Notting Hill Housing Trust

Elmgrove House

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

This inspection took place on 20 and 22 October 2015 and was unannounced. At our previous inspection in June 2013 the provider was found to be meeting all the regulations we inspected.

Elmgrove House is an Extra Care Service in Hammersmith managed by Notting Hill Housing Trust. It consists of 14 self-contained flats over two floors, with a shared kitchen and dining areas on each floor. On the ground floor is a large kitchen and lounge.

At the time of our inspection, there were 13 people living in the service. The service provides support to people over the age of 55, with a range of needs, including dementia, mental health, physical and learning disabilities.

The service had a registered manager who has been in post since February 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

The provider had carried out detailed assessments of risk and support required, and people's views about their care and support had been recorded in the support plans. We saw daily logs which indicated that people were receiving this care at the agreed times and records to show that people's support needs were reviewed on a regular basis. Medicines were given in a safe manner and this was regularly checked by the registered manager. Procedures were in place to report medicines errors and these were acted on by the provider.

People were protected from abuse, with safe recruitment processes in place and a good awareness amongst staff and people using the service about how to report abuse and concerns. The building was in good condition, with regular health and safety checks carried out.

People's consent to their care was routinely sought, however it was not always clear that the service was working in line with best practice under the Mental Capacity Act 2005. Staff had received training regarding the Act as part of their induction, and were in the process of receiving refresher training on this.

New staff to the service underwent an induction process, and staff had regular training in key areas such as first aid, food safety, safeguarding adults and medicines.

We observed friendly interactions between people using the service and staff and people told us that the staff were approachable and caring. People told us that they received the care that they wanted and that their wishes were respected. We found that the service encouraged people to remain independent.

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 aware of how to spot and report abuse, and people who used the service felt safe and able to raise concerns with staff.

Procedures were in place to manage risks to people who used the service and to ensure the premises were safe.

Staffing levels were adequate to meet the needs of people who lived there, and the provider followed safe recruitment procedures.

Medicines were managed safely and audited regularly by both staff and the pharmacy.

Is the service effective?

Good

The service was effective. People's consent was routinely sought for their care and support.

Staff had had training in order to effectively carry out their roles.

Staff were supporting people to access healthcare appointments and had effective relationships with local health services. People were supported to receive a balanced diet in line with their needs and wishes.

Is the service caring?

Good

The service was caring. Staff had positive relationships with people using the service and we observed genuinely caring interactions.

People spoke highly of the staff and said staff cared for them and respected their privacy and dignity.

People were free to choose their own activities, and the service offered opportunities to residents to engage in a number of different activities.

Is the service responsive?

Good

The service was responsive. People were confident about how to complain, and where people had made complaints the provider followed these up, changing procedures where areas for improvement were identified.

Support plans were reviewed every six months in order to meet people's changing needs, with people's views on their care recorded in the plans.

Is the service well-led?

Good

The service was well-led. Staff and people who used the service agreed that the registered manager was approachable and supportive. Staff were well supported and able to speak up about concerns.

The provider had thorough auditing systems in place to cover areas such as medicines, finances and care plan reviews.

The service had external audits from the dispensing pharmacy, and was part of a pilot scheme aimed at improving people's health outcomes.

Elmgrove House

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 over two days on 20 and 22 October 2015 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC since the last inspection took place in June 2013.

In carrying out this inspection, we spoke to four people who used the service, the registered manager, the support officer and two care staff, as well as a commissioner from the local authority. We carried out observations of interactions between staff and people who used the service. We looked at three care plans and additional records relating to these, including daily support logs and records relating to medicines. We looked at records of complaints, minutes of residents' meetings and staff meetings. We also looked at staff records, including training and recruitment records for three staff.

Good

Is the service safe?

Our findings

The service was safe. People who lived here told us "I feel safe here, I've never had any problems here" and "Yes, it's very safe here."

Staff had attended training on safeguarding adults, and were able to tell us the signs of abuse, and how to report these. The service had provided information to people on the different forms of abuse, and had held awareness sessions through resident's meetings. People who used the service told us that they would speak to staff if they did not feel safe. Staff we spoke with were confident that they could report any concerns about people's safety, and were aware of the organisation's whistleblowing policy.

In cases where people's money was managed by the service, receipts were available for all withdrawals made from the bank, and all transactions were witnessed by two members of staff. This meant systems were in place to minimise the risk of financial abuse.

The service had measures in place to ensure the safety of staff and residents. Staff had attended training sessions on keeping safe at work, and showed us personal alarms which could be used to contact managers for help at any time of the day. Call bells were located in all rooms and communal areas, meaning that people could summon help from staff in the event of an accident.

Care plans contained detailed risk assessments, which were specific to individuals and comprehensive in their scope. These covered areas including the risk of falling, substance abuse and eating and drinking safely. They were also reviewed at least six monthly in order to ensure they were still current.

Where a person was identified as being at risk of choking, the service had put a risk assessment in place with ongoing support from a speech and language therapist, who had provided guidelines on how to minimise this risk, by preparing the person's food in a particular way and by providing one-to-one support at mealtimes. This information was also on the person's support plan and on their daily menus. We saw this additional support was in place by observing lunch and by checking the rota. This showed that measures were in place to minimise the possibility of harm to people who used the service.

We saw evidence that the premises were safe. The provider had carried out daily checks on the safety of the building, checking critical areas of safety such as checking the fire alarm panel, fire escapes being unobstructed and medicines locked away safely. A weekly list was maintained that showed people's needs in the event of a fire evacuation. The service had also carried out regular risk assessments on fire safety, and we saw that all identified action points had been addressed by the staff team. Checks were also in place for gas safety, portable appliance tests and yearly maintenance of the fire alarm. People were able to leave and enter the premises using their own keys, but a CCTV camera outside the door allowed staff to protect people from unauthorised visitors to the building.

Staffing levels in the building were determined by people's care plans from the local authority, although the service told us additional staffing would be put in place for day trips. This resulted in two care workers being on duty during the day time, and one waking night care worker. We looked at six months of rotas which showed that these staffing levels were in place as described. People told us "There's enough staff for me" and "Staff make time to have a chat." The night worker had access to a portable emergency alarm and the provider operated a 24-hour management on call system.

When new staff were recruited, we saw evidence on staff files that the provider carried out pre-employment checks such as a Disclosure and Baring Service (DBS) check and obtaining proof of identity, and had obtained suitable references from previous employers. Where there were gaps in a staff member's work history, the provider had required that these be accounted for. Records of people's DBS checks were kept, and there was a system in place to ensure that these were checked every three years. This meant that the provider had taken steps to ensure that staff were suitable for their roles.

Medicines were administered safely. Where people took their medicines independently, staff ordered their medicines from the pharmacy, checked that they were correct and delivered these to people's rooms. Medicines were always provided by the pharmacy in a dosing system which people we spoke with understood. Care plans recorded that medicines would be checked regularly by staff and support logs showed that these checks were being carried out. One person told us, "I've never had any problems."

Good

Is the service safe?

Where people had their medicines administered by staff, medicines administration charts showed that these medicines were checked in by staff on arrival, and were correctly signed for when administered by staff. We also saw that the service carried out monthly auditing of the medicines jointly with the dispensing pharmacy. We saw records that showed unused medicines were recorded and checked before being returned to the pharmacy. Records of unused medicines corresponded with times that people would not receive their medicines in the service, such as hospital admission or a time that a person had died. This showed that these documents were thorough and reflected the circumstances of the people who used the service.

Staff records showed that all staff had up to date training on administering medicines, and we saw records that showed that new staff were observed administering medicines by a manager before they were signed off to do this by themselves.

At the time we visited, everyone using the service kept their medicines in their room, however there was a medicines room with a locked cupboard for storing medicines for delivery or return.

The service kept records of incidents involving medicines. These showed that at the start of the year there had been a high frequency of medicines errors. All of these incidents had been correctly followed up, with staff seeking medical advice on whether the error may be harmful. We saw that the provider had learned from these mistakes, with additional training offered and in some cases, people had been asked to have more supervision from staff to minimise the risk of them not taking their medicines. The registered manager had called a staff meeting specifically to address the high number of medicines errors, and had offered additional training and supervision for staff. We could see that the level of medicines errors had fallen considerably since this intervention.

Good

Is the service effective?

Our findings

People who used the service told us that their choices were respected and that they were free to come and go as they pleased. People chose their own activities during the day, choosing whether to participate in activities within the service or to go out when they chose.

Staff had up to date mandatory training in areas such as administering medicines, fire safety, first aid, personal care, moving and handling and infection control. Additional training had been provided when necessary to meet people's individual needs. Most of the staff team had obtained, national vocational qualifications in health and social care and we saw evidence that the provider had sponsored some staff to undertake these certificates. This meant that staff were supported to gain the skills and knowledge in order to carry out their roles.

The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA). At the time we visited, no-one was subject to an order under the Deprivation of Liberty Safeguards (DoLS), where people's liberty can be restricted if this is in their best interests. The provider showed us evidence that staff had received training on mental capacity as part of their inductions. All staff were in the process of receiving refresher training, with all staff due to attend this by November 2015. The registered manager showed us the contents of this training. Care staff we spoke to did not fully understand their responsibilities under the MCA, but were due to attend refresher training within the next month.

Support plans were routinely signed, indicating people had consented to their care. The service had records in place to show that people had consented to receiving, or not receiving, support from the night staff. Where a care plan had been signed by a relative, the service had evidence in place to show that the relative was able to do so as a lasting power of attorney. One individual had a note on their file to indicate they were unable to sign, however this did not make it clear whether they understood or were able to consent to their care plan. We advised the registered manager that the care plan should make this clearer, so that we could be certain the provider was meeting their responsibilities under the Mental Capacity Act.

People were supported to eat and drink a balanced diet. The service had a menu displayed in the hallway, with a form for people to indicate their preferences. People's menu plans clearly indicated any special dietary needs that they had, and where people required a soft food diet we saw that they were receiving support to follow this. We also saw that some people preferred to order food that was not available on the menu and eat at different times to other people, which they were supported to do. Food was not prepared on the premises, but was delivered from a neighbouring service. However, the kitchen was used for serving food and preparing light menus and snacks. We saw that all staff had training on food hygiene, and colour coded chopping boards were provided to reduce the chance of cross-contamination. The fridge was checked on a daily basis to ensure food was being stored at safe temperatures.

People were supported to maintain good health. People told us "There's always someone to help me get to doctor's appointments. They make sure I go there." We saw notes that showed staff had supported people to arrange doctor's appointments when needed and that people were supported to attend healthcare appointments regularly. The service was part of a pilot for Integrated Care Pathways, in which monthly meetings were held between the service and healthcare professionals, in order to identify and meet healthcare needs for residents.

All files we looked at contained hospital admission information, which contained up to date information on people's health needs, next of kin and current medicines. For one person with additional communication needs, a Hospital Passport had been completed. This is a document that outlines how people prefer to communicate, and may contain information on their likes and dislikes and how hospital staff can best support them. This document can help ensure that people with additional needs receive good quality care on admission to hospital.

Good

Is the service caring?

Our findings

The service was caring. We observed respectful and good quality interaction between staff and people who used the service. People told us "Staff are very good to me, I'm very happy here."

We observed a staff handover, where staff described people's likes and dislikes and their current hopes and wishes. Staff shared information on people's current moods, and subjects which might have caused distress to particular people at that time. Two staff we spoke with described the importance of the "nan test", telling us "I ask myself would I be happy for my nan to live here." We observed staff would always greet people when they passed them in communal areas, and start conversations based on their knowledge of the person's likes and dislikes. We noted that every person was addressed by the name they wished to be known by, and staff had a positive and caring rapport with people who lived there. When staff were engaged in a task, we observed that they were able to stop and listen to people when they wanted to discuss a particular concern or offer support when people asked for this.

People told us they thought the staff were caring and approachable. One person told us, "Staff can twig when something's troubling me, they'll come and have a chat."

People said they thought their dignity and privacy were respected. We observed that staff would always knock and wait for permission before entering a room. People told us "People knock on my door, no-one ever walks in."

We saw that people's wishes and views were taken into consideration on people's support plans. The service included quotes from people in order to record their views as part of the review process. For example, one support plan we observed had a quote from the individual about how important it was for them to remain independent in a particular area of care. The person confirmed for us this was the case, and we saw support logs which indicated that care was delivered in this way. This showed that people were actively involved in making decisions about their care.

Each floor had a kitchen which was kept clean and in working order, with a fridge for people to store their own food. People chose to keep their own tea and coffee, and we observed that they were confident about going into these kitchens to make themselves drinks and snacks at any time they chose. This indicated that staff respected people's independence and autonomy..

We saw that the service offered a range of activities for the people who lived there. People told us they had been offered opportunities such as playing board games, making art or helping out in the garden. Signs on the noticeboards and residents' meetings gave information about forthcoming day trips, and we saw pictures in the hallway of a recent trip to Brighton.

The service had been working with a group called Henpowerment, which had resulted in a chicken coop and four chickens being placed in the back garden for a trial period of six months. These were popular with some people, who had taken responsibility for collecting eggs during the day. At the time we visited, Henpowerment staff were holding a session with some of the people using the service, who were looking after the chickens and making pictures. The hallway had pictures people had made of the chickens. Some of the people we spoke to were very enthusiastic about their responsibilities. However, the registered manager said that she was not sure if this would be able to continue, as only a small number of people were engaging with the project, and said the chickens may be better suited to a larger service nearby. The staff, however, noted the positive effect it had had on the people involved, and described ways in which they could be supported to still see the chickens. The registered manager told us "We'll try anything to get customer participation."

Good

Is the service responsive?

Our findings

The service was responsive. One person told us "if I need care I can always ask."

Care plans were comprehensive in their scope and very detailed. We saw that for each area in which people needed care, the support they needed was outlined and detailed clearly, together with quotes giving the person's views. We saw daily recording sheets for each person also detailed their needs, and that staff had recorded that this support had been carried out.

For example, one person's care plan showed that they needed support with dressing daily, and that once a week they needed support with their laundry. Following concerns about this person's hearing aid not working, the support plan was amended to show that this person needed their hearing aid cleaned and batteries changed once a week. The support logs clearly showed that this support was being carried out. Where people were looking after their own medicines, the support plan showed that their medicines should be checked once a week, and the support logs showed that this was done.

People's support plans were regularly reviewed in order to meet their changing needs. We saw a board in the staff office which showed when reviews had been carried out and when they were next due, and support plans were updated in line with these. For example, a person had wished to manage their own medicines, and the support plan showed that they were now doing this and had been updated accordingly.

Residents meetings were carried out every two months, and this enabled the provider to follow up concerns that people raised. For example, at the time of our inspection the service was surrounded by a large building site on two sides. People had raised concerns about the noise from construction, and we saw logs that showed that the registered manager had liaised with the local authority about these concerns. The registered manager told us that they had reached an agreement with the builders about when construction noise could take place, and that the builders had agreed to stop work to coincide with when a fete was being held at the service.

The registered manager told us that the provider regularly carried out customer satisfaction surveys, and people we spoke with confirmed that they had been invited to participate in these. People told us, "I've had calls from Notting Hill Housing Trust to see if I'm satisfied."

People told us that they knew how to make a complaint. Two people commented, "I'd speak to my keyworker if I wasn't happy about something, but I've never had any cause to" and "I'd be happy to talk to staff if I had a complaint." There were signs on noticeboards outlining how to make complaints and who people could speak with if they were not happy.

The provider was responsive to people's complaints. Two complaints had been received in the last year from a relative due to concerns about the quality of their family member's care. On both occasions the registered manager had investigated these and was able to give a factual and detailed response to these concerns. Where complaints were upheld, the provider had changed the way people's care was delivered in order to address the issues. The registered manager in both cases had met afterwards with the complainant to discuss their concerns further. In both cases, the complainant stated that they were satisfied with the way the service took action in response to their concerns.

Good

Is the service well-led?

Our findings

The service was well-led. Staff told us they felt well supported by the registered manager, and we observed that they were well known around the building and had a good rapport with people. The registered manager told us "People can see that I lead from the front."

All staff files we looked at showed that staff were having monthly supervisions, which meant that staff had regular support and an opportunity to discuss concerns and training needs. People told us that the registered manager was very approachable. Staff meetings were also carried out regularly, and the registered manager used these as a forum to discuss vital areas of practice such as safeguarding, health and safety issues and fire safety. These meetings were also used to promote an inclusive culture where staff could discuss any concerns they had. One staff meeting was held specifically to address concerns about the number of medicine errors being made and we saw medicine error records which showed that this approach was effective.

There was an up to date board inside the front door with information for people from the Care Quality Commission (CQC) and guidance on how to contact us if people had concerns.

The provider had systems in place for auditing medicines and finances, and the registered manager and support officer carried out weekly spot checks on the care of a sample of people to ensure that they were receiving care as described in their care plans. The dispensing pharmacy also carried out a monthly audit, which showed that medicines were well-managed. External managers also carried out a monthly quality check.

The service worked well in partnership with other agencies. We saw records confirming the monthly meetings with the Integrated Care Pathways team and evidence that these had been effective at identifying and addressing health outcomes with people. Staff were also working with care managers in places where people wanted to move onto more suitable accommodation.

The registered manager had monitoring records in place to ensure that staff were up to date with training and had in date criminal record checks. There was also a simple and accessible monitoring chart to ensure people had six monthly reviews in order to ensure that people received care in line with their changing needs and wishes.