

# Notting Hill Housing Trust

## Conrad Court

### 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

Conrad Court is an extra care service for up to 52 people living in purpose built flats. Care is provided by Notting Hill Housing Trust. There were 22 people using the service at the second day of our visit.

The inspection took place on 30 April and 13 May 2015 and was unannounced. This was the first inspection that had taken place since the service was registered on 5 September 2014.

There was a registered manager at the service. 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.

The service had good arrangements to ensure people's safety. Staff were aware of safeguarding issues and procedures. People were protected from the risks associated with medicines because staff were trained and competent to assist them properly.

# Summary of findings

People received care from staff who were recruited safely. Staff were checked to make sure they were suitable to work with people using the service before they began their job. There were enough staff available to meet people's needs.

Staff were supported and trained to meet people's needs effectively. When appropriate there was contact between care staff and health and social care professionals to ensure important information was passed on to meet people's needs.

People found staff helpful and caring. They said staff treated them with dignity. Staff encouraged people, as far as possible, to maintain their independence. The service was responsive to people's individual needs and choices.

The provider had systems in place to assess and monitor the quality of the service. People had a chance to say what they thought about the service and the feedback gave the provider an opportunity for improvement.

# 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?

The service was safe. Staff were knowledgeable about how to recognise signs of potential abuse and the reporting procedures.

Assessments identified risks to people and management plans to reduce the risks were in place. When people needed help to take their medicines safely it was provided.

There were enough staff to keep people safe and meet their needs.

Good



### Is the service effective?

The service was effective. Staff were well trained and supported to meet people's needs.

The service worked with health and social care professionals to ensure people's needs were met.

Good



### Is the service caring?

The service was caring. Care workers provided a service in a way that was caring and supportive and they respected the dignity and privacy of people.

Good



### Is the service responsive?

The service was responsive. People were asked how they would like to be cared for and their wishes were taken into account when planning care.

People knew how to make a complaint if they were unhappy with any aspect of the service.

People were asked their views about the service and they were listened to and wherever possible changes were made.

Good



### Is the service well-led?

The service was well-led. Staff told us they were well supported by the manager. The culture in the service was open and staff could raise concerns with the manager.

The service was regularly assessed by the manager and the provider with a view to improving people's quality of life. The service took action to reflect and learn from incidents to ensure that improvements were made.

Good



# Conrad 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 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.

The inspection took place on 30 April and 13 May 2015 and was unannounced. One inspector carried out this inspection. Before the inspection we reviewed the records held about the service, including notification made to us. The provider completed a 'provider information return'

(PIR). This 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 also contacted five health and social care professionals to ask their views of the service and had responses from three. During our visits we spoke with six people who used the service and seven staff, including care workers and members of the management team. We reviewed four care records, three staff files and medicines records. We also looked at a selection of records relating to the management of the service including records of complaints, audits and survey results. After our visits the registered manager sent us records we had requested including the most recent quality audit.

# Is the service safe?

## Our findings

People using the service told us they felt “safe” and trusted staff.

People were protected from harm because the provider had good arrangements to keep people safe. People knew they could report concerns about their personal safety to staff. People were given information about their right to be safe while using the service and details of what to do in the event of concerns.

People had safety systems including alarm pendants which they used if they needed assistance. For example if a person fell they could call care workers to help them. People said this made them feel confident and whenever they had used the alarm pendants staff responded quickly.

Staff knew they had responsibility to keep people safe. They knew how to respond to concerns about people being abused. They could identify different types of abuse and understood the importance of accurate recording and the reporting arrangements. Staff were aware of the whistleblowing procedure and their duty to report poor and abusive practice by colleagues. Managers reported concerns about people’s safety and potential abuse to safeguarding authorities so they could be investigated to ensure people were kept safe.

Staff assessed issues and situations which could put people at risk, such as if they were liable to fall, to become lost or needed assistance to move safely. They put plans in place to manage these risks. For example, a person who needed help to transfer safely between a wheelchair and their bed always had the assistance of suitably trained staff members to do so.

People said they were assisted without delay because there were enough staff available to help them. Staffing levels were based on the numbers of people using the service and the help they required. As the numbers of people using the service increased, the number of staff in the team was also increased. Changes to people’s needs also led to changes in staffing levels. For example, when one person was unwell and needed more assistance at night the number of people available to provide care was increased. Staff felt there were enough staff available and they were able to spend time with people and not to rush their care. Staff were either permanent members of the staff team or members of the provider’s bank staff team so were familiar to people using the service and with their needs.

People who needed help with their medicines were assisted by competent staff. The provider trained staff in the safe administration and handling of medicines. Only staff trained and assessed as competent were allowed to give people medicines. If staff made an error with a medicine there was an investigation and the staff member concerned was removed from medicines duties until they had been retrained and their competence reassessed. The GP confirmed any change to people’s medicines and evidence was kept to verify this. Staff had information about the reasons people were taking the medicines prescribed.

Recruitment processes were safe. We looked at three recruitment records and found appropriate checks and references were taken up before staff began work. These included criminal records checks, references, including one from the previous employer and checks of the person’s work history. Permanent appointments to posts were confirmed when staff had successfully completed a probationary period of at least six months.

# Is the service effective?

## Our findings

People felt staff were skilled at their jobs. One person said staff were well trained and commented, “They [staff] are doing a very good job.”

Care staff were supported and trained for their roles. Their training included dementia care, equality, diversity and human rights, and dignity, respect and person centred care. In addition staff had completed a range of health and safety courses, such as first aid, food hygiene, and fire safety. Staff said they felt supported and well trained for the work they undertook. Staff received training in particular conditions experienced by people such as Parkinson’s Disease so they were aware of the needs presented by the condition.

All staff received regular supervision and staff had annual appraisals in line with the provider’s policy. These processes gave them formal support from a senior colleague who reviewed their performance, identified training needs and areas for development. Other opportunities for support were through staff meetings, handover meetings between shifts and informal

discussions with colleagues. Staff told us there was a good sense of teamwork and staff cooperated with each other for the benefit of the people who they cared for at Conrad Court. A member of staff told us the staff team was “strong” and they were “happy” in their work.

People were asked for their consent to be provided with care. Within people’s individual care records there were documents to confirm that people had given consent to receive assistance. In one file we saw consent was granted by the person for staff to assist them with their medicines and to check on them at night to ensure their safety.

If people wished to maintain their independence with aspects of their care this was supported and assistance was offered when necessary. For example, one person wished to manage their medicines independently. The registered manager referred the person to a specialist pharmacy team which supported people and care providers with medicines so they could achieve their goal with specialist assistance.

The provider had policies and procedures in relation to the requirements of the Mental Capacity Act 2005 (MCA). The registered manager and staff had training in the MCA. The issues had been discussed at team meetings and staff had been issued with a brief reference guide to the principles of the MCA. No applications had been made to the Court of Protection to deprive anyone of their liberty.

Staff assessed people’s need for help with preparing meals and eating. If people needed assistance with meals it was provided. Staff had information about their medical and cultural needs so they could take them into account.

Staff recorded details of people’s health needs and how to assist people with them in care records. They also included information in records about health and social care professionals involved with people. Staff and professionals worked together to benefit people. For example, there had been close liaison with occupational therapists to ensure people were supplied with aids and adaptations to maintain their independence and safety while receiving care.

A healthcare professional told us the person they worked with received “very good support” and there was “good communication” from the service with health and social care professionals. One person told us they had received good support from the care staff in preparing for medical appointments.

# Is the service caring?

## Our findings

People said they were treated “well” by the staff team and they felt staff were kind and caring people. One person said, “I’ve got nothing but respect for the staff.” Another person said the staff were considerate and “I can’t fault the staff here.” Members of staff said they believed the whole team was “caring” and they recognised that was an important part of their role.

People said they were happy with the support provided and could make decisions about their care and how they were supported. People said the staff always knocked on their door and waited to be invited in so respected their right to privacy. Staff knew people’s care needs and described them to us, but also emphasised the need to ask them their preferences. Staff also told us about people’s achievements and skills. For example, we heard how one person was good at long distance running and had raised money through a sponsored run.

We observed a meeting for people using the service and members of the management team. We noted that everyone present was given the opportunity and time to express their views. These were received with courtesy and acceptance. We observed warm interactions between people and staff.

Staff shared information in a handover meeting about issues which may have been worrying a person and how they could help to reassure them. This demonstrated staff had a caring attitude to the person and how they tried to relieve their worries. People said they appreciated this about the staff and said they were helpful and kind.

Health and social care professionals told us the people they were involved with had done well since using the service at Conrad Court. They said staff had helped them to settle and provided practical and emotional support. A social care professional told us their client had benefitted from the caring relationship they had developed with the staff. One social care professional told us the person they knew had made friends at the service and this had assisted them in several aspects of their life, particularly in increasing their self-confidence. Staff recognised the importance of people developing friendships. They had supported events to help people get to know each other such as, a barbecue organised by the housing and facilities staff.

Staff considered and made arrangements for people’s diverse needs. For example, people were supported to use a hairdressing service that catered for African and Caribbean and European people.

# Is the service responsive?

## Our findings

People contributed to their assessments and care planning. Before people decided to use the service at Conrad Court they met staff and talked to them about their needs and whether they could meet them.

Staff provided care in response to people's needs and wishes. Staff knew people's likes and dislikes and understood the importance of personalised care. One staff member said an important aspect of the service was to "respect how each person liked things done". We heard that people chose the times they wished to have assistance to rise from and go to bed and care workers respected their wishes. People could agree a time for their personal care because the staffing arrangements were flexible and could fit in with people's needs and preferences.

Staff reviewed care plans regularly and in response to changes in people's conditions to make sure their needs were met. Discussions with funding authorities were held

to ensure people were allocated the level of care they required. For example, when one person's condition changed and it was assessed they needed additional support this was agreed with their social worker.

People's health needs were assessed before they began to use the service. Health and social care professionals told us that staff informed them about changes in people's conditions so they could provide any necessary support. One professional said, "I have no concerns about the service" and another said the service was "providing a very good support" for their client.

Staff told people about the complaints system. A booklet about how to make complaints, comments and compliments about their support was given to people using the service. They were reminded of this during a meeting on a day we visited. People using the service knew the managers and knew who to speak to if they had concerns and they felt confident it would be resolved.

A survey in early 2015 had been conducted to ask the views of people using the service. The results showed a high level of satisfaction with the service provided. Efforts were made to address any concerns that were addressed.



# Is the service well-led?

## Our findings

The service had a registered manager who was part of a management team. She had been at Conrad Court since it opened and were part of planning the service. Our discussions showed they were committed to the service being successful and offering an effective model of flexible care.

Staff felt there was an open atmosphere and described the management approach as “brilliant”. They said they felt able to approach managers with their problems or worries. There was effective communication among the staff team, assisted by communication books, staff meetings and handover meetings. Staff said they felt “free” to say what they thought and raise concerns at staff meetings. The registered manager and the care coordinator attended handover meetings between shifts and were in touch with day to day events at Conrad Court. Senior managers from Notting Hill Housing Trust came to the service regularly and we met three senior managers during our visits. They provided support to the management and staff team at Conrad Court.

The provider had systems in place to assess and monitor the quality of the service. Audits were conducted regularly. A medicines audit had been carried out by an independent

agency in January 2015. They made one recommendation which had been implemented before our visit. We saw the report of a service audit which took place in April 2015. The audit format is based on the Care Quality Commission (CQC) key lines of enquiry. Any actions identified as necessary are recorded and a plan made to meet them in a specific time scale.

There was a system to learn from incidents and accidents that took place with a view to preventing their recurrence. For example, we saw that appropriate medical support was called in the event of people having accidents and alarm pendants were issued to them so they could summon help quickly if it happened again. Such an incident would also lead to a review of the person’s care plan and risk assessments. Referrals were made as necessary, such as the occupational therapy service to assess their needs.

The registered manager made appropriate notifications to the CQC as required by their registration.

The registered manager worked in partnership with the local authority and health and social care staff involved with people’s care. Feedback from professionals showed the partnership arrangements were effective. They sought additional support from external agencies such as a specialist pharmacy team to further improve people’s opportunities for independence.