# Notting Hill Housing Trust

# Elgin Close

**Inspection report**

1-3 Elgin Close
London W12 9NH
Tel: 020 8357 5000
www.nottinghillhousing.org.uk

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## Ratings

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|---|---|
| **Overall rating for this service** | **Good** |
| Is the service safe? | **Good** |
| Is the service effective? | **Requires improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Good** |

## Overall summary

This inspection took place over two days on 30 October and 3 November 2015. On the first day, our visit was unannounced, and we informed the service we would be returning on 3 November. At our last inspection on 14 May 2013 the provider was found to be meeting all the regulations we inspected.

Elgin Close is an extra care service which provides personal care and support to older people and people with physical disabilities. The building consists of 36 self-contained flats over four floors. Each floor has a communal kitchen, and on the ground floor there is a large shared lounge. Two of the flats are designed for couples, and at the time of our visit there were 37 people living there.

The service had a registered manager in place. 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.

# Summary of findings

People using the service had thorough and up to date care plans and risk assessments which meant people's care was appropriate and person centred, and risks to individuals were managed in a way which promoted their safety and respected their freedom.

We observed good, caring interactions and people were treated as individuals by staff. Staff were well-trained and caring, and staffing levels were appropriate for the service. Medicines were well managed, and audits were conducted both within the organisation and by an external pharmacist to ensure that they were constantly offering a high quality service.

The provider made sure that people's views were considered throughout, consulting people on activities, food and responding well to people's complaints. People's views, and their personalities, were present throughout care plans, and the staff made sure people understood and agreed to their care wherever possible.

Staff did not always understand their responsibilities under the Mental Capacity Act (2005), and it was not always clear staff were working in line with this legislation. We have made a recommendation about showing how consent is sought in line with the Mental Capacity Act 2005.

People who used the service spoke highly of the staff; staff celebrated people's life stories and were genuinely caring.

# 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. People felt safe, and staff understood their roles with regards to safeguarding. We saw evidence that suspected abuse was reported and steps taken to safeguard people.

Risks to people's safety were well-managed in a way which protected people's rights. Risk assessments were reviewed regularly, and people understood their contents. Staffing levels were safe for the service, and we saw evidence of safe recruitment processes.

Medicines were generally well-managed by staff with the correct skills to do so. The service had arranged for yearly external audits from pharmacists to ensure that medicines were managed correctly.

**Is the service effective?**

Requires improvement

The service was not effective in all areas. Staff had up to date training in key areas relevant to their roles. However, staff did not always understand the Mental Capacity Act, and this meant the service could not show it was meeting its responsibilities concerning people's consent to their care and treatment.

The service had good systems in place for meeting people's nutritional needs. People's health needs were well met by staff.

**Is the service caring?**

Good

The service was caring. We observed caring interactions and staff spoke fondly about the people they supported. Details of people's life stories were on every file, which showed people were being treated as individuals.

People's privacy was well respected by staff, and this was aided by the layout of the service.

**Is the service responsive?**

Good

The service was responsive. Care plans were reviewed regularly and people's views sought and recorded. Regular resident's meetings showed the service listened to people's opinions and suggestions. Complaints were handled promptly and the registered manager took appropriate action in relation to these. Where mistakes were made, the service apologised and learnt lessons.

**Is the service well-led?**

Good

The service was well led. The registered manager and provider had good tools in place for auditing the quality of people's care.

The service had audits from within the organisation and by external experts to identify potential areas for improvement. Staff felt well supported, and an open and inclusive culture was present throughout the team.

# Elgin Close

**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 30 October and 3 November 2015. On the first day, our visit was unannounced, and we informed the service we would be returning on 3 November to complete our inspection. This inspection was carried out by two inspectors.

Prior to our inspection, 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 May 2013.

In carrying out this inspection, we spoke with five people who used the service, and staff including the registered manager, a support officer, catering manager and three care workers. We also spoke to a commissioner from the local authority and to a visiting healthcare professional.

We reviewed six people's care records, including their care plans, risk assessments, medicine records, independent pharmacy audits and logs of people's daily care and support. We looked at the recruitment and supervision records of five staff members, as well as other information on staff training and competency.

Good

# Is the service safe?

## Our findings

People who used the service told us "I feel totally safe here", "Staff are completely honest, it's very safe and secure." One person told us "Nothing has ever gone missing, I leave my wallet out on the table, it doesn't worry me."

All staff had up to date and regular training on safeguarding adults. All staff we spoke with had a good understanding of types of abuse and possible signs of abuse, and were clear about their responsibilities to report these. Staff told us, "I'd feel very comfortable reporting this" and "I always remember the three R's: Reassure, report and record."

Where possible abuse to people who use the service had been identified, we saw records which showed that the service had notified the local authority and the Care Quality Commission. We saw minutes of meetings where the service was working in partnership with other organisations to safeguard people at risk of abuse.

Where people's money was managed by the service, procedures were in place for staff to follow. Receipts were kept whenever money was spent or withdrawn from people's bank accounts, and two staff were required to sign for all transactions. This meant that systems were in place to reduce the risk of financial mismanagement or abuse.

We saw risk assessments for people were comprehensive and detailed in their scope and were regularly updated. Measures had been taken where people may not have been safe, whilst respecting people's freedom. For example, two people were at risk of leaving the building and becoming lost. The service had worked with the local authority to provide GPS-enabled watches, and sought consent for people to wear these. We saw that clear plans were in place should these individuals go missing, and staff were able to use these watches to locate people and return them safely to the building. Another person we spoke with was identified as being at risk of choking. This person did not want a feeding tube, as recommended by a speech and language therapist, and measures had been put in place to manage this risk whilst respecting the person's wishes. The person was aware of all these measures and was happy about how the service had managed this.

We saw that every flat was equipped with a call bell system, which was checked regularly. This enabled people to summon help from staff in the event of an emergency. We saw that some people at risk of falls were carrying pendants in the event they were not able to reach the call bells. People who used the service told us that staff responded very quickly to the call bells.

Where people were identified as being at risk of falling, the service worked in partnership with an Integrated Care Pathway, a pilot scheme run by the local NHS. This meant that people could be discussed at a monthly meeting of health professionals, and we saw that people were being referred to specialist services to reduce the risk of falls as a result. A visiting physiotherapist told us "I think they deal with falls very well."

We saw people's care plans highlighted possible mobility problems that people may be facing, and saw that referrals were made to wheelchair services and that falls prevention plans were in place. Where people had fallen, we saw that these had been appropriately recorded on incident forms, and where necessary a visit from the GP had been requested. Staff we spoke with had a good awareness of how to respond to falls in line with safe moving and handling, which all staff had up to date training on.

The service had taken measures to ensure that the environment was safe, by carrying out regular checks of the boiler, fire alarm, gas safety and electrical safety. Internal health and safety checks were carried out quarterly and an external check was carried out yearly. Where issues were identified, such as replacement of a valve into the boiler, we saw emails which showed that these had been followed up and action was taken. A fire risk assessment was carried out yearly, and fire drills held twice a year. The service had a list of people's needs in the event of an evacuation, and this was reviewed monthly, with copies kept in the health and safety folder and in the staff room. We saw that fire points were tested systematically and regularly, and that all temperatures of communal fridges were tested on a daily basis by staff.

Staffing levels were in place in line with people's assessed needs. The local authority commissioned 17 hours support per person each week. Where people required care above this, additional care services were commissioned from a different agency. The registered manager told us that six staff worked in the service on the early shift, five in the afternoons and two waking night workers. We saw rotas

Good

# Is the service safe?

that showed that staffing was provided as described, and this matched with the number of hours commissioned by the local authority. People told us "They never seem to be short staffed."

The service had taken measures to ensure staff were suitable for their roles. All records we looked at showed that staff identities had been verified and references were checked, and that criminal records checks were undertaken prior to staff starting work, and these were up to date for all staff we checked. Where there were gaps in staff employment records, the service obtained evidence about why staff were not working at these times. This meant it was less likely the service would employ staff who may be unsuitable to work with people using the service.

Medicines were managed safely. People told us "They always make sure I take it and explain the dosage. It's very reassuring for me." Every flat was provided with a lockable cupboard for safely storing medicines. The provider had arranged for a pharmacist to provide an independent audit of their systems each year, which identified some potential problems. The most recent audit took place on 12 October 2015, and had identified that unlabelled medicines were being stored in some people's medicine cupboards. The service had met with the pharmacy to address this. The previous pharmacy audit had recommended that Warfarin be recorded separately, with two staff signing to say this had been administered, and we saw that this was being carried out. The audit had identified some other issues, such as staff not being consistent with their use of codes on the medicines recording charts, and had recommended an increased system of internal auditing. The provider had an action plan in place to address these points.

The audit stated that the provider had a "watertight system" for maintaining the supply of medicines. Medicines records were thorough and showed that all medicines were being checked in and administered as prescribed. This meant the provider could show that medicines were being safely administered.

All staff had up to date training on medicines, and we saw records that showed all staff had been observed and assessed for their competency in administering medicines. The registered manager informed us that they intended to make this a yearly requirement for all staff as recommended by the previous pharmacy audit, although this had not yet been implemented. The provider was able to show that medicines were administered by staff with the correct skills to do this.

Requires improvement

# Is the service effective?

## Our findings

One person told us "There are no restrictions, I can come and go as I please." All the people we spoke with had keys for the service, and 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 for their own safety.

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.

All staff had received training in mental capacity as part of their inductions, and senior staff had received additional training in this. Not all staff we spoke with fully understood the Mental Capacity Act (2015), but the provider had arranged refresher training for all staff for November 2015. We saw leaflets that had been given to the staff team about mental capacity, and that this had been discussed at team meetings.

We saw several examples of where the service had worked with other professionals in order to assess people's capacity to make decisions. For example, where people were given GPS-enabled watches to reduce the risk of people getting lost, we saw that the service had arranged with a social worker to carry out a mental capacity assessment, and where the person did not have capacity to make this decision, there was evidence they had established that they were working in the person's best interests. There was also evidence that the service had worked in partnership with social workers where there were doubts about a person's capacity to agree to move from the service.

However, when it came to consenting to care provided by the service, we noted that some care plans were not signed by the person, and in several cases it was recorded that the person was "unable to sign", without noting whether this was due to a lack of capacity or a physical inability to sign.

In some cases people had signed their care plans, even though there were doubts about the person's capacity to give meaningful consent to their care. Several other care plans, where the person may have been lacking capacity, were signed by a relative on the person's behalf. In these cases, we did not find any evidence that the service had sought an assessment of the person's capacity to make that decision, or followed a "best interests" process in line with the MCA. This meant that in some cases the provider could not show they were meeting their responsibilities under the MCA.

Where people were able to sign to indicate their consent to care and support, we noted that staff as a matter of course asked people to do so, and asked for consent where staff may be dealing with people's post, providing night staffing or entering people's flats in emergencies. People were asked what level of support, if any, they required at night, and this was clearly documented on their care plans. People we spoke with were aware of the contents of their care plans, and in agreement with them. One person told us "They always ask me first before supporting me."

Staff had extensive training in areas the provider considered mandatory. All staff had up to date training in safeguarding adults, administering medicines, moving and handling, fire safety, infection control and first aid. Additionally, most, but not all staff held nationally recognised qualifications in care. The provider had thorough systems in place to make sure staff received this training regularly, meaning that staff skills were up to date.

The service benefited from an adjoining resource centre, which provided a catering service for people who wanted to use it or were unable to cook for themselves. The kitchen provided a varied four weekly menu, and this was reviewed six-monthly. However, we saw that people were able to order items which were not on the menu. Where people had special dietary needs, such as diabetes or soft food diets, these were printed on food order forms so that the kitchen staff could see these. This also functioned as a final check for staff before food was given. We also saw that the chef filled out a list of ingredients which people could be allergic to for each item cooked, and this was clearly accessible to staff who collected food. People told us the food was "good" and "very satisfying", and one person said "They always let me know what is on the menu and I can choose whether I want it or not."

Care plans recorded when people's dietary needs had changed or when they needed additional nutritional support. We saw that this information was received by the kitchen and acted on appropriately by staff.

Requires improvement

# Is the service effective?

People we spoke with were aware of their healthcare needs and felt well supported by staff. Their needs were clearly recorded on their care plans. We saw evidence that showed that people were supported to meet their healthcare needs and supported to arrange and attend medical appointments when needed. For example, we noted one person we spoke with had difficulty hearing us. We saw that staff were aware of this, had recorded their concerns, and liaised with an audiology service to arrange hearing checks and hearing aids for the person.

The service was also part of the Integrated Care Programme (ICP) pilot, an initiative led by the local NHS planned to improve health outcomes for people who live in residential services. We saw minutes of the monthly meetings, where three or four people with health needs were identified to discuss at the group. This allowed people to access services such a physiotherapy or occupational therapy in their own homes, with professionals known to them and to the service.

**We recommend that the provider seek advice on best practice about evidencing how they have met their responsibilities under the Mental Capacity Act 2005**

Good

# Is the service caring?

## Our findings

People who used the service told us "Staff are really kind" and "They are 100% in my eyes." Staff had good knowledge of people's life stories and preferences, and people we spoke to felt staff had got to know them very well.

We observed caring interactions between staff and people who use the service. For example, a person entered the room during staff handover, and one staff member left immediately to see to their needs. Over lunch, we observed one person ask for vinegar for their meal. This was not available, but the staff member left to fetch this from another kitchen. On their return, they asked the person if they wanted to put this on their food for themselves, and when they asked for support, asked the person how much they wanted, and if they were happy. Staff routinely greeted people by their chosen names whenever they saw them in the service, and made time to speak to people in passing, even when they appeared busy.

People told us "They always have a chat when helping me." Staff spoke of the importance of building up a relationship with people, and said "it's a nice feeling when you know that someone trusts you." Pictures of all the permanent staff were displayed in the main lobby and on each floor, and we observed people knew their staff members well and were pleased to see them. We saw that the provider valued the importance of people's birthdays, staff had discussed preparing for a person's 80th birthday in order to make the occasion memorable. The kitchen showed us a list of people's birthdays, and told us that they always made a cake to celebrate people's birthdays.

On the second day of our visit, we saw that the service was visited by a project called Therapaws, which brings animals to care services to allow people to interact with them. This was part of a regular visit, and was attended by a large number of people.

All files we looked at had a personal profile which gave some details about the person's life, such as family and professional background. These were discussed in every team meeting. When we discussed particular individuals with staff they had a good knowledge of their life story, and spoke of them fondly. One staff member said to us of a particular person "he should write a book." The personal profiles had the effect of making sure people's individuality was recognised and celebrated, and the registered manager told us she intended to build on these.

People's privacy was respected. All flats had doorbells and wide-angled peepholes so that people could see easily who was at the door and what was happening outside. The registered manager told us that some people chose to leave their doors open, but people told us that no-one would enter their flat without permission. One person we spoke with said "Staff respect my privacy 100%". Staff told us they would respect people's dignity by, for example, giving people space to carry out their personal care, or making sure that people were adequately dressed in the event they had to be admitted to hospital. The design of the service also allowed couples to remain living together when receiving care, and provided a room for visiting friends or family members to stay over.

We observed at the time of our visit that the intercom system was being used to page staff, and some people were not happy about this as it could be heard in every flat. The registered manager agreed it was unsatisfactory, and explained that the paging system had broken down, and was not able to be repaired. We saw records which showed staff had attempted to arrange repairs. The registered manager also told us that funding had been arranged for a new paging system which was due to be installed at the end of the month. We saw emails which verified this was being acted on.

Good

# Is the service responsive?

## Our findings

We looked at a compliments book where a health professional had said 'It's the best extra care service in the area' and from a relative who said 'You made her last year one of her best'

We spoke to one person who was distressed due to her health needs at the time. We saw that staff had logged her concerns in the daily logs, and that they had contacted a community nurse for support and advice. The registered manager told us the service was good at meeting people's changing needs.

We saw that people's views were routinely sought in line with their care plans. Staff documented people's views regarding every aspect of their care. This ensured that people's voices were heard through the care planning and review process. Reviews were carried out at least every six months, and the registered manager told us this could be sooner if people's needs had changed. This meant that care plans could reflect people's changing needs accurately.

There was a breakfast club on Saturdays, which staff told us had started in response to feedback from people that they wanted a cooked breakfast at weekends, and they wanted this to be a sociable occasion. We saw that staff from the kitchen had attended residents' meetings, and sought people's views before introducing a new menu. In response to people's requests, the kitchen had introduced special meals for particular occasions such as Diwali and British sausage week.

We saw that activities were discussed in monthly residents' meetings, and there were activities happening during the week we were there, including singing, Diwali arts and crafts, a mobility group, a fireworks activity and bingo. People's comments included, "There is always something going on" and "We have outings now and again, we went to Brighton recently." We saw pictures of the Brighton visit displayed in the lounge. The lounge had many and varied books for people to read, as well as a music system and games.

The service had carried out a survey earlier in the year, and displayed the findings on the board in the lobby. These showed that 94% of people said they were well cared for, 89% said they had enough staff time and 81% were happy with the meals.

The service responded well to complaints. People knew how to make a complaint, and told us they would feel very comfortable discussing any concerns they had with the staff if an issue did arise. A visiting health professional told us that they had a concern about the way staff worked with one person, and after speaking to the registered manager felt this was immediately resolved. The registered manager was responsible for addressing complaints. We saw that when complaints had been made, she had contacted complainants, investigated the complaints and where necessary had taken the appropriate action with staff. The registered manager had apologised where mistakes were made, and we saw that the provider had learnt from these complaints.

Good

# Is the service well-led?

## Our findings

People told us "I would say it was well-managed as I haven't had a problem in all the time I have been here." Staff told us "The managers here are good, really brilliant."

Staff told us that they felt well supported by the registered manager and by each other. This showed a positive, inclusive culture amongst the staff team. Where staff had voiced concerns, for example with a new organisational policy across Notting Hill, staff were invited by the registered manager to discuss these in the team meeting so that their views could be listened to.

The registered manager ensured monthly team meetings were held, and promoted a person-centred culture by making people's life stories a standing part of the agenda. Team meetings were also used as an opportunity to promote health and safety and fire safety. People had monthly supervisions where they were able to discuss people's needs and their own support and training needs. Yearly appraisals were also in place for everyone, and allowed people to discuss personal development and to receive feedback on their own performance.

We saw evidence that the registered manager was involved in checking the quality of people's care. Spot checks were carried out on 10 flats per month, where the managers audited the quality of the persons care, finances and their views on the service. We saw that generally these were satisfactory, and where concerns were identified, the registered manager had emailed staff members and clearly outlined her expectations and staff responsibilities.

The provider had good systems in place for ensuring that staff training in mandatory areas was up to date. The organisation maintained a spreadsheet of all staff training and employed a traffic light system to indicate when refresher training was due. This meant that all staff had up to date training as a matter of routine.

The registered manager also told us that the organisation had performance indicators which checked the dates of people's reviews and support plans. These were checked every month and the dates provided to Notting Hill. This was reflected in people's files, which were up to date with information of a high quality. We also noted two crucial audits; an external quality audit within the provider was designed to pick up any problems in meeting CQC regulations, and an external pharmacy audit which picked up any potential problems with medicines. This showed that the provider listened to external viewpoints as a matter of course, and indicated a willingness to constantly improve.

There were tools in place to ensure people received good quality care. Each person had a weekly log which recorded their daily and weekly support needs, and required staff to indicate when this was complete. This information was then used to compile people's support hours, so that this could be audited and any anomalies followed up on. Support logs from August showed a large number of gaps, where it could not always be shown people had received support in line with their support plans. However, this had significantly improved since then, and October's records showed that people were receiving their support as planned.

The audit of people's support time was a useful tool, however the registered manager acknowledged that it was not perfect, as it only accounted for individual contact time, but not for support to medical appointments or communal activities. It therefore appeared that people were not receiving the hours that they were supposed to. The registered manager was aware that this was an area for improvement, and informed us that they would be switching to a new system which would record all the support people received, but said that there was not currently a timescale to do this.