Notting Hill Housing Trust

Shipton 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

We conducted an unannounced inspection of Shipton House on 6 March 2015. The service provides care, support and accommodation for up to 13 older people with dementia. There were 11 people using the service when we visited.

At our last inspection on 13 May 2013 the service met the regulations we inspected.

The service had a manager in post who was in the process of registering with the CQC. 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 a procedure for safeguarding adults from abuse and staff understood how to safeguard the people they supported. The manager and staff had received training on safeguarding adults within the last year and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Summary of findings

Risk assessments were based on people's individual needs and lifestyle choices. We saw evidence that people were involved in decisions relating to risks they wanted to take and staff demonstrated an understanding of how to manage this.

Staff received first aid training every year and were able to explain how they would respond to a medical emergency which included accurate recording and reporting of matters.

There were enough, safely recruited staff available to meet people's needs. Staffing numbers were adjusted depending on people's requirements.

Medicines were managed safely. Records were kept when medicines were administered, and appropriate checks were undertaken by staff. Records were clear and accurate and regular auditing of medicines was undertaken.

Staff were trained in the Mental Capacity Act 2005 which is a law to protect people who do not have the capacity to make decisions for themselves. Staff demonstrated a good understanding of their responsibilities.

People and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs and staff followed these.

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

People were supported to eat and drink a balanced diet that they enjoyed and their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals.

People told us staff treated them in a caring and respectful way. People's privacy and dignity was respected and we observed positive interactions between people and staff throughout our visit. Staff demonstrated a good understanding of people's life histories and their individual preferences and choices.

Staff and people who used the service felt able to speak with the manager and provided feedback on the service. They knew how to make complaints and there was an effective complaints policy and procedure in place. We found complaints were dealt with appropriately and in accordance with the policy.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified action plans were put in place to rectify these. Staff carried out an annual survey to obtain people's feedback and we saw the results of the most recent survey were positive.

Staff worked with other organisations to implement best practice. The service also had good links with the local community. People told us they participated in activities at local day centres and that they enjoyed doing so.

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. 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 that abuse had occurred.

The risks to people who use the service were identified and appropriate action was taken to minimise these.

Enough staff were available to meet people's needs and we found that staff recruitment processes helped keep people safe.

Safe practices for administering medicines were followed, to help ensure that people received their medicines as prescribed.

Is the service effective?

Good

The service was effective. We found staff were meeting the requirements of the Mental Capacity Act (MCA) 2005.

People were supported by staff who had the skills and understanding required to meet their needs. Staff received an induction and regular supervision, training and annual appraisals of their performance to carry out their role.

People were supported to eat a healthy diet and were able to choose what they wanted to eat.

People were supported to maintain good health and had access to healthcare services and support when required.

Is the service caring?

Good

The service was caring. Staff understood people's needs and knew how to support them.

People were involved in decisions about their care. People were treated with respect and staff maintained people's privacy and dignity. The service understood people's needs and helped them to meet these.

Staff knew people's life histories and were able to respond to people's needs in a way that promoted their individual preferences and choices.

Is the service responsive?

Good

The service was responsive. People and their families were involved in decisions about their care and staff prioritised people's views in the assessment and planning of their care.

People who used the service knew how to make a complaint. People were confident that staff would address any concerns. There was a complaints policy available and we saw records to indicate that people's complaints were dealt with in line with the policy.

Is the service well-led?

Good

The service was well-led. Staff reported they felt confident discussing any issues with the manager.

Summary of findings

Systems were in place to assess and monitor the quality of the service people received. We saw evidence of regular auditing. Where improvements were required, action plans were put in place to address these. Staff had good links with the local community and worked with other organisations to ensure the service followed best practice.

Shipton 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.

We undertook an unannounced inspection of Shipton House on 6 March 2015. The inspection was carried out by a single inspector.

We reviewed the information we held about the service and spoke with a representative at the local authority regarding safeguarding matters to obtain their views of service delivery.

During our inspection we spoke with five people who used the service and three members of staff which included the manager. We spent time observing care and support in communal areas on the day of our inspection. We also looked at a sample of two care records of people who used the service, three staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. Comments included, "I feel safe and secure here" and "I feel very safe, no one is allowed to walk in off the street." People told us they knew who they could speak with if they had any concerns about their safety.

Staff understood how to recognise signs of potential abuse and how to report their concerns. Staff members gave examples of the possible signs of abuse and correctly explained the procedure to follow if they had any concerns. Staff told us, and training records confirmed that they had completed safeguarding adults training within the last year, and they were aware of the provider's policy on safeguarding.

We contacted a member of the local authority safeguarding team. They confirmed they did not have any concerns about the safety of people living at the service.

We spoke with the manager and other staff about how they protected people from the possibility of discrimination. The manager told us they were given information by the referring social services team on admission to the service and this included details about whether people had any cultural or other requirements. The manager told us and records confirmed that these questions were also asked as part of the initial assessment when the person arrived at the service so staff could identify and meet any needs people had.

Risk assessments were based on people's individual needs and lifestyle choices. Risk assessments covered identified risks, which included those relating to the person's physical health, personal care and behaviour. Risk assessments included detailed, practical guidance to staff on how to manage risks. For example, we saw detailed, up to date, and practical written guidance for one person in relation to the risks associated with their decision to smoke. We also observed a staff handover and noted that this formed part of a daily discussion among staff members. Staff demonstrated an awareness of the risks associated with the person's decision to smoke as well as a respect for the person's choice. Staff discussed the practical steps they were taking to mitigate some of the risks associated with smoking.

Staff received first aid training every year. One staff member was able to explain how they would respond to a medical emergency and gave us examples of how they had dealt with medical emergencies in the past. This included reporting incidents to the manager and recording any accidents or incidents. We looked at accident and incident records and saw that they contained sufficient detail with clear actions for staff. Staff told us all accidents and incidents were discussed in team meetings to identify any further learning to try and prevent a reoccurrence.

People told us there were enough staff available to meet their needs. Comments included, "There are enough staff," and "There are enough staff, but they are discrete." Staff also told us that there were enough of them available to meet people's needs. One staff member told us "Yes, there are enough of us and management always ask for feedback on this."

The manager explained that they negotiated a care package with the referring social services team and this included the number of care hours per person. However, people were also assessed on admission to determine their dependency and we saw records to demonstrate this. If any discrepancies were identified the manager told us he would liaise with social services to increase the number of hours' of funding that had been agreed. We reviewed the staffing rota for the week of our inspection and this accurately reflected the number of staff on duty.

We looked at three staff files and saw there was a process for recruiting staff that ensured all relevant pre-employment checks were carried out to ensure they were suitable to work with people using the service. These included appropriate written references, proof of identity and criminal record checks.

Staff followed safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for named individuals by the local pharmacy who also provided copies of the medicines administration record (MAR). These medicines were checked by the GP to ensure that they remained appropriate for the person. Medicines were stored safely for each person in a locked cupboard in their room. The current MAR chart was kept with the person's medicine and filled in each time medicine was administered.

We saw examples of completed MAR charts for three people in the month preceding our inspection. We saw that staff had fully completed these and each record had been countersigned by a second person. One person's medicines

Good

Is the service safe?

were kept by staff in the staff office at the person's request. We counted these medicines and checked the numbers of medicines against the records kept. We saw that the physical amount tallied with the recorded amount.

We saw copies of weekly 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 weekly checks we saw did not identify any issues.

All staff had completed medicines administration training within the last year. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines.

Good

Is the service effective?

Our findings

People were supported to eat a balanced diet that they enjoyed. People made positive comments about the quality of food such as, “We have some meals together and this is nice. Otherwise staff help me cook what I want” and another person said “I get the food I want.”

People’s records included information about their dietary requirements and appropriate advice had been obtained from their GP where required. Staff told us and people confirmed that staff helped them to go shopping, cook their meals and provided them with guidance about what was suitable to meet their dietary needs. Staff demonstrated detailed knowledge about people’s nutritional requirements and gave examples of the type of food people ate. For example one staff member gave an example of a person with diabetes and what type of food they prepared for this person.

People were supported to maintain good health and had access to healthcare services and support. Care records identified people’s healthcare needs, which included dental, podiatrist and optometrist appointments. We saw evidence that people’s medicines were reviewed by their GP to monitor appropriate use.

People were supported by staff who had the skills and understanding required to meet their needs. People felt staff understood how to meet their needs. One person told us, "Staff are wonderful" and another person said “Staff help me with what I need, like my medication.” Staff training records showed that staff had completed training in areas such as safeguarding adults, medicines administration, dementia awareness and emergency procedures. Staff told us and records confirmed that they had completed an induction prior to starting work with the organisation. Staff told us they felt the induction prepared them for their role.

Staff told us they received supervision on a monthly basis and records confirmed this. One member of staff told us and records confirmed this included a discussion of their goals, learning and development and training opportunities.

Staff told us they had received an appraisal in the last year and we saw records to confirm this. Staff told us they had a personal development plan that was reviewed annually and identified areas of future training and development. They said they found this helpful in supporting them to develop their skills further so they could meet people's needs effectively.

We found that the service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent and how they would support people who lacked the capacity to make specific decisions. We saw mental capacity assessments in people’s files for specific decisions. We found that these were properly completed in accordance with the requirements of the MCA.

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 various consent forms which helped the service ensure they had people’s consent. For example, all files we viewed contained a signed consent form which authorised the provider to manage people’s medicines and another form related to whether staff had permission to hold people’s personal information.

Behaviour that challenged the service was managed in a way that maintained people’s safety and protected their rights. A member of staff was able to demonstrate their knowledge about the trigger for one person’s behaviour and explained that since implementing a simple change to their care package there had been no further incidents of behaviour that challenged the service. The manager confirmed this. We saw details of the behaviour and guidance for staff recorded in their care plan.

Good

Is the service caring?

Our findings

People told us that staff treated them in a caring and respectful way and said they were involved in decisions about their care. One person said, "They're not staff, they're our mates. They're like family," and another person told us, "Staff are kind and friendly." We observed positive interactions between staff and people who used the service. Conversations demonstrated that staff knew people well and were friendly.

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 this detail was recorded in people's care plans. Staff explained the details of people's life histories and named the people involved in their lives.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices. Care plans recorded people's likes and dislikes in relation to matters such as their preferred activities, routines as well as their diet. Staff spoke knowledgably about these matters when questioned. People told us their preferences were met in relation to various matters. For example one person who had recently joined the service said "[the member of staff] already remembers I take two sugars in my tea. They're getting to know me quite quickly."

People confirmed staff encouraged them to be as independent as possible. People we spoke with explained the importance of maintaining their independence to their quality of life. One person told us "We are all independent and we don't want help unless we ask for it" and another person said "Staff do not impose themselves, but it is nice to know that they are there." The manager and other staff demonstrated an understanding of the importance of people's independence and explained how they helped people to maintain this. Both the manager and other staff explained that before a person used the service they assessed their skills in relation to areas such as cooking and helped them to maintain these. A member of the care staff told us "I offer help to people and it is up to them whether or not they would like to take it."

People told us they determined the level and type of care they wanted. We saw evidence in care plans that people were involved in making decisions about their own care. For example, all care plans we saw included information from the person about the type of care they wanted. The manager told us they operated a keyworking system, whereby each person was assigned a member of staff who conducted monthly care planning reviews with them and their relatives. A keyworker is someone who is assigned to work closely with the person using the service. People confirmed that they knew who their keyworker was and told us they would speak with them if they had any queries.

Staff told us that people had access to advocacy services if required. The manager told us they ensured people's families were involved in decisions regarding their care in the first instance, but where required they had access to an independent advocacy service. At the time of our inspection no one at the service was using an advocate.

People were asked to fill in an "equality and communication questionnaire" on admission to the service. This form included details of how people wanted their written communications to be presented and whether they had any disabilities or special requirements. We saw records to indicate that one person had all written communications presented in large print in accordance with their wishes as recorded on this form. We also saw evidence that all policies were available in an easy read format for people who required this.

Staff respected and promoted people's privacy and dignity. We observed staff knocking on people's doors before they entered their apartments and people confirmed that staff did this routinely. One person told us "If they don't see you, they will knock on the door. They never just walk in." A staff member gave us an example of how they protected one person's privacy and dignity. They said the person required some prompting with personal care but was also very independent and told us, "I make sure I only help when required and when the person wants me to help them."

Good

Is the service responsive?

Our findings

People told us they were involved in decisions about their care and that staff supported them when they needed them to. Care records showed that staff prioritised people's views in the assessment of their needs and care planning. These documents were detailed with specific advice to staff on how to provide care for people and were reviewed at least every six months. People who used the service and their families had been involved in writing and reviewing care plans and we saw these were signed by people using the service. We saw detailed risk assessments in people's records that determined people's skills in everyday tasks and how the service could promote these. This included personal care, cooking and general housekeeping skills. For example, one person's care record gave specific examples of the types of household tasks that they preferred and were "proud" to do on their own.

Care records included details about how to maintain the person's mental health and emotional wellbeing. Initial assessments were conducted in these areas when the person initially moved into the service. Where issues were identified we saw practical guidance was written for staff in helping people with these.

Each person's keyworker worked with them in order to meet their objectives. We saw records to indicate that people met with their keyworker every month to monitor their wellbeing and discuss objectives which were written in their care plans. We saw that care plans were then updated to reflect any changes to their objectives following these meetings.

People were supported to engage in a range of activities that reflected their personal interests and supported their emotional wellbeing. Care records described people's hobbies and interests. Staff monitored people's involvement in activities in keyworking sessions and recorded this in their care records with specific objectives for people to help ensure their social and leisure needs were met. For example, one care record included details of the types of activities that the person should try in the future as well as established activities that they currently enjoyed.

People knew how to make a complaint and told us they felt confident that staff would deal with their concerns. People gave us the name of the person they would speak to if they had a complaint and this was usually their keyworker. One person told us "Staff listen and they act on what you say." This person told us they had never had any complaints, but had requested for a major change to be made to be made to their room. They told us "It only took them two days to do this."

Copies of the complaints policy were available in the service in an easy read format and we saw a copy displayed in a communal area. People were also provided with a copy of the complaints policy on admission. Records showed that the manager had taken action to address complaints that had been made. Staff from the provider's head office also reviewed complaints to monitor for trends or to make additional recommendations. The manager told us that complaints were discussed at staff meetings and other staff confirmed this.

Good

Is the service well-led?

Our findings

People who used the service and staff told us the manager was available and listened to what they had to say. We observed the manager interacting with people using the service throughout the day and conversations demonstrated that they knew people well and spoke with them regularly. Staff told us the manager occasionally provided care with care staff. One staff member told us "The manager will do support work, he doesn't just sit in an office."

Monthly 'residents meetings' took place so people could share their views, plan activities and identify any support they needed or issues they had. We read the minutes of the most recent meeting and saw these included timeframes for actions to be taken. People told us they found these meetings helpful and felt staff acted on the feedback they gave.

Staff told us they felt able to raise any issues or concerns with the manager. One member of staff told us, "He's very good. He's very supportive. He encourages you." The manager told us 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 registered manager demonstrated that they understood their responsibilities to report significant matters to the CQC and other relevant authorities. Notifications were submitted to the CQC appropriately.

The service had strong links with the local community. People using the service participated in activities at other organisations such as local day centres. People using the service regularly visited these organisations and we saw their care records detailed the type of activities they carried out there. One person told us about two day centres they visited. One person told us they enjoyed going to day centres so much they wanted to increase the number of hours they went there. We saw records to indicate that staff were applying to increase the hours spent at day centres for two people.

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. We spoke with the regional manager and they confirmed they also monitored complaints, accidents and incidents to monitor for trends and advise staff.

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 outlined in their initial job descriptions which we saw copies of. Staff provided us with explanations of what their roles involved and what they were expected to achieve as a result. Staff also explained that they had handovers at the beginning of every shift so they were aware of any new information. We observed a handover between staff and heard each person living at the service was discussed.

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 care planning, health and safety and equipment checks. Where issues were identified, targets for improvement were put in place with timeframes. An annual survey was sent to people and their relatives to obtain their feedback. We looked at the results of feedback received in February 2015 and saw the results were positive.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with the GP and local social services teams.