Care Quality Commission

Notting Hill Housing Trust

The Mildmays

Inspection report

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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

Overall summary

The Mildmays is made up of three 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 apartments at one of these addresses and receive support from care staff with their personal care. There were 99 people using the service at the time of our inspection.

The service had a manager in post that had just commenced their registration with the Commission. A registered manager is a person who has registered with the CQC 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 using the service told us they felt safe and were happy living there. We saw people were looked after by staff who knew them, gave them individual attention and looked at providing additional assistance as and when required.

We observed staff behaving in a caring manner towards people and, with one exception, people told us that staff were caring and kind. Staff respected people's privacy

Summary of findings

and dignity and their individual preferences. There were people of different nationalities living at the service and people were not discriminated against due to their heritage, cultural or religious beliefs, illness or disability.

We found that staff received training to support them with their role when they joined the service and on a continuous basis, including the opportunity to obtain a professional qualification in care, to ensure they could meet people's needs effectively.

People told us they were supported to maintain their independence and maintain their life skills with no more than the necessary support from staff that was required to help them retain their independence.

People received regular assessments of their needs and any identified risks. The service worked well with external agencies and people's families and friends.

People, staff and professionals who had contact with the service spoke positively about the new manager and most specifically about the high quality of care that the staff team provided. People thought the service was well organised and that their needs were met.

Summary of findings

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. Staff were trained in the safe handling of medicines and correct safeguarding procedures to enable them to keep people safe.

Staff were confident, and were not at all hesitant, about what they would do if someone was at risk of abuse and who to report it to. The provider assessed risks to individuals and gave staff clear guidelines on how to protect people in their home.

Is the service effective?

Good

The service was effective. People received effective care as staff listened to what they wanted, knew the people they were caring for and treated them as individuals.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005, and knew what they needed to do to raise any concerns about capacity if these arose.

People were supported to eat and drink a healthy diet which met their dietary and health needs, including people suffering with medical conditions such as diabetes.

Staff received regular training, supervision and appraisal which ensured they had the skills and knowledge to meet people's needs.

Is the service caring?

Good

The service was caring. People told us that they felt staff were usually kind and compassionate. People were treated with respect and dignity.

Staff knew people and their preferences. People's relatives were able to visit when they wanted.

In all of our observations of the interactions between staff and people using the service we found that staff displayed a caring and considerate attitude.

Is the service responsive?

Good

The service was responsive. People's needs were reviewed regularly. Where the need for changes was identified care plans were updated in consultation with people, their key worker and external stakeholders.

Staff communicated with each other and the management team on a daily basis to ensure that information was shared about people's changing needs.

People and others, for example their relatives, were given information about how to make a complaint and they felt confident to do so if needed.

Is the service well-led?

Good

The service was well-led. People were asked for their views through meetings and regular sessions with their keyworker. Staff, people and their relatives could approach the manager with their queries feedback was listened to so that improvements could be made.

Summary of findings

The manager was visible and approachable and we received positive feedback about the management of the service as a whole from people using the service, staff and health and social care professionals.

Audits were carried out across a wide range of areas and this showed that the provider regularly monitored the quality and performance of the service.

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 10 November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by two inspectors who were 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 11 people who used the service. We observed staff interactions during our visit and spoke with five care staff, the activities co-ordinator, the deputy manager, the manager and the area manager of the provider organisation. We also contacted a range of health and social care professionals prior to our inspection and received feedback from two professionals in reply.

We reviewed five 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 staff 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

People we spoke with told us "I feel completely safe here. I have a band on my wrist that I press if I need them", "The staff are very good. They give me all my tablets and come in when they are supposed to. They phone up and see if I am alright" and "I have been ill a few times and when I woke up I was in hospital. They keep an eye on me when I am sitting outside in the lounge area. I feel 100 per cent secure here. People only have time for themselves, but not here." However, another person said "They keep changing the staff and that upsets me", which we fed back to the manager.

Most people felt that there were enough staff and that they came quickly when called. Someone told us "If I don't feel too well, they come very quickly." Another person said "one day I collapsed in my bathroom. I crawled across to the bed and pulled the cord and they were there in quick time. They come every morning to give me my medicine. I am never in want of anything." However, another person said "some of the staff are a bit rude to me. They don't want to help me because they have other people to deal with on the other floors. It's not too bad but I have to have patience. I would like them to come more quickly." We mentioned this to the manager who told us they would explore this view in more detail.

Everyone lived in their own individual flats or studio flats with their own bathroom and kitchen. There were communal areas where people could meet to socialise with other people living at the service if they wished to. People had their own key to their flat and were free to come and go as they pleased. There was a main entrance door to each building which people individually had a key and these areas were covered by CCTV and an entry phone system to monitor visitors to the buildings.

We saw that 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. All staff had received 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 were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns.

We found that the service followed safe recruitment procedures to ensure that staff were not employed unless they were suitable to work with people. For example, relevant pre-employment checks were carried out by the provider's human resources department and confirmation was then sent to the manager. As the manager had only been in post a few weeks they had not to date received checks for any staff as no new recruits had been appointed. We did, however, verify the process with the area manager for the provider organisation.

People using the service thought there were usually enough staff. Staff rotas were prepared in advance. 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 tasks with specific people were scheduled and staff were sometimes asked to provide additional cover and support if this was required in any of the three buildings and not only in the building in which they usually worked. There was enough flexibility in the staffing level to allow more than one member of staff to provide assistance to people when this was required and to respond in case of anyone activating the emergency alarm call system.

Assessments had been undertaken to identify risks to people using the service. Identified risks had been appropriately recorded and actions had been implemented to minimise the risk and help prevent any future occurrence. We saw risks had been identified in areas such as finances, personal safety, physical health, medicines, moving and handling, management and environmental health and safety issues. We saw where risk assessments had been completed these had been signed by the person they related to.

Where new risks had been identified staff had recorded most of these and set actions to minimise and prevent any further occurrence. Although risk assessments had been completed, not all had been reviewed or updated as required. We viewed accident and incident reports for four people and found that new risks which had been identified for two people had not been included on their risk assessment as instructed on the incident report. Although this information had not been added staff were aware of the incident reports and recognised the potential risk that gaps in records could present. We were later informed that the risk assessments were being updated but had not as yet been replaced in the care records.

Good

Is the service safe?

People were individually assessed on the ordering, storage, administration and disposal of their prescribed medicines. Care plans recorded people's needs 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. Staff support with medicines varied depending on the need of the individual. Some people managed their medicines independently, whilst others received verbal reminders or where needed were fully supported.

We looked at the medication administration records (MAR) for three people who needed help to receive their medicines. We found these had been appropriately completed and included the dosage and administration instructions. We noted that one person's evening medicine had not been signed for. We discussed this with staff who confirmed this person's medicine had not been administered as prescribed. This omission had been picked up quickly by the morning staff who had taken the appropriate action to ensure there were no adverse effects for the person who had not had their medicine administered. An incident record had been completed and a full record of the action taken had been recorded in the person's daily notes. We were told that the incident was being investigated and the staff member involved in the incident (the person who had not administered the medicine) had been suspended from administering medicines until they had received further training in medicines management, including a competency assessment.

Staff told us that all flats were fitted with alarms in case of an emergency. People using the service also held personal alarm systems to raise a call for help in an emergency. Staff told us that the personal alarm system was operated by an external company. During our inspection we observed an emergency where an alarm had been activated but the system had not alerted staff as expected and there was a 45 minute delay in the alarm call coming through to staff via the system operator. Staff had been alerted to the incident via an alternative method and dealt with the situation. As a result of this incident staff had immediately implemented an investigation as to what had gone wrong with the external operator.

Good

Is the service effective?

Our findings

The people we spoke with told us their needs were met. Staff came when they were expected and carried out the planned tasks, be it shopping, bed-making, cleaning, washing or cooking.

We found that new staff completed a two week induction programme before working at the service and then were tasked with shadowing other experienced colleagues before commencing duties with people on their own. The induction programme was in line with the Skills for Care common induction standards and included 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 three months and could ask for this more regularly if they wished to. Staff told us they were well supported and communicated as a team in a very effective way which was also praised as a valuable source of support. Annual appraisals also took place and records we viewed confirmed this. 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. The aim of the service was that all staff achieved this qualification after they had completed their probationary period. We note that the service was highly committed to having a well-trained and supported staff team, which the staff we spoke with also praised highly. We reviewed 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.

In our conversations with staff we found they had a good knowledge of the implications of the Mental Capacity Act 2005 (MCA) or when to apply it in relation to a person's liberty. Staff training took place and we also found that staff were able to demonstrate awareness of deprivation of liberty and how this may relate to their day to day work. They also had an understanding of the Deprivation of Liberty issues and recent legislative changes and were aware of actions that the service would need to take if this applied to the people who used their service.

One person who needed help with meal preparation said they had the support they needed to make meals and told us "I am a bit nervous of using the oven and burning myself and they make me a cooked breakfast or a bacon sandwich for supper. They ask if I want a sandwich."

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 people could also request simple alternatives, such as roast chicken, fish and chips, omelette or a pork chop. Religious preferences were catered for. People could choose to have lunch in the dining room or in their own flat. They were complimentary about the food. People told us "The meals are good. It's not hotel food but you are never short.", "The food is much better now. I complained when it was not cooked properly on weekends and it improved" and "the food is much better than when I came."

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 their files for reference and we saw examples of where people had been assisted to make medical appointments and seek advice. The staff we spoke with were able to provide examples of action they had taken and at the staff handover we found that and changes to people's healthcare needs were discussed. We saw evidence that other professional were involved in people's health care such as dentists, hospital specialists, opticians and district nurses.

Good

Is the service caring?

Our findings

Almost all of the 11 people who spoke with us were highly positive about the service and their experience of care and support from staff.

One person told us "I find the staff are caring. One has been helping me to write letters to my brother. If you are in the sitting area, they will make you a cup of tea. I can talk to (staff member) if anything bothers me." Another said "I am well treated. The staff are excellent in every way. If they can help you with anything they try to do it. Any time I need help, it's there. They call in day and night. There are a lot of new staff, but I still know them. They ask me if I'm alright. They seem to know what I need. When I am upset, they cheer me up. I can't say a bad word about them."

Someone who had been using the service for a number of years told us "The staff are brilliant. They do their best for each and every one of us. Everybody takes care of me in a good way." Although this person did say they wished staff could have more training in dealing with his particular condition which we passed on to the manager. Another said "I couldn't ask for better. The staff are beautiful. We get along fine. My needs are very limited but they never leave me out. They even invite me when the old ladies get together. If I am coming down the hall, they will offer to push me. I am at home here, the staff treat me fantastically."

However, another one person was more critical "they don't often discuss what I need. I have to explain to them. If I need anything I talk to my support worker and she helps me. She's better than the staff here." We shared this view with the manager to explore further.

We found from our observations and what people told us that positive relationships were formed between staff and people using the service as staff interacted with people well and got to know their likes and dislikes. Our conversations with staff and our observation of a staff handover meeting in one of the buildings showed that the staff did know the people they supported very well.

The service had a dedicated activities co-ordinator that provided activities and events that people could join in with if they wished. In each building there were communal lounges with televisions and comfortable seating.

The activities co-ordinator works on all three sites and often brings people from one building to another so they can have some fresh air, a change of scene and a range of activities. We were impressed with this person's enthusiasm and resourcefulness. They involved a wide range of organisations in the provision of activities, from the Mary Ward Centre and the Guildhall School of Music to museums and sports organisations. Where possible and appropriate, they arrange for befrienders to visit those who prefer to remain in their own flats. As well as arts and crafts, cooking and music sessions, there is a men's coffee morning, bingo, a visiting hairdresser and a knitting club. There were also outings, for example to museums, Southend and to see the Oxford Street lights. The activities co-ordinator seems unafraid to try new things. She regretted that she was unable to train up other care staff to support her but said that "one or two are amazing".

One person told us "[Activities co-ordinator] says I should join in but I make excuses. I might go in for Bingo. I don't play. I just watch." whilst another said "I like the music group. If you tell [the musician] to play the music you like, he does."

The activities co-ordinator said that befriending works better when both parties share an interest or culture. They told us of a recent example where a person responded well to their befriender who was from the same country of birth as them. This person told us "[Activities co-ordinator] is a very nice lady. She comes up to see me and has a chat. She's got a lady who comes every week to see how I am getting on."

Two people told us that they did small tasks around The Mildmays, which gave them satisfaction. One person cultivated some plants and another laid the tables and drew the curtains.

People's privacy and dignity was respected and maintained. Staff we spoke with were able to explain the way they worked with people and focused on people's needs being individual and that their role was to respect individuality and independence.

The service provided guidance to staff to ensure people were treated as individuals and this included a service charter. The aim of the charter, which we viewed, was to empower people using the service and to be supported and encouraged to make their own choices.

Good

Is the service caring?

The provider had effective links with the end of life team and district nurses which ensured staff had the support and training to provide effective end of life care to people. We saw some people had an advanced care plan in place which had been provided by Age Concern.

Good

Is the service responsive?

Our findings

Almost all of the people we spoke with told us they felt well understood by the staff. One said "They understand what I need. They understand me." and another said "They always say to me 'You don't need any help' and it's true that I don't need much care. If I want to go out, I go out. My friends come here. If I did need anything, I would feel able to say."

One person told us how much they appreciated the way staff responded when they were unwell. "I get all the help I need. When I was not well, they did my shopping and they do my dinner for me in my flat if I am not well. They say don't worry, we will do it. They asked me if I wanted to see the doctor and organised that." Another told us their keyworker made sure they had everything they needed "she got me a new bed, a mattress and a lampshade."

The five 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. People's needs were clearly identified and care plans had been developed to support those needs. Care plans offered sufficient guidance to staff on how to support the person whilst being clear on what the person was able to do for themselves. We found that although care plans and risk assessments contained review dates, these were not always completed at the agreed time.

Staff told us that care plans and risk assessments were reviewed on an annual basis for all people (everyone was done at the same time, for example, all in October and November), but also more regularly if this was required. This meant staff would always be behind schedule for some people as they could not complete them all in the given time. Although staff could demonstrate they had started the process of updating these documents the majority were yet to be completed. We discussed this with senior managers who told us that this had been identified as a concern and a change in practice was to be implemented so that reviews could be spread throughout the year, rather than doing them all at the same time.

Staff we spoke with were knowledgeable about the people who used the service. Staff were aware of people's support needs and described what people could do for themselves. Staff were aware of the operating systems and when in doubt knew where to find the appropriate information. Staff were also familiar with the information which needed to be formally recorded such as accidents, incidents, risk management and safeguarding and were aware of their reporting channels.

People were given support to make complaints and we also saw that staff received a number of compliments and thank you cards from people using the service and others. People were given information on how to make a complaint which had the name of the manager as well as external contacts. Any complaints that had been raised had been responded to quickly and resolved appropriately. One person told us they had a difficult relationship with another person using the service "I was very upset and I complained. They dealt with it and things were alright after that. They took it seriously."

The people we spoke to did not have much cause for complaint but they were clear whom they would approach if they had a problem and named these people to us. They were usually confident that their concerns would be dealt with and someone told us "I just take any problems to the office and they deal with it there. They do it quickly."

Good

Is the service well-led?

Our findings

The manager at The Mildmays is new, having been in post only a matter of a few weeks, and based in the smallest of the three units. However, people were familiar with the site manager of their individual unit. The deputy manager, who has been in post since March and worked at The Mildmays previously, introduced us to people in their flats. Everybody we saw interacting with the deputy manager was familiar and comfortable with her.

A person we spoke with was very complimentary about the new manager, deputy manager and area manager. They said “the new managers listen to what I want. For example, if I wanted to stay up late, the old managers said I couldn’t. The manager now does listen to me and takes what I say on board. From what I have seen of her, she good. She knows what she is talking about. I didn’t feel my concerns were listened to in the past, I didn’t get the respect I do now. The new manager does what I ask of her and listens to my concerns. She understands my needs, which is important when somebody has the conditions I have. If she’s not there, they will leave a message for her and get her to see me when she’s next in.”

The manager was in the process of applying for registration with the commission. She was supported by three senior members of staff and a deputy manager. The provider had an ”open door” policy where people at the service were encouraged to speak with the manager and other staff at any time. When people did come to see staff in the offices at each building there was an immediate response and focus on what people wanted and how that could be achieved.

Staff told us they felt well supported by each other and the management team. They had confidence that their concerns and information about people’s needs would be listened to. We saw that staff contributed to how the service was run, through regular staff team meetings and twice daily handover meetings. The staff we spoke with knew what was expected from them in their role and who to approach if they had any questions.

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.

The provider was about to commence this year’s annual service survey report although we did look at the previous quality assurance survey report. This showed that almost everyone who had responded was usually or always satisfied, not least about how the service cared for and supported them.

Relationships with outside agencies and stakeholders continued to be well managed. We found that the service 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, whether these were as a result of concerns or as a result of continuous review of the service. Feedback from external stakeholders about the management of the service confirmed that the service was seen to be open and honest in their dealings with clients and stakeholders and was viewed in high regard.