

Notting Hill Genesis Visram House

Inspection report

250 Acton Lane
London
NW10 7NS

Tel: 07793299354
Website: www.nhhgroup.or.uk

Date of inspection visit:
16 July 2019

Date of publication:
12 August 2019

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

Visram House is an extra care housing service providing personal care to people with physical and learning disabilities. Visram House is a purpose-built block of flats on nine levels, with a total of 99 flats. The service provides support to people to remain independent and live in their own flat within their community. At the time of inspection, the service provided personal care to 24 people who lived in flats in the purpose built block.

People's experience of using this service and what we found:

People who received care from the service spoke positively about Visram House. They were complimentary about care workers and the service and raised no concerns. People said they were safe and treated with dignity and respect when being supported by care workers in their flat. They also spoke positively about management and said they felt able to speak to them without hesitation.

Systems were in place to help ensure people were protected from the risk of abuse. There were appropriate policies in place. People were protected from abuse by staff who understood how to identify and report any abuse concerns.

Risk assessments for people covered areas such as the environment, physical health and personal care. At the time of the inspection, risk assessments in relation to certain conditions were not in place. Following the inspection, the service sent us evidence they had implemented these.

We checked the arrangements in place in respect of medicines. Care workers had received medicines management training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found these were completed with no unexplained gaps. The service had an effective medicines audit in place.

Steps had been taken to protect people from the risk of infections.

Staff had received appropriate training and they had the knowledge and skills to support people. All spoke positively about their experiences working for the service and said that they received support from management and morale amongst staff was positive.

Details about people's nutrition and hydration had been documented in care plan. Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences.

People were treated with dignity and respect at all times and staff promoted their independence. Staff adopted a friendly, caring and professional approach in their work and this gave people confidence to express their views about the care provided. Staff and management understood the need to promote equality and diversity and consider people's protected characteristics.

People's involvement in decision-making about the care provided was encouraged by staff and management, and their views were listened to. People's care plans supported a person-centred approach.

People had support to lead lifestyles of their choosing, access the local community and participate in recreational activities.

People understood how to raise any concerns or complaints about the service.

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.

The management team promoted a positive and inclusive culture within the service, based upon open communication with people, relatives, community professionals and staff. Staff told us the management team were approachable and helpful. There were quality assurance systems and processes in place to enable management to monitor and improve the quality of people's care.

Rating at last inspection: The service first registered with the Care Quality Commission in October 2018. This inspection on the 16 July 2019 was the first inspection for the service.

Why we inspected: This was a scheduled planned comprehensive inspection.

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.

Visram House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type:

Visram House is an extra care housing service providing personal care to people with physical and learning disabilities. Visram House is a purpose-built block of flats. The service provides support to people to help them remain independent and live in their own flat within their community. In these settings, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

What we did before the inspection:

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations

of abuse. 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.

During the inspection:

We spoke with six people who used the service. We also spoke with four members of staff which included the activities coordinator, registered manager, director of care operations and the regional business manager. We reviewed a range of records. These included six people's care records, medication records, staff training records, six staff files in relation to recruitment, and incident and accidents records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks and records relating to the safety of the premises.

After the inspection:

We spoke with two relatives and asked for their feedback about the service. We also spoke with four care staff which included care workers and a care coordinator.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to safeguard people from abuse. Staff had received training and were aware of action to take if they suspected people were being abused.
- People we spoke with told us they felt safe in the service and in the presence of staff. One person said, "I feel very safe here. They [staff] really look after me." Another person told us, "I feel very safe and very secure here."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded in people's care records. Risk assessments included risks of self-neglect, environment, alcohol consumption, falls, moving and handling, use of a specialist feeding tube (PEG tube) and medication. Risk assessments included information about potential risks, details of existing control measures and potential risk after the controls were in place. We noted that one person's care plan detailed that they were diabetic, however there was no risk assessment in place to cover this. Another person was at risk of stroke and there was no risk assessment in place to cover this. We raised this with the registered manager on the day of the inspection. Following the inspection, the registered manager sent us evidence that they had devised risk assessments to cover people who were diabetic or with a history of stroke and these were in place for all people where relevant.
- During the inspection, we found that the service had an emergency file which included a list of people in the service as well as details of their mobility and use of mobility equipment. However, the service did not have formal Personal Emergency Evacuation Plans (PEEPs) for each person which provided details about their level of communication and any prescribed medicines that could impact on their ability to leave the premises in the event of an emergency. We discussed this with the registered manager and following the inspection, he sent us evidence that PEEPs were in place for all people which included information about how staff should support people in the event of a fire or other emergencies.
- There was a record of essential maintenance carried out to ensure that people lived in a safe environment. This was carried out by Housing Services which had an office located within Visram House. The fire alarm was tested weekly to ensure it was in working condition and this was documented.
- Care workers we spoke with were aware they needed to report any concerns relating to people's safety to the registered manager. They told us that they would not hesitate to do this and were confident that the registered manager would take appropriate action.

Staffing and recruitment

- Staff records showed appropriate recruitment and selection processes had been carried out to ensure

suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults. The registered manager confirmed that they ensured all necessary checks were carried out before staff were able to provide care to people.

- We discussed staffing levels with the registered manager. He confirmed that at present there were sufficient numbers of staff to safely meet the needs of people. The registered manager confirmed there were staff on site 24 hours a day. He explained that at present the service was not at full capacity and that as more people moved into flats, the number of staff employed would increase proportionately.

Using medicines safely

- Suitable arrangements for the administration and recording of medicines were in place. There was a policy and procedure for the administration of medicines. □
- Records indicated that staff had received training on the administration of medicines and had completed competency assessments before they administered medicines.
- We looked at a sample of 9 medicine administration records (MARs) for various people and saw that these had no unexplained gaps. We noted that there were instances with regards to two people where they had refused their medicines on a significant number of occasions. Where they had refused their medicines, this was recorded on the MAR. We queried the issue of these two people refusing their medicines with the registered manager. He explained that the service were aware of this and had contacted relevant parties which included the GP and provided us with evidence of this.
- Medicines in extra care housing should be stored in people's own flats in accordance with guidance and we found that medicines were stored in this way at the service. Each person had a lockable cabinet in their flat where they stored their medicines.
- The service had a system for auditing medicines. Management carried out regular medicine audits which involved looking at MARs completion and medication stock. We noted that where management had identified any mistakes or issues as part of the audit, they recorded the follow up action required and what actions had been completed. There had been a number of instances where staff had failed to complete MARs correctly in March 2019. There was evidence that management had held meetings with these staff to discuss the errors and taken disciplinary action where necessary. The registered manager told us, "I encourage staff to report errors so that they can make improvements. It is about being open." We noted that there had been a significant reduction in errors when completing MARs since March 2019.

Preventing and controlling infection

- The service managed the control and prevention of infection. They had policies and procedures in place which provided staff with guidance.
- Staff had completed infection control training and food hygiene as part of their training and followed safe infection control practices. Care workers told us they washed their hands regularly and wore personal protective equipment.
- Protective clothing, including disposable gloves, were available to staff and they confirmed this. Care workers used these when carrying out tasks that included assisting people with personal care.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, there was guidance provided to staff for preventing re-occurrences.

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

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

Staff support: induction, training, skills and experience

- Staff received ongoing training and management support to help them fulfil their duties and to effectively meet people's needs. Staff felt this enabled them to work with confidence. Training records showed that staff had completed training in areas which included moving and handling, safeguarding adults, infection control, fire awareness, medication administration, food hygiene, first aid and personal safety.
- Staff had undertaken a comprehensive induction to prepare them for their responsibilities. Newly recruited care workers spent time shadowing more experienced staff as part of their induction before providing care on their own. This enabled people who used the service to become familiar with new care staff whilst accompanied by care workers they were familiar with.
- Staff told us they worked well as a team and received the support they needed from their colleagues and management. Management monitored staff through a combination of spot checks and supervision sessions and these were documented.

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

- People told us they received the care and support that they needed and wanted from care workers. When asked whether they were satisfied with the level of care, one person said, "It is very, very good here. They are very supportive and encouraging. They make me feel well looked after. It is very homely here." Another person told us, "I am more than happy with the care. Staff always check on me and are so caring. They are never rushed. Always ask me how I want things done especially with personal care."
- People's care plans showed that their needs had been individually assessed. Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were recorded. This ensured that their individual needs could be met by staff supporting them.
- People's care needs, and personal preferences had been discussed with them before they started receiving care. Information gathered during the assessment meeting was used to formulate individual plans of care for people.
- The management team stayed up to date with current legal requirements and best practice guidelines through attending further training and meetings or events organised by the local authority or the provider themselves.

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

- People spoke positively about the food arrangements in the service. One person said, "Being here has encouraged me to have regular meals. I have a good routine. I feel good."

- We spoke with the registered manager about how the service monitored people's nutrition and he explained that as the service was an extra care housing service, people prepared their own meals in their flat with the assistance of care workers where this was required.
- Staff helped individuals prepare their meals if they required support and this was detailed in people's care support plans.
- The service was located near various restaurants which included Lebanese and Indian food. There was also a large food superstore nearby with a restaurant and café. The registered manager explained that he had spoken with local restaurants to ensure that people had access to these if they wished to eat or obtain takeaway from any of these local restaurants.
- If staff had concerns about people's weight they were trained to contact relevant stakeholders, including the GP, social services and next of kin.

Supporting people to live healthier lives, access healthcare services and support

- Staff and management worked effectively with a range of community health and social care professionals to achieve positive outcomes for people.
- The registered manager explained that they kept in regular contact with people, their families, and with other agencies to meet the health and care needs of people, such as community healthcare and social care professionals about people's needs.
- There was information in people's care files about people's health, behaviour and general wellbeing. The actions for staff to take were person centred and described how to provide effective support.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked and noted that the service was working within the principles of the MCA and DoLS.

- People were not restricted from leaving the service and were encouraged to go out into the community. On the day of the inspection we noted that some people went out to various places.
- Staff had received MCA and DoLS training. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.
- Care plans included information about people's levels of communication. Consent forms and a service contract had been signed by people or their representatives to indicate that the care had been agreed to.

Adapting service, design, decoration to meet people's needs

- People's flats were comfortable and well furnished. People spoke positively about the communal areas and their flats. One person said, "Lovely lounge and outside area – you can sit back and relax. The building is lovely." Another person told us, "I have a beautiful flat. I have more space."
- People had appropriate space to socialise with others, eat in comfort, receive visitors or spend time alone if they wished to. The service had an enclosed rooftop courtyard for those who wanted to spend time

outdoors, and we saw people using this. One person said, "I take pride in showing my family the communal areas. The atmosphere is relaxing. The atmosphere is friendly."

- The design of the premises enabled staff to safely meet people's needs and also promoted people's independence and included good accessibility for people.

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

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 were supported by care workers that were kind, respectful and caring towards them. People told us they were treated with respect and dignity. One person said, "Staff always listen to me and ask what I need. Staff make me feel at home." Another person told us, "They encourage me to be independent. I am relaxed around staff. Staff are doing a brilliant job. They ask me what I like to be called. Staff really take note."
- People were at ease in the presence of staff, who had taken the time to get to know them well and who prioritised their needs and requests.
- People's protective characteristics such as their age, ethnicity and disability were taken into account when providing support to them.
- The service encouraged people to be open about their personal needs in relation to religion and cultural background.
- People's support plans included their preferences, likes and dislikes and staff we spoke with knew how individuals wanted to be treated.

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

- People told us they had the support needed to express their wishes and be involved in decisions affecting them. One person said, "Staff always listen to me and ask what I need." Another person told us, "They encourage me to be independent."
- People told us that people had been consulted with about their care arrangements and had agreed them with the service.
- The registered manager and care staff were aware of the importance of seeking consent from the people they supported so that they received support that provided maximum choice and independence. The service had policies and systems in the service that supported this practice.
- Care staff were knowledgeable about people's preferences. People's care records included a section which contained key information about the person and their care. This included details about their likes and dislikes, interests, culture and language. Some care plans included a one-page summary which included details of key life events, how best to support the person, how to communicate with them, their family and friends, medication preferences, hobbies and interests. The registered manager confirmed that the service was in the process of ensuring these were in place in all people's care plans.
- The service had a service user guide in place which provided important information about the service and highlighted procedures and contact numbers.
- The management team had a good understanding of the external services providing independent

support and advice to people about their care, such as advocacy organisations. They supported people to contact these services as required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and promoted their independence.
- People's privacy and dignity was respected; their rights were upheld and they were not discriminated against. The registered manager and care staff we spoke with were aware of the importance of ensuring people were given a choice and promoting their independence.
- The service recognised people's rights to privacy and confidentiality. Care records were stored in the office and, electronically. Staff understood the importance of confidentiality. They knew not to speak about any people using the service unless they were involved in the person's care.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The personalised care and support provided reflected people's individual needs and preferences. One person said, "Very good staff. I can talk to them anytime." Another person told us, "Staff always check on me and have a chat. It makes a difference. They listen."
- Each person had a support plan in place which provided details and guidance on how they wished to be supported. Care plans included details about people's medical conditions, likes and dislikes and the level of support they required.
- Care support plans included a care needs assessment and support plan. The care needs assessment provided information about people's medical background, social history and preferences. Care support plans included information about what tasks people wanted the care workers to undertake, the time of visits and people's individual needs and how these were to be met. Care support plans were individualised and specific to each person and their needs.
- Arrangements were in place to ensure people's needs were regularly assessed and reviewed. Records demonstrated that when a person's needs changed, the person's care plan had been updated accordingly.

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.

- Some documents were in pictorial form so that people could understand them easily. This was evidenced in the activities timetable and welcome information pack.
- People's individual communication and information needs were assessed, recorded and addressed.
- The service ensured people were given key information in way they could understand. This included accessible information on staying safe and raising complaints. Good use had also been made of 'display boards' on important topics within the home.

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 had support to lead the lifestyle of their choosing. This included help to access the local community, participate in structured therapeutic, social and recreational activities and maintain valued relationships.

- The service had a full-time activities coordinator who was responsible for organising activities and events in the service. A weekly activities timetable was in place which included a tea and coffee morning, bingo, arts and crafts, Oomph exercise sessions, board games and a film club. On the day of the inspection we saw people participate in activities. A summer BBQ was organised to take at the end of July 2019.
- People told us they spent time in ways they enjoyed and spoke positively about the activities available in the service.

Improving care quality in response to complaints or concerns

- People were clear about how to raise any complaints or concerns with the provider and said they would not hesitate to do so. One person told us, "I can mention anything to management. They do something about it straight away. I am very happy." Another person said, "I feel able to complain and raise issues with management. I don't have any issues but if I did I could speak to them."
- There were clear procedures for receiving, handling and responding to comments and complaints. The service recorded complaints appropriately and recorded action taken and details of lessons learnt.

End of life care and support

- At the time of this inspection, no one using the service received end of life support.

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

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 told us they felt in control of their lives and listened to by staff and management. They spoke positively about the way the service operated. One person said, "I have no complaints about staff or management. They look after me the best way they can."
- Staff spoke enthusiastically about their work for the provider and with a clear commitment to people's continued happiness and wellbeing. Staff spoke positively about the management of the service. They informed us that there was good communication and they worked well together. One member of staff said, "There is an open-door policy with management. I can always talk to them and they always find time for me. There is always someone there. They are very helpful." Another member of staff told us, "Communication is very good here. It is a well-run service. I am happy here. There is good teamwork here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. The registered manager knew when he needed to report notifiable incidents to us.
- The management team demonstrated a commitment to provide high quality and person-centred care that met people's needs in a timely way.

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

- The registered manager was keen to work with other professionals and sought their support where required.
- The registered manager was clear about their role and had the skills, knowledge and experience to lead the service.
- There was an organisational structure in place and staff understood their individual roles and told us that they felt supported in their roles.
- Care workers were provided with information on what was expected from them and this was detailed in their job descriptions. They told us they received up to date information.

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

- People spoke positively about their relationship and communication with the management team and the overall management of the service.
- Staff meetings provided staff with the opportunity to feedback about the service and to discuss any concerns and best practice. Staff spoke positively about these meetings and said that they were able to have open discussions and share their opinions and feedback without hesitation.
- People had opportunities to feedback about the care provided. The service held monthly meetings with people and relatives for them to discuss running of the service and raise issues.

Continuous learning and improving care

- The service had quality assurance systems and processes in place to enable them to monitor the quality and safety of people's care and make improvements where needed. The service had a quality assurance system of checks and audits. Audits took place regularly and were carried out by the registered manager. Audits included areas such as medicines management, maintenance and cleanliness of the service, health and safety and accidents. People first moved into the service in April 2019 and therefore it was relatively new and had not yet completed all audits. The registered manager confirmed that senior management would carry out further audits in the near future once the service had been operational for a longer period of time. Outcomes of audits were discussed with staff so that action could be taken to improve the service.