to spend time together and there were regular events. The service held a bingo group, an exercise group and a movie night. People had the option of dining together in the communal areas and going for group walks in the local park.
- We saw examples of when people had followed interests which were relevant to them. A couple who used the service held a weekly dominoes group. The provider was running a short story group and had also arranged for regular visits from a library service. Comments from people using the service included "We do dominoes, we have bingo. We do whatever we want to do" and "[the activities] just suit me."
- People were supported to maintain contact with family and friends and avoid social isolation caused by the pandemic. People had access to video calling and told us they were able to have regular contact, with the support of staff where required. The provider was able to facilitate safer visits to the service where possible, and had arranged for additional welfare visits to people when they were required to self-isolate on

moving to the service.

Improving care quality in response to complaints or concerns

● People knew how to make complaints if necessary. People we spoke with were aware that they could raise complaints or concerns with the general manager and were confident they would be listened to. There was no evidence of any formal complaints being raised at this time.

● The provider had a suitable process for handling complaints. This was clear about the need for complaints to be investigated, the timescales in which they should be addressed and for people to feel they would not be discriminated against for making a complaint.

End of life care and support

● The provider supported people to express their wishes for the end of their lives. People had advanced care plans where they recorded where they would like to move if their health deteriorated and what medical interventions they would not want to have. The provider discussed with people what they would want to happen after they died.

Good

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People who used the service and staff members praised the atmosphere and culture of the service. Comments from people included "The staff are lovely, it's a nice place to live" and "When I viewed the place I knew I would be happy." Comments from staff included "It's the best place I've ever worked, the environment and the team" and "I'd recommend this place. We work as a team."
- Staff told us they were well supported and kept informed by their managers. Comments from staff included "The manager is someone you can talk to and she listens" and "I receive plenty of support." A staff member told us of the sensitive support they had received from the manager during a period of self-isolation due to COVID-19.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service did not have a registered manager at this time as the previous registered manager had recently left the service. The service had a general manager who had oversight of the service and had started the process to become the registered manager of the service.
- The service understood their responsibility to be open and honest when things had gone wrong. We saw examples of how the provider had engaged with families and the local authority when incidents occurred and had been open about what had happened. Staff discussed the meaning of duty of candour in their team meetings, and gave examples of how it related to their roles.
- The provider had suitable systems to ensure standards remained high. Regular audits were carried out regarding key areas such as health and safety, medicines and infection control. There was oversight of the service carried out by an external quality assurance team.
- Responsibilities were clearly allocated by the general manager. Care workers had lead roles, which included medicines, activities and health and safety. Staff we spoke with told us they were given additional training and support to carry out these roles. Comments from staff included "It's given me more knowledge and helps me to build confidence" and "The manager is always trying to push you and elevate you."
- There were suitable systems to ensure information was passed between staff members. A daily handover was used to update staff members on changes to people's needs and health issues and to keep staff updated on changes. A designated shift lead allocated visits and tasks to staff members and ensured family members were kept updated on any incidents that had occurred. Staff handover was also used to verify that agreed tasks had been carried out.

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

● The service engaged appropriately with people who used the service. People told us the manager asked for their views and they were able to have a say in the running of the service. People had regular reviews of their care and support, with input from family members when people needed support to speak up. The service sought people's views on activities and had carried out residents meetings, but these did not always take place regularly which the provider accepted as an area for development.

● The provider engaged with the staff team through regular meetings. Team meetings were used to discuss people's changing needs and preferences, and to regularly review and discuss infection control measures. Staff shared information relating to their key roles and were encouraged to reflect on key values such as duty of candour and dignity and respect

Continuous learning and improving care; Working in partnership with others

● The service worked to ensure current best practice with regards to infection control. People told us they were kept informed on changes to keep the service safe from COVID-19 and this was discussed in a residents meeting. Care workers were kept informed on changes which were taking place. A staff member told us "We're kept updated through handovers and emails, there's a lot of changes taking place, especially due to COVID." There was a suitable business continuity plan to cover events which could stop the service, which had been reviewed to incorporate risks from the pandemic.

● The provider understood the need to develop the service. At the time of our inspection the building was under-occupied and plans were underway for more people to move in. The service had developed robust audits of medicines which were adequate for managing medicines for a larger number of people. Staff had discussed measures they would need to implement, such as shift planners to ensure delivery of a service to more people.

● The service worked well with other local partners. There was evidence of good links with local health teams, including occupational therapy and specialist health services. The provider had links to a local library and community groups, and people were encouraged to take a lead in running activities and social events.