Notting Hill Housing Trust

Notting Hill Housing Trust - 60 Penfold Street

Inspection report

60 Penfold Street
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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

We conducted an inspection of 60 Penfold Street on 15 March 2016. 60 Penfold Street is a supported living service for older people, some of whom have dementia, mental health issues or other physical disabilities. There are 43 self-contained flats in the extra care unit and a specialist dementia unit with eight bedsits. There were 43 people using the service when we visited. At our previous inspection on 23 January 2014 the service met the regulations we inspected.

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.

Staff had completed medicines administration training within the last two years and were clear about their responsibilities.

Risk assessments and support plans contained clear information for staff. Records were reviewed within six months or where the person's care needs had changed.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. Care records contained some consent forms demonstrating people's valid consent had been obtained for various matters relating to the care and support they received.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision. There were enough staff employed to meet people's needs.

People were supported to maintain a balanced, nutritious diet. People were supported effectively with their health needs and were supported to access a range of healthcare professionals.

People using the service and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

The organisation had adequate systems in place to monitor the quality of the service. The registered

manager reviewed all care records and daily notes completed by care workers. We saw evidence that feedback was obtained by people using the service and the results of this was positive.

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. The risks to people's mental and physical health were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

The service had adequate systems for recording, storing and administering medicines safely.

Is the service effective?

Good

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Care records showed people had been asked for their valid consent in relation to their care and support. Staff demonstrated a good knowledge of their responsibilities under the MCA.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. Staff received an induction and regular supervision, appraisals and training to carry out their role.

People were supported to maintain a healthy diet. People were supported to maintain good health and to access healthcare services when required.

Is the service caring?

Good

The service was caring. People using the service were satisfied with the level of care given by staff.

People told us that care workers spoke to them and got to know them well.

People's privacy and dignity was respected and care staff provided examples of how they did this. People's cultural diversity was also respected.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before they began using the service and care was planned in response to these.

People were encouraged to be active and maintain their independence. Staff at the service encouraged people to take part in social events and activities.

People told us they knew who to complain to and felt they would be listened to.

Is the service well-led?

Good

The service was well-led. People told us the registered manager was approachable.

Quality assurance systems were thorough. Feedback was obtained from people using the service in the form of questionnaires as well as in person through monthly residents meetings. The registered manager completed various audits and we saw the results of these were analysed and acted upon.

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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 15 March 2016 and was conducted by a single inspector. The inspection was unannounced.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team and spoke to two healthcare professionals who worked with the service to obtain their feedback.

We spoke with three care workers (known as domiciliary care officers within the organisation), two care coordinators (who line managed the care workers) the registered manager and the manager of the service. We also spoke with eight people using the service. We looked at a sample of five people's care records, four staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included "I feel safe living here", "It is quite safe here. There are staff around at night too" and "It's safe here. It's a safe building."

The provider had a safeguarding adults policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected
abuse was taking place. Staff also confirmed they were aware of the provider's whistleblowing procedure and would use this if they felt their concerns had not been taken seriously. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Care workers told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. For example, many of the people using the service were older people and some had mobility issues. Care workers mentioned the risk of falls and explained what they would do in the event of a fall and this included making the person feel as comfortable as possible, checking for injuries and calling for appropriate help. One care worker told us about a recent accident that they had dealt with and told us that their training had informed how they should deal with the situation and this included knowing the correct way to put the person in the recovery position.

We looked at five people's support plans and risk assessments. Initial information about the risks to people was included in an initial assessment that was conducted by the referrer which was usually a social worker. On admission to the service people were reassessed by a senior member of staff who conducted risk assessments in administering medicines, financial matters, moving and handling people and providing care in the day and night time. The risk assessments concerning the care provided to people during the day and night time, detailed the activities people were involved in which could involve simple household tasks and an assessment of the risks associated with these. They also included detailed consideration of people's physical and cognitive needs and whether these contributed to the risks associated with them carrying out certain activities. The information in all the risk assessments included practical guidance for care workers about how to manage risks to people. Risk assessments were reviewed at least every six months or sooner if the person's needs changed.

Information from people's risk assessments was then used to devise a comprehensive support plan. These included summaries of people's care needs as well as specific goals that people wanted to achieve in different areas of their life. These also included specific guidance for staff in how they could help people to meet their goals. People's goals and care needs were fully considered by their key worker, relatives and other professionals involved in their care at annual review meetings. These meetings were recorded and

further actions were recorded and followed up.

People told us enough care workers were provided to meet their needs. People's comments included "There seem to be enough staff. They help me when I ask" and "I think there are enough staff. I haven't noticed any problems."

The registered manager explained that the number of staff members on duty at any time was originally negotiated as part of the initial contract with the local authority. This was reviewed according to the needs of all new people being admitted to the service. If more staff were required this could be renegotiated as an amendment to the contract. We saw a note in one person's care records advising a social worker that more hours of care were needed to meet their needs and the evidence to demonstrate this which included a report from healthcare professionals. We reviewed the staffing rota for the day of our inspection and this accurately reflected the number of staff on duty. We also reviewed the rota for the month of our inspection and saw this reflected that the appropriate numbers of staff were rostered. Care workers told us there were enough of them on duty to keep people safe and do their jobs properly. Their comments included "We all support each other and are rarely understaffed" and "There are enough staff. We also have cover if someone calls in sick."

We looked at the recruitment records for four staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and completed application forms.

Staff followed safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for named individuals by the local pharmacy. Medicines were stored safely for each person in a locked cupboard in their bedrooms.

We saw examples of completed medicine administration record (MAR) charts for four people for the month of our inspection. We saw that staff had fully completed these.

We saw copies of monthly checks that were conducted of medicines. This included a physical count of medicines as well as other matters including the amount in stock and expiry dates of medicines. The monthly checks we saw did not identify any issues.

The service also commissioned an external organisation to conduct an annual audit of their medicines administration. We saw the report which was conducted in 2015. This did not identify any issues, but did include recommendations for future improvements. We saw the service had produced an extensive action plan in response to advice given in order to improve their processes.

Staff had completed medicines administration training within the last two years. This involved a two week training course, a test and three separate supervised observations of medicines administration from the manager of the organisation. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines.

Good

Is the service effective?

Our findings

People told us staff had the appropriate skills and knowledge to meet their needs. Comments included "They [staff] know what they're doing" and "I think the staff are very good at their jobs." The registered manager and care workers told us, that they completed training as part of their induction as well as ongoing training. Records showed that all staff had completed mandatory training in various topics which included moving and handling, fire safety, medicines administration, food hygiene training and first aid.

Care workers confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. Records reflected that care workers training was in date and was monitored closely. Care workers comments included "I get the training that I need and can get additional training if I ask for it" and "The training is really good here."

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. We saw records to indicate that staff supervisions took place every month. We saw from staff files that people had six monthly appraisals of their performance and these included discussions around training and development and further objectives set for the next six months.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the MCA. Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent. Staff members told us that so far they had not had any concerns about people's capacity to make decisions, but demonstrated that they knew how to support people who lacked capacity.

The service had other safeguards in place to ensure they were providing care in accordance with people's valid consent. Care records included copies of consent forms which helped staff ensure they had people's consent for the care and support they gave. For example, all files we viewed contained a signed consent form which authorised staff to enter their rooms in the event of an emergency. There was also an additional consent form which authorised staff to use their photograph on their care record.

People were encouraged to eat a healthy and balanced diet. People's care records included information about their dietary requirements which included whether they had any allergies or health issues related to their diet for example diabetes. The service employed an external catering company to provide food. We spoke with the head chef and they told us the menu was prepared by their in-house nutritionist. The menu was set every two months and people were asked for their "order" for the following day on the evening

before. If they preferred food that was not on the menu, they could request for this to be prepared. The head chef was aware of people's allergies and showed us records of this information. The head chef also told us they used a comments book which was placed in the dining area for people to use.

Care records contained information about people's health needs. The service had up to date information from healthcare practitioners involved in people's care and this included discharge letters from hospital teams which included advice that was also incorporated into their care plans. When questioned, care workers demonstrated they understood people's health needs and took account of this when providing care.

Good

Is the service caring?

Our findings

People gave good feedback about the care workers. Their comments included "The staff are caring people", "They're brilliant" and "The girls are lovely. We're all like neighbours."

Staff demonstrated a good understanding of people's life histories. They told us that they asked questions about people's life histories and people important to them when they first joined the service and we saw these details recorded in people's care records. In one person's care record we saw a file of information which included photographs of their parents, partner, children and grandchildren as well as a map of the area they were born in and information and pictures from that country to aid the staff in their understanding of that person's culture.

Staff members we spoke with gave details about people's lives and the circumstances which had led them to using the service. One care worker gave told us about a bereavement which had occurred in one person's life and how this had affected the person as well as the care they were required to give. They explained that they were required to be sensitive to this person and respond with care if they became upset when speaking about their loved one.

Care workers also told us about how they had developed relationships with the people living at 60 Penfold Street. One care worker told us "We end up becoming really close, like family. One person passed away last year and we were all devastated. We all really care about the people we're caring for."

Care workers were also well acquainted with people's habits and daily routines. For example, care workers told us about people's likes and dislikes in relation to activities as well as things that could affect people's moods.

People we spoke with told us they were able to make choices about the care and support provided and staff helped them to achieve their goals. One person said "I come and go, I do what I want. If I ask for help, they'll help me." Care workers told us people made their own choices and lived their lives how they wanted. One care worker told us, "We help people to do what they want and we encourage them to be as independent as possible."

Care workers explained how they promoted people's privacy and dignity. For example, one care worker said "When giving personal care, I always make sure the doors are closed and windows are covered." People we spoke with also confirmed their privacy was respected. One person told us, "They do respect me."

Care records demonstrated that people's cultural and religious requirements were considered when people first started using the service. We saw initial risk assessments considered people's cultural and religious needs. Care staff told us that they respected people's cultural diversity and gave examples of how they met people's cultural needs in their day to day lives. This included providing them with the appropriate food to meet their religious needs.

Good

Is the service responsive?

Our findings

People using the service told us they were involved in decisions about the care provided and staff supported them when required. People told us "They do what I want" and another person said "They're all lovely here. They'd do anything for me."

People's needs were assessed before they began using the service and care was planned in response to these. Assessments were completed of people's mental and physical health as well as their ability to complete daily living skills. The care records we looked at included a support plan which had been developed from the assessment of people's individual needs.

Care records showed staff prioritised people's views in the assessment of their needs and planning of their care. Care plans included details about people's preferred routines, habits, likes and dislikes in relation to a number of different areas including nutrition and activities. People's progress was reviewed at meetings with their key worker every six months. People's views were then used to formulate future goals.

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable or useful. We saw from people's care records that some of their future goals related to social activities.

The service rented a room to an external provider who was commissioned by Westminster local authority and the NHS Clinical Commissioning Group to provide activities to residents in the local area. Therefore many activities took place within the building and people using the service could easily access these. This provider worked with a range of volunteers and other organisations to provide a programme that spanned seven days a week. Some sessions were for tenants of 60 Penfold Street only. For example, we saw a singing session was advertised to take place the next day solely for people living at the service. The activities coordinator told us "We noticed that people living here particularly enjoy singing, so we've arranged this activity solely for them." One person told us "I'll definitely be attending the singing session. I love a sing song."

People commented positively on activities provision at 60 Penfold Street. Their comments included "There's lots to do here. They had some people playing instruments a little while ago. It was lovely. I like to get involved" and "There's a lot going on here. I'm very active and very busy. I like it that way."

The service had a complaints policy which outlined how formal complaints were to be dealt with. The people using the service and relatives we spoke with confirmed they would speak with the registered manager if they had reason to complain. We saw records of complaints and saw these were dealt with in line with the provider's policy. Care workers we spoke with confirmed that they discussed people's care needs in their supervision sessions and their team meetings. They told us if there were any issues they would discuss them at these times.

Good

Is the service well-led?

Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. People who used the service and staff told us the manager was available and listened to what they had to say. The service had a registered manager in place, but a new manager was in the process of registering with the CQC. The new manager was working at the service and the registered manager was providing additional support to them pending their registration with the CQC. People knew this person and commented positively on them. Their comments included "[The manager] is nice and helpful" and "She's very nice". We observed the manager interacting with people using the service throughout the day and conversations demonstrated she knew people and spoke with them regularly.

Information was reported to the Care Quality Commission (CQC) as required. We spoke with a member of the local authority and they did not have any concerns about the service.

We saw evidence that feedback was obtained from people using the service, their relatives and staff. Feedback was sought in the form of questionnaires and through regular 'residents' meetings. People told us they found these meetings helpful and felt comfortable speaking in them. The registered manager told us that if issues were identified, these would be dealt with individually.

Staff told us they felt able to raise any issues or concerns with the registered manager. Care workers told us "Senior staff have been brilliant with me. They're really supportive" and "The managers are very approachable, they are very willing to help you." The registered manager told us and records confirmed that monthly staff meetings were held to discuss the running of the service. Staff told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

The provider had good links with the local community. People who used the service participated in activities at other organisations such as local alcoholic recovery groups.

We saw records of complaints, and accident and incident records. There was a clear process for reporting and managing these. The registered manager told us they reviewed complaints, accidents and incidents to monitor trends or identify further action required and we saw evidence of this. They told us all accidents and incidents were also reviewed by senior staff at the provider's head office. Staff at the head office monitored incidents for trends and made further recommendations where required.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result.

The provider had systems to monitor the quality of the care and support people received. We saw evidence

of audits covering a range of issues such as medicines administration and health and safety matters. Care records were reviewed every six months and general quality audits were also completed by senior management within the organisation on a quarterly basis. The quality audits were based around the CQC regulations and included recommendations for further improvement with timeframes for action. Senior staff also carried out additional spot checks of the home environment and we saw these were recorded with further actions identified and carried out.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included community mental health services, the GP and local social services teams. We spoke with two healthcare professionals and they commented positively on their working relationship with staff at 60 Penfold Street.