

# Notting Hill Housing Trust

# Mitchison Court

## Inspection report

Mitchison Court  
Downside  
Sunbury On Thames  
Middlesex  
TW16 6RX

Website: [www.nottinghillhousing.org.uk](http://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

Mitchison Court is an extra care sheltered housing scheme, providing personal care and support to people in self-contained flats to maintain their independence. Mitchison Court is managed and maintained by Notting Hill Housing Trust. Care and support is provided by staff who are on site 24 hours a day, the dedicated staff team only provide support to people living at Mitchison Court. People also received additional support from other agencies. Some people living at Mitchison Court were totally independent. People who received support included those living with frailty, mobility needs and health conditions such as dementia. There are a number of communal areas and social activities available to people within the building, as well as an onsite restaurant and day centre. At the time of this inspection the scheme was providing a service to 35 people.

The inspection took place on 20 and 26 July 2016, and was announced. As the service is run similar to a domiciliary care agency we gave 48 hours' notice of the inspection to ensure that staff would be available in the office to assist us with the inspection.

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 2008 and associated Regulations about how the service is run.

People had care plans in place for identified care and supports needs. We found that staff were knowledgeable about people's needs and risks and what action to take to protect them from these risks. Staff responded to changes in people's care needs.

Staff understood the importance of promoting independence and this was reinforced in people's care plans. People were supported to express their views and to be involved in making decisions about their care and support. People told us that staff were responsive in changing the times of their visits and accommodating last minute appointments when needed. People had access to activities that were important and relevant to them.

People and their relatives told us they felt safe at Mitchison Court. Staff had a clear understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There were sufficient numbers of staff deployed who had the necessary skills and knowledge to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff started work.

Medicines were managed, stored and disposed of safely. Medicines were administered by competent staff and any changes to people's medicines were prescribed by the person's GP.

People lived in a safe well maintained environment. People had access to bathrooms that had been adapted to meet their needs; there was specialist equipment such as adjustable chairs and specialist beds as required. Arrangements were in place for the security of the building and people who lived there.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a business contingency plan that identified how the service would function in the event of an emergency such as fire, adverse weather conditions, flooding or power cuts.

The registered manager ensured staff had the skills and experience which were necessary to carry out their role. All new staff completed an induction programme at the start of their employment. Training was provided during induction and then on an ongoing basis. Staff had received appropriate support that promoted their development. The staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing.

Staff were up to date with current guidance to support people to make decisions. Staff had a clear understanding of the Mental Capacity Act (MCA) as well as their responsibilities in respect of this. People confirmed that they had consented to the care they received. They told us that staff checked with them that they were happy with the support being provided on a regular basis. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise.

People were supported at mealtimes to have the food and drink of their choice. The support people received varied depending on people's individual circumstances. Staff were available to support people to attend healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

Positive, caring relationships had been developed with people. Everyone told us they were treated with kindness and respect by the staff who supported them. Staff were respectful of people's privacy and maintained their dignity.

People and their relatives told us they were aware of the formal complaint procedure and they were confident that the registered provider or staff would address concerns if they had any.

People and their relatives said that staff provided a good service. Staff were motivated and told us that they felt fully supported by the management team. They said that the registered manager and senior staff were approachable and kept them informed of any changes to the service.

People's care and welfare was monitored regularly to ensure their needs were met. The provider had systems in place to regularly assess and monitor the quality of the care provided.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the service.

Senior management liaised with and obtained guidance and best practice techniques from external agencies, professional bodies and experts in their fields.

## 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.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities in relation to this.

Risk assessments were in place to provide direction to staff and promote people's safety.

Recruitment practices were safe and relevant checks had been completed before staff commenced work. There were sufficient numbers of staff to meet people's needs.

People's medicines were administered and stored safely.

### Is the service effective?

Good ●

The service was effective.

People's care and support promoted their well-being in accordance to their needs.

Staff understood and knew how to apply legislation that supported people to consent to care and treatment.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs.

People were supported with their health and dietary needs.

### Is the service caring?

Good ●

The service was caring.

People valued the relationships they had with staff and expressed satisfaction with the care they received.

People were treated with dignity and respect and were involved with all aspects of their care. They were encouraged to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before care was delivered by the service and on a continuous basis. Information regarding people's care and support was recorded and reviewed.

People had access to activities that were important and relevant to them. People were protected from social isolation as there was a range of activities available.

People were encouraged to voice their concerns or complaints about the service.

### Is the service well-led?

Good ●

The service was well-led.

The provider actively sought, encouraged and supported people's and staffs involvement in the improvement of the service.

People told us the staff were friendly, supportive and management were always visible and approachable.

The provider had systems in place to regularly assess and monitor the quality of care and support people received.

# Mitchison Court

## **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 checked 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 20 and 26 July 2016 and was announced. The provider was given 48 hours' notice because we needed to ensure that staff would be available to assist us during the inspection. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We gathered information about the service by contacting the local authority safeguarding and quality assurance teams. We also reviewed records held by the Care Quality Commission which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

During the inspection we spoke to seven people, two relatives, four domestic care officers, the care co-ordinator, activities co-ordinator, resource manager and the registered manager. We reviewed records relating to people and the service such as four care records, four staff files, medicines records, recruitment and training information, policies and procedures and other documentation relevant to the management of the scheme.

We last inspected the service on 3 February 2014 where no concerns were identified.

# Is the service safe?

## Our findings

People told us they felt safe and secure with the staff who provided care and support. A person told us, "I feel very safe with them. If I need anything they will help me, I feel very secure here." A relative told us, "My [family member] is very safe with them."

People were protected from the risk of abuse. Staff were aware of the signs and what to do if they suspected any abuse. A member of staff told us, "I would report anything I was worried about. We have a responsibility to the people who live here." The service held the most recent local authority multi-agency safeguarding policy as well as current company policies on safeguarding adults. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received safeguarding training within the last year. Information on identifying abuse and the action that should be taken was also freely available to people.

The provider had systems in place to reduce the risk of financial abuse. There were arrangements in place to safely store people's money. We saw each person had their income and expenditure recorded and verified by the care co-ordinator.

Risks to people were managed safely and in accordance with their needs. Assessments were undertaken to assess any risks to people and to the staff who supported them. These included where people were at risk of injuries, falls or from self-medicating. Risk assessments included information about action to be taken to minimise the chance of harm reoccurring. Some people had restricted mobility and information was provided to staff about how to support them when moving around their home, transferring in and out of chairs and their bed. Assessments included what equipment should be used, who provided this and when it was last serviced. Staff were aware of the risks to people; they had read the risk assessments and knew what to do in accordance to people's needs.

There was a system to manage and report incidents, accidents and safeguarding concerns. Members of staff told us they would report concerns to the registered manager. Incidents were reviewed which enabled staff to take action to minimise or prevent further incidents occurring in the future. We saw accident records were kept. Each accident had an accident form completed, which included immediate action taken. One person had suffered a fall in their home. The action points were recorded, hospital treatment had been provided and a referral to an occupational therapist had been made to review their environment.

People lived in a safe well maintained environment. The communal areas and corridors were free from obstacles and handrails were placed throughout the building to support and aid people's mobility. People had access to bathrooms that had been adapted to meet their needs; there was specialist equipment such as audio books, adjustable chairs and specialist beds as required. Fire, electrical, safety and specialist equipment were inspected on a regular basis to ensure they were safe and in working order. Arrangements were in place for the security of the building and people who lived there. Entry to the building was managed by staff. A book recorded all visitors to the building.

Arrangements were in place to minimise the impact on the delivery of care during an emergency. Fire safety arrangements and risk assessments for the environment were in place. Each person had a personalised emergency evacuation plan and staff carried out regular fire drills and evacuations so they knew what to do in the event of a fire. There was a contingency plan in place and staff had a clear understanding of what to do in the event of an emergency such as adverse weather conditions or flooding.

Robust recruitment processes were in place and had been followed to protect people from being cared for by unsuitable staff. The provider ensured that the relevant checks were carried out as stated in the regulations. Staff were not allowed to commence employment until satisfactory criminal records checks and references had been obtained. Staff files included employment history, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

There were sufficient numbers of staff available to meet people's needs safely. Staffing levels were determined by the number of people using the service and their needs. People told us they knew the staff and generally received a service from a group of known workers. They also said that if staff felt that it was necessary to stay for longer than their allotted time, then they did so to ensure that people were safe and all tasks completed to their satisfaction. Staff assisted people in a range of ways from getting up in the morning or retiring to bed in the evening, supporting them in their personal care needs and providing moving and handling support where people's mobility placed them at risk. A person told us, "The staff are fine, there is no-one in particular assigned to me. They help me with my shopping; cleaning my flat and they give me my medicines." Another person told us, "Staff will check on me and see if I am OK."

People told us they were happy with the support they received with their medicines. People confirmed that they received their prescribed medicines in a timely manner from staff and that their medicines were stored securely in their own homes. Their comments included, "Yes I get my medicines on time" and "I self-medicate so staff order and put my medication away." Staff were able to describe how they supported people with their medicines. Only staff who had attended training in the safe management of medicines were authorised to administer medicines. Any changes to people's medicines were prescribed by the person's GP.

Arrangements were in place to record medicines. The medicines administration records (MAR) were accurate and contained no gaps or errors. A medicines profile had been completed for each person and any allergies to medicines recorded so that staff knew which medicines people could safely receive and which to avoid. A photograph of each person was present to ensure that staff were giving medicines to the correct person. There was guidance for people who were on PRN (as needed) medicines. PRN records included dosage details and the reason they may require them. All medicines coming into and out of the service were recorded and medicines were checked and recorded at each handover.



## Is the service effective?

### Our findings

People felt staff were trained and competent in their work. A person told us, "They know what they are doing and they know what I need." A relative said, "Staff are absolutely brilliant."

People received care and support by competent staff. The provider ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. New staff confirmed that they attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. One staff member said, "We go to London for two weeks training before we start work and then have two weeks shadowing another staff member and learning the routines." The provider's records confirmed there was a training programme in place that included courses that were relevant to the needs of people who received a service from the agency. Staff had received training in areas that included manual handling, personal care, food hygiene, and safe administration of medicines. Training was delivered in different formats such as online learning, DVDs and face to face training courses.

Staff received appropriate support that promoted their professional development. Staff confirmed they had regular meetings with their line manager to discuss their work and performance. A member of staff told us, "They're very good, you can have a discussion about any problems and they will look for solutions. We always get a response." Documentation confirmed that regular supervision and annual appraisals took place with staff. Management observed staff in practice to review the quality of care delivered and any observations were discussed with staff with the aim of improving the care they offered to people.

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's rights were protected. The majority of the people using the service had the capacity to make decisions for themselves. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was in line with the MCA which guided staff to ensure practice and decisions were made in people's best interests. A person told us, "It's to protect people who can't make big decisions for themselves and that care should be discussed and be in their best interests."

People confirmed they had consented to the care they received. A person told us, "They always ask for my permission before they do something, particularly when doing personal care." They told us that staff checked with them that they were happy with the support being provided on a regular basis. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

People and their relatives were happy with the support they received to eat and drink. A person told us, "Staff bring food up from the restaurant for me, which is very good." Another person told us, "The food is good and we have a roast on Sunday." A relative told us, "Staff help [my family member] to come down for lunch in the restaurant."

People were supported at mealtimes to have food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Some staff reheated food and ensured meals were accessible to people, whilst others required greater support where staff prepared and served meals, snacks and drinks.

People had access to healthcare professionals such as doctors, district or specialist nurses, and other health and social care professionals. Staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. Outcomes of people's visits to healthcare professionals were recorded in their care records. Staff were given clear guidance from healthcare professionals and staff followed this guidance.

Staff responded effectively to people's healthcare needs. A relative told us, "Even when [family member] did not want to see a doctor, they did not give up as they knew [family member] was not well. We are so grateful." The person had refused healthcare treatment but staff persevered as they knew the person was not well. As a result the person was admitted into hospital for treatment.

## Is the service caring?

### Our findings

People told us they were treated with kindness and respect by the staff who provided care. A person told us, "Staff are very supportive. They do a call in the morning. They always pop in and check on me." A relative told us, "We are so grateful [family member] is here. The staff are so patient with [family member]."

Positive, caring relationships had been developed with people. A person told us, "We have a good relationship, we are always chatting." A relative told us, "They know her and know how to manage her care." People told us that having consistent staff enabled them to get to know the staff and staff get to know them and their family.

People were involved in making decisions about their care and support needs. People told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. A person told us, "They know I like to get up and do my own thing."

People were able to make choices about their care and support, such as when to get up in the morning, what to eat, what to wear and the activities they would like to participate in to help maintain some independence. Staff said they understood the importance of promoting independence and choice. One staff member said, "Even if it's only small things I will always ask people to try themselves, like asking them if they want to wash their own face, if they can't or don't want to I will do it for them but I always ask." People had the right to refuse treatment or care and this information was recorded in their care plans. For example, when people refused healthcare.

People told us that staff treated them with respect, and maintained their dignity. Staff understood the importance of respecting people's dignity, privacy and independence. Staff told us they gave people privacy and dignity whilst they undertook aspects of personal care. One staff member told us, "I always use two towels to cover the person so they are exposed as little as possible. When someone is using the loo we will wait outside and tell them to buzz when they have finished." People's needs varied regarding the support they required with personal care, so staff would either provide full support or would be nearby to help ensure the person's safety. For example if a person was at risk of falls.

Staff knew the people they supported. Staff were able to talk about people, their likes, dislikes and interests and the care and support they needed. Information in care records highlighted people's personal preferences, so that staff would know what support people needed. They were aware what TV programmes and activities people liked. They also knew what people preferred to eat such as wheat breakfast biscuit with butter and jam.

Staff had detailed information in care records that highlighted people's personal preferences, the support and care required and equipment to be used, so that staff would know what people needed. Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations.

People were supported to express their views and to be involved in making decisions about their care and support. A relative told us, "If staff have any concerns, they will contact us so we can discuss it." A person told us, "Yes I am involved in my care."

Relatives and friends were encouraged to visit and maintain relationships with people. A relative told us, "We hired the lounge to celebrate [family member's] birthday, the chef did a buffet for 25 people. It is very handy as it is local." People were protected from social isolation with the activities, interests and hobbies they were involved with. They were also encouraged through various social events to develop friendships with people living in the wider community.

## Is the service responsive?

### Our findings

People were satisfied with the service provided and their needs were responded to in a timely manner. A person told us, "I am very happy with the service. I know staff are there if I need them." A person told us, "Staff always look out for me, as they know I have good and bad days. They are very good; they know what to do if I have a bad day."

Pre-assessments were carried out before care was delivered to ensure people's needs could be met. These were reviewed once the person had settled down with the care provided. The information recorded included people's personal details, care needs, and details of health and social care professionals involved in supporting the person such as doctor and care manager. Other information about people's medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were also recorded. This information was used to develop care and support in accordance to people's needs to ensure staff had the most up to date information.

People received care that was responsive to their individual needs and preferences. People told us that staff were responsive in changing the times of their visits and accommodating last minute appointments when needed. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. Most of the support provided by staff was for personal care, cleaning, meal preparation or administration of medicines. Some people required additional support such as shopping or going out which staff carried out. Staff told us, "We would do anything we could for people. It's an extra care service and any of the staff would go that extra mile."

Staff were kept informed about the changes in visits and the support people required. A member of staff told us, "If I notice something one day I will pass it on and then other staff members can do the same. We can then tell the managers and they can put it in their file." Staff said they felt they had enough information in care plans but generally relied on talking to people regarding their likes and dislikes and how they wanted things done. Changes to people's care was recorded in their care record. It is important that this information is kept up to date as it is used to provide care and support in accordance to people's needs. Staff were aware and responded to the changes in the person's needs, they had noticed that one person was neglecting themselves, so staff increased their support to meet the person's additional needs. Staff were knowledgeable about people's needs and risks and what action to take to protect them from these risks. The registered manager told us they were in the process of moving support plans onto an electronic system and senior staff had undergone training regarding this. They acknowledged that care plans could contain more detail.

The provider provides activities to people living on the site. People had access to an on-site day centre run by the local authority which people from the local community and Mitchison Court used, as well as local day centres which provided an opportunity for people to form relationships. The PIR provided information about the local groups people attended which we were able to verify during the inspection. People confirmed that they took part and enjoyed the various activities such as bingo, knitting, art and gardening. There was a

garden project that several people were involved with, one person used to work at a national park and loved working in the garden. They felt it supported their well-being. We saw photographs of outings or events people had attended and staff encouraged people to engage in activities. The range of activities meant that people were less likely to experience social isolation. One staff member told us, "We encourage people to come downstairs for tea so they have company and can sit with other people, it makes people feel safe and secure knowing there are others around."

People were encouraged to give their views and raise concerns or complaints. People and their relatives told us they were aware of the complaint procedure and that they were confident that the registered manager would address concerns if they had any. We reviewed the complaints log and noted that one complaint had been received in the last twelve months. A person told us, "I have never had to make a complaint but I would speak with the manager."

# Is the service well-led?

## Our findings

People and their relatives said that the agency provided a good service. A person told us, "I am very happy with the service. The manager is very good." A relative told us, "We are happy with the care provided."

People were involved in how the service was run. Peoples' feedback was sought in a variety of ways such as a newsletter, discussions with people and their relatives and meetings. We read the minutes of the last meeting which covered updates about the garden, maintenance, activities and staffing.

Staff were involved in the running of the service. The provider ensured that staff received appropriate training, team briefings, and management support which reflected their values, all of which were discussed in meetings with their line manager. Staff told us regular staff meetings and supervisions were held and they felt they could make suggestions and that these were listened to. For example, there were problems with keys and the allocations list. Staff were asked what would help and their solution was implemented.

Staff felt supported by the registered manager and care co-ordinator. They told us, "He's [registered manager] very easy to approach and a very good listener. Both of them listen and will give you a result" and, "I can go to him and in confidence talk about anything that's worrying me. He will ask questions and after a while I realise he is helping me find my own solution."

The registered manager and care co-ordinator had an open door policy, and actively encouraged people to voice any concerns. They engaged with people and had a vast amount of knowledge about the people using the service. They were polite, caring towards them and encouraging them. People felt they were approachable and would discuss issues with them.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care records and other confidential information about people were kept in a secure office. This ensured that only people who were involved in people's care could gain access to their private information.

There were a number of systems in place to ensure staff assessed and monitored the quality of care provided to people in their homes. The provider conducted regular spot checks to people's homes to assess the quality of work undertaken by staff and to review environmental risks to people and staff. The provider also reviewed care, accidents and medicine documentation during these checks.

In the PIR the manager told us 'Internal compliance audits will be undertaken 6 monthly by the Care and Support Compliance Officer who will additionally undertake monthly spot checks. The format aligns with the CQC 5 KLOE's and provides the manager with an action plan where any improvements are required. We saw evidence to confirm this was happening. The provider's team conducted regular audits linked to Regulations such as staffing, person centred care and the MCA. The findings from these audits were collated and an overall action plan was in place to check that timely actions were taken to drive improvements. For example, an audit had identified issues with the care plans and work had commenced.

Management liaised with and obtained guidance and best practice techniques from external agencies and professional bodies and experts in their fields. The service liaised with the National Activity Providers Association (NAPA) and Ladder to the Moon to support creativity, innovation and a vibrant care culture.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, and safeguarding. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures.