Notting Hill Housing Trust

The Mildmays

Inspection report

6 Mildmay Park
Islington
London
N1 4PF

Tel: 02038152149
Website: www.nottinghillhousing.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

The Mildmays consists of three buildings that provide extra care services situated at 6 Mildmay Park, 20-26 Mildmay Park and 73 Mildmay Street. People who use the service live in their own flat at these addresses and receive support from care staff with their personal care.

This inspection was short notice, which meant the provider and staff did not know we were coming until shortly before we visited the service. At the last inspection on 10 November 2015 the provider met all of the legal requirements we looked at and was rated good. There had been one recommendation made regarding update of new risk assessments and this had now been resolved.

At this inspection we found the service remained Good.

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

People who used the service, and other stakeholders thought the service was safe, however, people did think that communication over changes to the staff rota could be improved.

The service was diligent with ensuring that the requirements of the Mental Capacity Act (2005) were complied with and proper consultation took place to help protect people's human rights.

People who used the service had a variety of support needs. Any risks associated with people's care needs were assessed, and the action needed to minimise risks was recorded and were updated regularly.

Staff training included mandatory training required for all staff. There were also opportunities for other training including specific training required where staff worked with people that had specific specialised care needs. Staff participated in regular supervision which was seen by staff as a supportive process. Staff appraisals took place yearly and the provider also undertook a half year appraisal review, so that performance was looked at formally twice each year. Development and training objectives were set arising from the appraisal system.

Staff respected people's privacy and dignity and worked in ways that demonstrated there was diligence at ensuring this.

People were able to complain and were supported to raise concerns. When concerns were raised these were listened to and the provider was open about action taken and changes made as a result.

People who used the service, relatives and stakeholders had a range of opportunities to provide their views

about the quality of the service. The provider worked hard to ensure that people were included in decisions about their care and their views about how the service was run were respected and taken seriously. This was also supported by the range of opportunities people had to share their views and participate in consultation meetings.

At this inspection we found that the service met all of the key lines of enquiry that we looked at and was not in breach of any of the regulations.

Further information is in the detailed findings below.

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 remained Good.

The provider assessed risks to individuals, and following a recommendation that we made at the previous inspection, risk assessments were kept fully up to date.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

The Mildmays

Detailed findings

Background to this inspection

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

This inspection took place on 22 and 27 November 2017. The inspection was carried out by one inspector who was accompanied by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services.

Before the inspection we reviewed the information we held about the service, which included notifications of significant events made to the Care Quality Commission.

We spoke with ten people who used the service who had agreed to speak with us. Relatives were also visiting during our inspection but on this occasion none wished to tell us about their views. We observed staff interactions during our visit and spoke with eight care staff, the assistant director of pathways, the deputy manager, the manager and the operations manager of the provider organisation. We also contacted a range of health and social care professionals prior to our inspection and received feedback from one professional in reply.

We reviewed nine people's care plans, looked at their risk assessments and communication records.

We looked at the training and supervision records for the entire staff team as well as the recruitment procedures for employing new staff and obtaining confirmation of background checks. We gathered evidence of people's experiences of the service by conversations we had with them, and by reviewing other communication that the service had with people, their families and other care professionals.

We also reviewed other records such as complaints information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

A person that had recently started using the service told us "I do feel safe the environment makes me feel safe. I have been worried about the service and whether I can get my shopping and washing done. I haven't got to know the staff yet because I have only been here for 3 or 4 weeks. There is a lot of different staff. I don't know their names. If I felt unsafe I would go to the office and tell them."

Another person told us "The staff are all good. I like everything. If I felt unsafe I can contact the office by telephone intercom." We were also told in detail by a third person, "Yes I feel safe because the staff come and see me. They are nice to talk too nobody has been unkind. They are all right. I think the staff are professional. If I felt unsafe I would go to the boss upstairs. Yes they do arrive on time. They don't help me with medicine all the time only if you have a bad cough they will phone up and get you an appointment."

A person we spoke with told us of a number of complaints they had made. We discussed these in details with the registered manager and found that this was an on going issue as the person wanted to go home. This was being discussed with the placing authority to try to resolve as the person clearly did not want to be living at the service.

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Everyone lived in their own individual flat or studio flat with their own bathroom and kitchen. There were communal areas where people could meet to socialise and many did so as we saw throughout our inspection. People were free to socialise or not in communal areas as they wished. People were free to come and go as they pleased. There was a main entrance door to each building which people individually had a key to and these areas were covered by CCTV and an entry phone system to monitor visitors to the buildings.

There was an up to date safeguarding policy and flow chart with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. Training records showed that all staff had up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. Staff we spoke with knew what safeguarding people involved and how to respond if they thought someone was at risk of abuse. Staff also confirmed with us that they had training in order to protect people.

The provider followed safe recruitment procedures to ensure that staff were not employed unless they were suitable to work with people. The service did not have a high staff turnover and many staff had worked at the service over a number of years. We looked at recruitment records for two staff that had been employed in the last six months. The necessary pre-employment checks were carried out by the provider's human resources department and confirmation was then sent to the manager. These checks included disclosure and barring service [including a criminal record check]. Employment history, references and notes of their interview. This meant that people were protected by a provider who was diligent in ensuring that staff were safe and appropriate to support them.

We looked at the staff rota for each building and saw that all shifts were covered with little or no use of

temporary staff being required. Staff were usually allocated to a specific building but sometimes did cover in another building in emergencies, however, staff told us this was not usually necessary. There was flexibility in the staffing level to allow more than one member of staff to provide assistance to people when this was required. There was an emergency alarm call system as a back-up for people using the service to use if they needed to and staff were on site both day and night.

At our previous inspection we had found that where new risks had been identified staff had recorded most of these and set actions to minimise and prevent any further occurrence. This had been rectified as a result of the recommendation that we made at that time. We saw that risk assessments were clear, detailed and specific to the needs of people who used the service. The service had common risk assessments such as falls; manual handling and medicines. These risk assessments then went on to describe other risks associated with peoples day to day needs. Risk assessments were reviewed regularly and had been updated if people's needs had changed.

Care plans recorded people's needs in this area and where someone had been assessed as unable to manage their own medicine this was supported by the staff or an external health care professional, such as a district nurse. Most people we were told were able to manage their own medicines. This was individually assessed in terms of each person's ability to manage their own medicines in terms of ordering, storage, administration and disposal of their prescribed medicines. We looked at the medication administration records (MAR) for four people. We found these had been appropriately completed and included the dosage and administration instructions. Staff received training in the safe handling and administration of medicines.

Staff received hygiene and infection control training. We were told that no one using the service had any condition that required specific infection control measures to be used. However, personal protective equipment such as gloves and aprons was readily available for staff when carrying out personal physical care tasks.

Some people reported to us that in one of the three buildings there had been a mice infestation issue. This had been resolved earlier in the year but had recently re-emerged. The registered manager was seen to inform a client consultation meeting that they would immediately place a call to the pest control company that had been monitoring the situation.

Good

Is the service effective?

Our findings

The people we spoke with usually felt that their needs were met. Another person using the service told us "They prepare nice food. I don't eat every meal but I always have a good breakfast. Lunch is at 1pm in the kitchen sometimes it is a bit late. They help me have a shower because I can't stand up for very long and I can't hold my own weight. There are no arguments when you ask. They have called an ambulance before."

Other people said "Staff clean my room, make the bed and they help do the shopping. "They always encourage me to eat and drink and encourage me to be independent" and 'The staff are nice, well trained and professional. They help me eat in the kitchen and they stay with me and cook for me. Today the care worker comes to take me out. I cannot manage my money alone they help me with this too."

The service was clear about obtaining consent to care and had done so in all of the care plans that we viewed. These people, apart from one whose family did this on their behalf, had all consented themselves to their care and had not required anyone else to do so for them. Relatives were consulted about care assessments and care plans with the permission of the people receiving care. Any involvement from families was recorded on assessments and care plans although in most cases people themselves were able to do this independently.

New staff underwent a two week induction before working at the service and then were tasked with shadowing other experienced colleagues before commencing duties with people on their own. A new member of staff who was on an apprenticeship placement told us, "I have been learning so much about care, I have never done this kind of work before." The induction programme was in line with the skills for care common induction standards and the provider was registered with skills for care. The induction involved reading policies and procedures and mandatory training such as health and safety, food hygiene, moving and handling and safeguarding.

At this inspection staff told us they received supervision every two to three months and also attended team meetings, group supervision and their practice was observed. Staff told us "We do get supervision every three months and also fill out self-assessments which we discuss" and "We get a lot of training, some of it each year, we are assessed and the training is supportive."

Supervision records confirmed all of these support mechanisms were in place. Annual appraisals also took place, with a half year appraisal review, and records confirmed this. The appraisal system was believed by staff to be a supportive experience with a member of staff telling us, "I have my appraisal and it really makes me feel appreciated." This showed that the provider continued to support staff to ensure that they had the skills and knowledge to carry out their role.

Staff had relevant experience and most staff had national vocational qualifications in health and social care or had obtained the care certificate. The registered manager stated that the provider maintained their commitment to having a well-trained and supported staff team, which the staff we spoke with also believed was the case. We viewed the staff training matrix and staff training was up to date. Where staff had not yet

completed new training or refresher courses this was highlighted for action by the staff and manager on the provider's training database which helped to ensure that training was attended to.

Where staff provided support to people with preparing their meals we found that this was managed effectively. People were supported to have enough to eat and drink throughout the day.

A hot meal was provided at lunchtime which people were free to join in with if they wished. There was a choice and could also request simple alternatives. Religious preferences were catered for. People could choose to have lunch in the dining room or in their own flat. People were mostly complimentary about the food. We do note, however, that this meal was optional and an additional service that the provider offered and people were not obliged to have a meal although this was available every day if people wished to do so.

Everybody at the service was registered with a GP and staff supported people who were unable to attend the surgery themselves or arrange home visits. Details of people's appointments were documented on care files for reference and we saw examples of where people had been assisted to make medical appointments and seek advice. At the staff handover, which we observed, changes to people's healthcare and daily needs were discussed. We saw evidence on care planning records that other professional were involved in people's health care such as dentists, hospital specialists, opticians and district nurses.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this was in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS), however, DoLS does not apply in a service of this kind. At the time of our inspection only one person was subject to appointee ship by their family and this approval was documented by the service and the person's family were consulted about decisions regarding their care.

Good

Is the service caring?

Our findings

Almost all of the people who spoke with us were positive about the service and their experience of care and support from staff, but some did raise questions about the information they were given.

A person told us, "The staff are okay they come in and wake me up. I have not received a copy on my care plan. I don't see them writing anything down. Oh yes they respect my privacy and dignity they don't pry into things." Three other people also said similar things about not being aware of their care plan or if staff wrote down what they do. We informed the registered manager about this to attend to and she informed us that she would ask all keyworkers to verify this with people.

We were also told that, "The staff attitude is fine. Yes they do respect my privacy and dignity" and "The staff always stay and talk to me. They don't embarrass me and they knock before entering my flat." A fourth person said, "The tasks that they do are typed in my care plan and they sign to say they have done them at what time and how long it took. They always knock the door before they come in."

Our conversations with staff and our observation of a staff handover meeting in one of the buildings demonstrated that staff knew people they supported. Staff did speak about people with respect and we were told this is always a focus and if this did not happen then the service would be very quick to address it. A member of staff said, "We work with different people which is good as we really get to know everyone that lives in the building" and "I talk a lot with my client and their family about their care, my client is happy with that as they have capacity and agree that I can."

The service had a dedicated activities co-ordinator that provided activities and events that people could join in with. People were not obliged to do so, but the activities were advertised and anyone could participate if the wished. In each building there were communal lounges with televisions, comfortable seating areas and other rooms that could be used for either meetings or private discussions. .

The service provided guidance to staff to ensure people were treated as individuals. The service provider had a charter of rights which was focused on empowering people using the service and to be supported and encouraged to make their own choices.

Good

Is the service responsive?

Our findings

A person told us, "I mostly speak to my keyworker. We have a customer's meeting once a month which I attend we discuss any complaints, any issues and events such as the Christmas party. If I have a complaint I just let the staff know or I report it to the office."

Other people said, "Yes staff do listen and keep me informed. I do get invited to meetings. I get a form downstairs about how to complain. I have received a questionnaire. I haven't made a complaint before" and "I go to the customers meeting. I know how to complain. Some of the staff come and visit me. I join in the meeting and the activities. We have a men's coffee morning on a Tuesday and we have a music group."

The nine care plans we looked at showed that everyone had a care plan and/or assessment from the placing local authority which was used to inform the service of people's care and support needs. Care plans offered guidance to staff on how to support each person and about the independence and ability that each person maintained. Care plans and risk assessments contained review dates, which were now clearer than they had been at our previous inspection.

Staff were aware of people's support needs and what they would do to encourage continued independence. Staff were aware of the information which needed to be recorded such as accidents, incidents, risk management and safeguarding and were aware of their reporting channels.

The provider emphasised the expectation that care and support should be provided in a person centred way. The charter of rights, as well as the other systems and processes that were in place supported this aim. Recognition of people as individuals first and acknowledging each has unique needs was a core theme. People's rights were acknowledged and recognised in terms of their heritage, culture, religion and personal lifestyle choices. We saw that where people's lifestyle choices may place them at potential harm, an example of which we were previously aware of, this was responded to appropriately but sensitively. The service had a variety of resources with which to enable clear communication with people if their particular circumstances required different methods of communication. An example is by producing written information in different formats, although we were told that no-one presently had the need to use sing language or other forms of direct communication. The policies of the service supported this.

In between the two days that we visited the manager, along with other staff and some of the people that used the service attended a diversity celebration event that was held by the local council.

People were given support to make complaints. Since our previous inspection in November 2015 there had been twenty-five complaints. These were usually minor concerns which were resolved quickly. In one instance repeated complaints were made by a relative of someone using the service, although being complimented by another relative. We explored this with the registered manager who was able to demonstrate what action the service continued to take regarding these issues. The service also received a number of compliments and thank you cards from people using the service and others. The provider took complaints or concerns seriously and made sure that a variety of channels existed for people to raise

concerns either with the service and its staff directly or with the provider.

The service did not specialise in providing end of life care. However, this important issue was not ignored and there were positive links with the end of life team and district nurses. This ensured staff had the support and training to support other professionals and most importantly people using the service to receive effective end of life care to people.

Good

Is the service well-led?

Our findings

Almost everyone we spoke with raised a concern about not being informed of changes to who was going to be supporting them. We raised this as a matter for the provider to address and resolve as although there were enough staff it is evident that not everyone knew for certain who was going to be supporting them each day.

In terms of other views that people had we were told, "Yes I find the managers are approachable. The person in charge is very nice", "Oh yes it is managed well. [Manager] comes in from time to time. [Deputy Manager] might come for the customer meeting. They are all right", and "I like the managers they are funny and cheeky. I would say 8 out of 10 for the quality of service."

Other people told us that they preferred particular staff and that sometimes there were temporary staff who did not seem to speak good English and that for one person they thought there medicine was sometimes given to them late. We made these comments for the attention of the provider, although in other respects people did overall like and trust the people that supported them.

The manager was supported by three senior members of staff and a deputy manager. Other members of staff that provided direct care also had the opportunity to lead shifts when they were on duty. There was an open door policy where people at the service could speak with the manager and other staff at any time. We saw that the main offices at each building were left with the door open whenever staff were present and people were responded to whenever they came to the office to ask for things.

Staff told us they felt well supported by each other and the management team. Staff contributed to how the service was run, through regular staff team meetings and twice daily handover meetings. The staff we spoke with knew their roles, the lines of accountability and about what was expected from them.

There were systems in place to monitor the service. For example, the manager and other members of the management team carried out audits across a range of areas. These included medicines, care plans, staff performance and day to day operation of the service.

Relationships with outside agencies and stakeholders continued to be well managed. The provider carried out regular comprehensive audits across the entire operation of the service and senior managers from the provider organisation regularly visited. The provider was open and transparent in looking at the service performance and identifying areas for improvement, learning from events that occurred and making changes. Feedback we received from a local authority that commissioned the service demonstrated that they trusted the way the service responded to people's needs. The provider was honest and transparent about the challenges the service faced and any improvements that needed to be made.