

Notting Hill Genesis Elmgrove House

Inspection report

20 Bute Gardens
London
W6 7DS

Tel: 02038152167
Website: www.nhggroup.org.uk

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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

Elmgrove House provides extra care housing for up to 14 people, including people with mental health problems or mild learning disabilities and older people living with dementia.

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. At the time of the inspection, 12 people were living at the service, with six people receiving personal care.

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

People and their relatives were confident with the staff team in keeping them safe. One person said, "They do come around and check on me to make sure I am OK. I think that is good."

People were supported by a staff team who understood their needs well and responded appropriately if there were any changes in their health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

We observed positive interactions between people and staff throughout the inspection, with staff responding with patience and understanding when people's behaviours changed.

People and their relatives spoke positively about the relationships they had developed with the staff team and praised the kind and caring nature across the whole service.

People were supported to take part in weekly events and activities and were encouraged to be part of their local community. People also benefitted from accessing events and opportunities at the provider's other extra care services.

People were cared for by a motivated staff team who felt appreciated and proud to work for the provider. Staff spoke positively about the support they received and the working environment which they felt promoted people's health and wellbeing.

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

Rating at last inspection

The last rating for this service was Good (published 22 February 2018). Since this rating was awarded, the registered provider has altered its legal entity. We have used the previous rating to inform our planning and

decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the change in the provider's 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.

Elmgrove 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. 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 consisted of two inspectors.

Service and service type

Elmgrove House 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 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

This inspection was unannounced. The provider knew we would be returning on the second day of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. 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 also reviewed the last inspection report. We used all of this information to plan our inspection.

During the inspection

We met all 12 people who used the service during the inspection and spoke with four of them. As some people were not fully able to communicate with us, we carried out observations throughout the inspection to help us understand the experiences of people who could not talk with us in more detail.

We spoke with eight members of staff. This included the registered manager, the care and support compliance manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the support officer care coordinator, the health and safety officer and three domiciliary care officers.

We also spoke with two relatives who were visiting during the inspection.

We reviewed a range of records. This included four people's care and medicines records and three staff files in relation to recruitment, training and supervision. We reviewed records related to the management of the service, which included incident reports, quality assurance checks and minutes of team and tenant meetings. We also sat in on an afternoon handover meeting with the registered manager and four domiciliary care officers.

After the inspection

We contacted two more relatives of people who used the service and spoke with one of them. We also had correspondence with one health and social care professional who had experience of working with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place and the staff team had a good understanding of their safeguarding responsibilities and action to take if they had any concerns. Staff were very confident any concerns raised would be dealt with right away. One staff member said, "I know they would definitely take action and they always follow everything up."
- Staff completed safeguarding training to ensure people were protected from avoidable harm and discussed any concerns during group and individual supervisions. Information about abuse and what people could do if they had any concerns was displayed on noticeboards across the service.
- People and their relatives told us they felt safe living at the home. One person said, "I do feel safe, especially at night as if I press my alarm, they respond. They always come and check on me." A relative said, "It is safe, which is the best thing here. I can sleep at night as I am so reassured." A recent resident engagement event had positive feedback from people and relatives about the commitment to keeping people safe.
- There was further monitoring at a senior management level as any safeguarding concerns or themes were discussed at quarterly management meetings and reviewed by the provider's safeguarding board.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and were reviewed if there were any changes. People had clear and detailed risk management plans in place with guidance for staff to follow to help support people safely.
- Guidance related to risks including epilepsy, falls, mental health conditions and diabetes. One person had information about the risk of seizures and had seizure charts in place with detailed observation records. Another person had assistive technology in place to alert staff as they were at risk of falls.
- Staff were knowledgeable about the risks to people and it was clear care records had been completed by staff that knew them well. Staff explained possible triggers and how they worked closely with health and social care professionals to keep people safe.
- There were weekly fire alarm tests with fire safety guidance in place, which was the responsibility of a site facilities officer, based at the service. Staff were aware of what to do in the event of a fire and we saw unannounced fire drills were carried out. The health and safety officer said, "We make sure the building is safe and tenants are not at risk in anyway."

Staffing and recruitment

- Sufficient levels of staff were deployed across the service to ensure people's needs were met. Samples of weekly rotas showed staffing levels were consistent with what we saw throughout the inspection.

- There was one waking night staff on duty and they were supported by an on-call night manager. Staff had lone worker fobs that would detect if the staff member had a fall. One staff member said, "We also have help from the manager and the office staff, they always jump in if we need extra support."
- The provider followed safer recruitment procedures and were supported by a central human resources team to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff had been completed at the time of recruitment along with appropriate references and identity documents. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- There were procedures in place to ensure people received their medicines safely. Staff completed training and had their understanding assessed and observed before supporting people independently.
- Samples of medicine administration records (MARs) for three people had been completed correctly and checks were in place which picked up any errors. We saw any concerns with the recording of medicines, such as incorrect codes being used, were followed up with staff.
- Staff told us the daily checks in place across each shift helped to ensure any errors were reduced or picked up quickly. They also explained what they would do if people refused to take their medicines.
- Staff followed best practice guidance for the signing in of new medicines and when medicines were returned. Procedures for administering and recording medicines were also regularly discussed during group supervisions and team meetings.

Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the service. Incident forms were completed and analysed to identify any trends across the service.
- The provider also discussed incidents that had occurred at their other registered locations and used it as a learning experience to share best practice. We saw measures to prevent falls and the risk of financial abuse had resulted in themed awareness weeks.
- Staff confirmed any incidents or accidents that had occurred across the service were discussed. This also included sharing findings from the provider's other services that had a CQC inspection.

Preventing and controlling infection

- We observed the home to be clean and free from odours during the inspection. There were cleaning schedules in place and the staff team were supported by a contracted cleaner for two hours Monday to Friday. There were also weekly checks in place to ensure the service was kept clean.
- We observed staff wearing appropriate personal protective equipment (PPE) and following safe practices. There were hand hygiene reminders in communal bathrooms with anti-bacterial gel available throughout the service.
- There were food hygiene guidelines in the communal kitchens and the main kitchen had a rating of five from the Food Standards Agency at the most recent inspection in February 2019, the highest rating available.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had been assessed before they used the service or when their health needs changed. There was information in place including a summary sheet of identified needs and further information if required from health and social care professionals.
- For one person, an initial assessment had been carried out by a community nurse in relation to risks of developing pressure sores, with guidance for staff to follow to check for signs of skin deterioration.
- A health and social care professional told us they were always kept up to date with the status of referrals and staff would follow up if they needed more information about people's background or care and support. We also saw correspondence that showed although there were two current voids, the provider had refused referral requests because they were not appropriate.

Staff support: induction, training, skills and experience

- Staff completed an induction and worked with more experienced members of the staff team when they first started. Induction checklists were in place and records confirming assessments had been completed during the six-month probation period. One member of staff felt the induction was very comprehensive and gave a detailed insight into the organisation.
- The induction and training programme was focused around the Care Certificate, which included observations of staff providing support and completing workbooks, which were signed off by the registered manager. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- Staff were positive about the training they received. One support worker said, "The training has really helped with my understanding of people's needs." We saw staff also accessed resilience training, which helped staff manage any challenging situations.
- Staff received regular group and one to one supervision to support them in their role. Supervision records were detailed and gave staff the opportunity to discuss any issues or topics about the service. Records showed staff were encouraged to choose the agenda items they wished to discuss.

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

- People were supported to eat and drink and staff were aware of their nutritional needs. Staff were responsible for preparing and supporting people at breakfast and with their evening meal. Lunch was provided and delivered to the service from one of the provider's other nearby extra care services.
- There were meal ordering forms in place and people's dietary requirements, allergies and health conditions were clearly noted and in line with their care records, along with information about any extra support needed.

- People were given choice and staff were aware of people's preferences. One person said, "I enjoy the food here. I can have breakfast down here, or up in the communal kitchen, it is up to me."
- We observed lunchtime on both days of the inspection. Staff provided any necessary support that was needed and people had their preferred drinks. Staff regularly asked people if they wanted extra helpings. One person did not want their dessert. The staff member asked them if they wanted it put aside to have later, which they agreed.

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

- People were supported to access a range of healthcare services. Records showed people had regular appointments, including visits to the epilepsy clinic and joint working with district nurses and dietitians. People were also supported to access the local dentist and chiropodist services.
- Where staff noticed any changes in people's health and wellbeing, these issues were discussed with the relevant health and social care professionals and referrals made. Samples of daily logs and people's communication books showed concerns were recorded and followed up.
- One person had a hospital passport in place, which clearly highlighted their support needs, medical history and medicines if they needed to go to hospital or in the event of an emergency.
- People told us they felt supported by staff to manage their health needs and were reminded about appointments. One relative said, "The staff understand them very well and pick up on everything, any little changes. They communicate this to me very well."

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- There were no restrictions in place and we saw people were free to leave as they wished. The registered manager and staff team had a good understanding of the MCA and followed best practice to ensure people consented to the care and support they received.
- Where one person had assistive technology in place for safety measures, the provider liaised with the local authority to ensure their liberty was not restricted. One person said, "I can come and go as I please. However, I do let staff know I'm going out just in case there is a fire."
- Where staff had concerns about people's capacity to consent to their care, capacity assessments were completed and there was evidence of best interests meetings and regular engagement with people's relatives and representatives.
- Staff completed MCA training when they first started as part of their induction and this was discussed with staff to ensure their understanding. One staff member said, "We don't force anybody to do anything here. They have a choice and if they refuse anything, we try later."

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

- The home was accessible to people who used the service, with a lift to support people with any mobility issues. People had their own rooms with ensuite bathrooms. People also had direct access to a large secure garden.

- New flooring had been put in place across the service since the last inspection, which had made an improvement. People had been involved in the decoration of the communal areas and the first and second floors had been colour coded to aid people's orientation.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives complimented the kind and compassionate attitude of the staff team. One person said, "The staff are brilliant, always happy and friendly and we have a good relationship." Comments from relatives included, "The staff are amazing, so very caring and attentive. It is one of the best things about here" and "I'm really pleased with the way in which they look after them. Nothing is too much trouble and they always make time, putting them at ease."
- We observed positive interactions throughout the inspection between people and the staff team. Staff were kind, understanding and attentive to people's needs. We saw staff responded with compassion and patience when one person became anxious, which gave them the necessary reassurance.
- A relative told us how their family member had been quite withdrawn and lacked confidence when they first moved in, but the caring nature of the service had had a positive impact on them. They added, "The support has really helped them come out of their shell."
- A health and social care professional told us during their visits to the service staff engaged positively with people and had received compliments about the staff team.

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

- People and their relatives told us they were involved in making decisions about their care and support and records confirmed this. One relative said, "Yes I am involved. They liaise with me and as a representative, we work together to do the necessary paperwork."
- Relatives also spoke positively about the support their family members had received regarding queries related to welfare benefits and housing support. One relative told us the staff team had fought on their behalf for extra care hours due to a change in needs. They added, "Everything they do is in their best interests."
- A health and social care professional confirmed the provider kept them updated about any changes or decisions related to people's care.

Respecting and promoting people's privacy, dignity and independence

- The staff team had a good understanding about the importance of respecting people's privacy and dignity and promoting their independence. We saw this was discussed with staff during their induction and reiterated in team meetings. Night care plans also had agreements with people on how often they wanted to be checked on.
- We observed positive interactions during the inspection of how staff respected people's privacy and promoted their independence. One person said, "I get on well with the staff as I trust them and they respect

me."

- One relative told us how the staff team had been very sensitive and respectful to their family member regarding one incident. They added, "The way they were treated, they didn't make them feel bad about it and they respected their dignity."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had personalised care records, with a one page profile that had information about people's key events, life experiences, preferences and how best to support people at different times of the day. For example, one person had clear and detailed information about their support needs and what approaches would work with them.
- People were supported by regular staff who knew them well. Staff were able to explain in detail how people liked to be supported and we could see this through our observations during the inspection.
- People told us they were happy with the support they received. One person said, "I had the chance to visit this place twice before moving in. The staff have been great and I have settled in really well, probably the best I have ever settled anywhere."
- Relatives were also positive about the staff team being able to meet their family member's needs. One relative said, "They see [family member] as an individual and treat them as an individual. They know their needs are different to others here and the care they get isn't a one shoe fits all. The care they give is very genuine."

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 communication needs had been assessed and staff had a good understanding of how to meet their needs. Easy read documents were made available to people to help their understanding. Staff also had regular discussions with people to ensure information was fully explained to them.
- There was clear instructions about the support people needed regarding their post and whether they managed it on their own, or if they required additional support from staff.

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 supported to be part of their local community and were encouraged to take part in activities and events to improve their health and wellbeing. We observed a weekly yoga class during the inspection and spoke with a relative who volunteered to run a weekly reading group.
- We saw people had been supported to enrol in a range of classes at a local adult education centre. People were also supported to one of the provider's activity resource centres, which was located in a nearby extra care service.

- One person told us they went to the resource centre regularly and was involved in day trips and a range of events, including a recent summer BBQ and Notting Hill Carnival event. They added, "I get to see other people and the staff are really friendly there too." Another person had recently been supported to go on holiday.
- The provider supported people's religious and cultural needs. People's care records had information about cultural needs and we saw one person was supported to mass. Relatives told us staff celebrated people's birthdays and people were supported to enjoy cultural foods. One relative told us their family member had built some lasting friendships with people who used the service since they had moved in. They added, "It has opened a new page in their life."

Improving care quality in response to complaints or concerns

- People and their relatives did not have any concerns or complaints about the service. One relative told us when they had raised an issue previously, they were happy with how it was dealt with. They added, "I haven't had any issues since and I have a great relationship with the staff who would listen to any concerns."
- There was an accessible complaints policy in place and a guide about complaints and what people should do if they had any concerns was displayed on noticeboards across the service.
- The care coordinator support officer told us a key part of their role was dealing with any issues that people might have and regularly met people and their relatives to discuss any issues. Feedback from people and relatives was positive about how helpful and supportive they were. One person said, "If I need anything or report any issues, she listens and always deals with it."

End of life care and support

- The provider had followed best practice and had worked with an organisation to offer training and support to lift the taboo around death, dying and bereavement and to raise awareness of the importance of end of life care planning.
- One person had an advanced care plan in place, which included their end of life needs, what was important to them and any funeral wishes.
- Supervision records showed staff were also supported when people had passed away. We saw management had asked about their wellbeing and whether they felt any improvements could be made when dealing with a person passing away.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider put people and their relatives at the centre of the service and we received positive feedback about the warm and homely environment. Comments from relatives included, "After we had the chance to visit and meet the team, it was such a lovely welcome I couldn't wait to get them in" and "I would recommend this place without any hesitation. You can sense it is a wonderful place."
- Staff were positive about the management team and praised the work ethic of colleagues and the working environment. Comments included, "She's the best manager I've ever had and the best team I've worked with. I really think everybody benefits from the work environment" and "One of the best things about this place is the team dynamic, and I don't just mean the staff. It is the residents, the families, all of us. It is our little community."
- One relative told us the service had held a dementia open day, to raise awareness and to have the opportunity to invite friends and family. They added, "It was really good fun and it created such a positive environment for everybody. I can't fault anything."

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

- The registered manager was aware of their regulatory responsibilities regarding notifiable incidents and they were supported by senior members of the management team. CQC regulations and key findings from CQC inspections were discussed at senior management team meetings and shared across the service.
- Staff had daily handovers that discussed each person and there were daily allocation sheets that highlighted staff responsibilities and tasks to be completed during each shift. One staff member told us they were regularly reminded about their role and what was expected of them.
- The provider also had further oversight across their services as an external auditor had assessed their CQC compliance and highlighted any areas where improvements could be made.
- Staff complimented the provider on how they were supported and kept updated during the change in management and merger with another organisation. One staff member said, "There was lots of communication and meetings and it was managed very well."

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

- The provider sought people's views about the care and support received through quarterly surveys, which were analysed to get an understanding of people's experiences. People's responses were positive and we

saw the provider take appropriate action in relation to one person's response about the menu choice. Positive feedback highlighted the staff team understood people's needs and the staff team was well managed.

- Staff met with people on a regular basis in their day to day roles and the most recent staff and resident engagement event showed people and their relatives were happy with the care they received. One relative said, "Whenever I come in, they stop what they are doing and talk with me. They always have time for me as well, which is great."
- The provider produced a monthly newsletter for staff, which provided them with updates about the organisation, events going on across their services and also recognising the hard work of staff, with monthly awards to recognise staff achievements.
- Staff were positive about the support they received and felt proud to be part of the organisation. One staff member said, "It's an amazing environment and I do feel valued. The support network is very good and I'm very happy here."

Continuous learning and improving care

- There were robust systems in place to monitor the service and ensure people received good standards of care. Regular staff meetings and management meetings discussed any issues with people's care and support. It also included staffing matters, on call procedures, staff training and fire safety procedures.
- There was a comprehensive range of audits completed across the service to help identify any areas of improvement. This included daily checks of people's medicines and regular checks of people's finance records. Health and safety checks were also carried out in people's flat and in communal areas.
- The provider also carried out internal quality compliance visits to monitor the service, in line with the CQC's inspection methodology. The most recent visit on 5 September 2018 was positive and did not highlight any areas of concern.
- We saw the provider had discussed and shared best practice guidance related to the safer management of medicines and findings from a recent CQC thematic review around oral care.

Working in partnership with others

- The provider worked closely with a range of health and social care professionals to seek advice and guidance related to people's health concerns. One health and social care professional told us they had recently been invited to an open day so local authority commissioners and operational colleagues could get a better understanding of the service.
- The provider had created links with a range of local organisations and voluntary groups. This included a charity which supported the weekly reading group. Age UK provided a hairdresser and where people could also access massage and beauty treatments.
- The provider was also part of the Extra Care Housing Provider forum in the local borough, where they met with other providers to discuss any issues. For example, one meeting discussed concerns raised related to unsafe hospital discharges.

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 their responsibilities of making sure they were open and honest with people and their relatives. We saw this topic was scheduled to be discussed at the provider's managers meeting the week after the inspection.
- A health and social care professional told us that quality, compliance and safety was discussed at quarterly monitoring meetings and the provider took the appropriate measures to safeguard people from harm and inform all necessary parties.

