

London Housing Trust

# London Housing Trust

## Inspection report

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30 August 2018

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### Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

London Housing Trust provides care to people living in their own homes. The Care Quality Commission only inspects the service being received by people provided with 'personal care', that is help with tasks related to personal hygiene and eating. The last inspection took place on 18 and 21 November 2016. At that time we did not give a rating to the service because there was only one person using the service and we did not have enough information about the experiences of a sufficient number of people using the service to give a rating to each of the five questions and an overall rating for the service.

This inspection took place on 30 August 2018. We were unable to give the service a rating because there was only one person using the service. During the course of the inspection the provider told us the person who used the service [and was in hospital] would not be returning because their health had deteriorated. The provider said they had applied to de-register both the provider and the registered manager with the Care Quality Commission.

The service had a registered manager in post. 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 registered manager had a good understanding of their legal responsibilities.

We saw that the person who received the care and support from LHT was fully involved with the process. We saw evidence that they had agreed to their care plan as their signature [in agreement to the content] was on the documents we inspected. Staff told us the person's choices to do with their care plan was respected and staff delivered support in line with the person's wishes. Staff were able to keep the person safe from identified risks as they kept their care and support under review. Staff told us they encouraged the person to be as independent as possible and helped them develop independent living skills.

From the limited evidence available, we saw staff seemed to be caring towards the people they supported. People were able to express their views and be involved in their care.

The provider had clearly stated values and aims for the service, focussed on people experiencing good quality care and support. They had put systems in place that enabled them to monitor and review the quality of service and to deal with any complaints made by people. The provider worked in partnership with other agencies to develop and improve the delivery of care to people. Records relating to the person, staff and to the management of the service were accurate and up to date.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Staff were trained to safeguard people from abuse. Risks to the person using the service were assessed and plans were in place that helped guide staff as to how to ensure they were minimised.

There were enough staff to support the person and the provider had checked their suitability and fitness to do so.

Staff followed good practice to reduce infection risks when providing personal care and when preparing and handling food.

**Inspected but not rated**

### Is the service effective?

The service was effective. Staff received support and regular supervision. Staff had on-going and appropriate training which enabled them to meet people's needs.

People consented to care and staff respected their choices. Staff monitored people's health and ensured they accessed the healthcare they needed.

**Inspected but not rated**

### Is the service caring?

The service was caring. The evidence we saw indicated staff were kind and caring.

Staff knew people well and respected their choices. Staff respected people's dignity and privacy and treated them with respect.

Care and support plans we saw showed that people were encouraged to be as independent as possible. Staff supported people to make decisions about their care.

**Inspected but not rated**

### Is the service responsive?

The person using the service received the support that had been planned with them. Their choices for how this was provided were respected and staff delivered support in line with the person's wishes.

The person was supported to take part in activities and pursue interests that were important to them.

**Inspected but not rated**

There were arrangements in place to deal with complaints should these arise.

### **Is the service well-led?**

The provider had values and aims for the service, focussed on people experiencing good quality care and support.

The service had a registered manager in post who understood their registration responsibilities.

The provider had systems in place to monitor and review the quality of service that people experienced. Records were accurate and up to date.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people.

### **Inspected but not rated**

# London Housing Trust

## **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 on 30 August 2018 and was announced. We gave the provider 48 hours' notice of this inspection as we needed to be sure that the registered manager would be available to speak with us on the day of our inspection. The inspection team consisted of a single inspector.

Prior to the inspection we reviewed the information we held about the service. The provider had not sent us a recent Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, including any statutory notifications submitted about key events that had occurred at the service.

At this inspection we visited the provider's main office. We spoke to the registered manager. We looked at the records of the person using the service and two staff records. We also looked at other records relating to the management of the service, including the service's policies and procedures.

We were unable to speak to the person using the service as they had been admitted to hospital. We planned to visit this person when they were discharged from hospital however we were subsequently told by the registered manager they would not be returning to the service due to their health needs that required more care and support than this service was able to provide. We spoke to one care support worker.

# Is the service safe?

## Our findings

Staff received training in how to safeguard people from abuse. We were shown policies and procedures based on national guidance for staff to follow. There were policies and procedures for whistleblowing as well and staff told us they were aware of both sets of policies and would follow them if necessary. This meant that the reporting of any safeguarding concerns or whistleblowing by staff was reported and investigated by the most appropriate person and/or agency. We saw certificated evidence that staff also received training in equality and diversity to help them identify and reduce the risk of discriminatory behaviours and practices that could be harmful to people. The registered manager told us no safeguarding concerns had arisen since the last inspection.

We saw detailed and up to date risk assessments were carried out as part of the planning of care and support for the person. Risk management strategies detailing the actions needed for staff and the person to follow were integrated into the care and support plan. An example of this was given by staff where they helped the person to engage in community activities and to attend healthcare appointments. This helped to minimise the risks to the person of injury or harm and helped to keep the person safe.

There were sufficient numbers of staff to meet the needs of people. There was a skill mix which meant people's varied needs were met by a staff team who were knowledgeable and able to deliver care safely. All appropriate recruitment checks were completed to ensure fit and proper staff as deemed by the provider were employed. These included a criminal record check (DBS), checks to do with staff qualifications, their identity and references from previous employers.

Infection control measures were in place. Staff were trained in effective hand washing and identifying risks of cross contamination. Staff also received training in food safety so that they were aware of the procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring food related infections that could lead to illnesses.

Lessons were learned and improvements made when things went wrong. The registered manager had systems in place to monitor accidents and incidents with action plans in place to minimise the risk of re-occurrence. Staff demonstrated their knowledge when speaking with us of the provider's policy to do with reporting incidents and accidents.

At the time of this inspection, staff were not required to support the person using the service with their medicines. Staff had however received training in medicines administration to help them provide this aspect of a person's care should this be required.

## Is the service effective?

### Our findings

We saw there were systems in place to assess and plan the care and support for people appropriately in order to meet their needs and to help people achieve effective outcomes. For the person using the service the information from their assessment was used to develop an individualised support plan so that staff had appropriate and relevant information about the care and support they required. The person concerned contributed to the development of their care.

The registered manager showed us an up to date training matrix and we saw staff had received relevant training to help them meet people's needs. Staff told us this included training in safeguarding adults, moving and handling, infection control, medication awareness, food safety, health and safety, basic life support, first aid, challenging behaviour and equality and diversity. Staff were supported to continuously improve in their role to help them provide effective support to people. Staff told us they had monthly supervision meetings with senior staff to discuss their working practices, any issues or concerns they had about their work and any further training or learning they needed to support them in their role. A staff member told us they felt well supported by the registered manager.

Staff worked closely with external health professionals involved in the person's care. They ensured information about the person was shared in a timely way which helped professionals to assess and review the effectiveness of strategies and techniques being used to support the person with their specific health needs. Staff maintained records detailing the support provided to the person and reported any concerns they had about the person's health and wellbeing promptly so that appropriate support was sought for them.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application for people receiving care in their own home must be made to the Court of Protection.

The person using the service had capacity to consent to specific decisions about their care and support needs. Staff were prompted as part of the person's support plan to respect their wishes and choices when providing them with care. The registered manager told us all staff received training in the Mental Capacity Act (MCA) 2005 and associated codes of practice so that they would have a clear understanding of their responsibilities under this Act. This was evidenced in the training matrix and by what staff told us. Staff had a good understanding about supporting people effectively to express their wishes and preferences and how to act in their best interests.

## Is the service caring?

### Our findings

We were not able to witness staff interactions with the person concerned because they were in hospital at the time of this inspection. However staff told us they treated people with kindness and compassion. Staff said, "We do like to give people all the time they need to tell us what they need and how they are feeling about things. It is important they are enabled to express themselves. That matters to them and to us as well."

Staff spoke about the importance of treating people as individuals meeting their needs by putting them at the centre of their care, in a person-centred way. Staff told us about the care they provided for the person most recently. An important element of the care plan expressed by the person was that they wanted to look their best when they went out. Staff said to help the person achieve this they encouraged and supported them to maintain good standards in relation to their personal care so when they did go out they looked neat and tidy. Records confirmed the support people received such as prompting with their personal care to have a wash and comb their hair. Staff also told us they called the person by their preferred name.

Care records showed staff enabled people to do things for themselves and supported them with their choices. For example, on the person's care plan it stated, "I like to decide when I have a bath or a shower. I'd like to choose my own clothes but I am happy to have advice about what to wear." Staff supported people in line with their strengths and the help they needed in completing tasks. Staff understood the importance of supporting people to do what they were able to do for themselves so they did not become de-skilled.

Staff knew the people and understood their needs well. People received support from regular staff and had developed positive relationships with them.

The registered manager told us the person received one to one support from an allocated a key worker to provide them with one to one support. A key worker is member of staff who is responsible for a person and makes sure the service meets and reviews their care needs. Staff told us they had regular meetings with the person to discuss their care including any activities they might want to do, including if they wished to visit friends and how they could do this safely.



## Is the service responsive?

### Our findings

The person using the service received care that was personalised and tailored to their needs. Their records showed they had contributed to the planning of their care and support. This helped to ensure that their decisions and choices were used to inform the care and support provided to them. The information from these discussions was used along with information received from the funding local authority about the care package the person required, to develop a support plan for the person which set out in detail information about the support they needed from staff with their personal care needs, their dietary needs and their physical and psychological health needs. The information on the plan was personalised and reflective of the person's choices and decisions about how they wanted support to be provided to them. Records maintained by staff indicated the support they had provided reflected what had been agreed and planned for the person. This included respecting the person's choices and decisions about how support was provided to them. Staff told us they discussed the support plan in detail with the person before it was finalised and made sure it met their expectations and hopes. They said that when the person's needs changed the plan was amended appropriately.

Staff supported the person using the service to take part in activities and pursue interests that were important to them. This included supporting the person to take trips and participate in activities out in the community. This helped to ensure the person's social and physical needs were met to positively promote their health and wellbeing

There were arrangements in place to deal with complaints about the service. Information about how to make a complaint had been provided to the person using the service. This set out how any complaint they made would be dealt with and by whom. The registered manager told us there had been no complaints made by the person using the service since they started receiving care and support.

## Is the service well-led?

### Our findings

Staff told us they enjoyed their work with people living in the scheme and they were positive when talking about their experiences of working for London Housing Trust. Staff told us they felt well supported by both the registered manager and by other experienced staff.

We saw the provider had clearly stated values and aims for the service so that they could provide good quality care and support to people. We inspected the provider's policies and procedures and we saw there were helpful information packs available for people. They contained details of the provider's values and aims so that people who used the service and family members knew what standards they could expect in terms of their care and support.

The service had a registered manager in post. Records maintained by them showed they had a good understanding of their registration responsibilities and when to submit statutory notifications about key events that occurred at the service as required. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

The provider had systems in place to monitor and review the quality of service that people experienced. Monthly reviews of people's care helped to ensure people's changing needs were met as required and staff were supported to provide appropriate care. Individual supervision sessions and team meetings provided a forum that was used to help staff understand the service's values and aims. The registered manager told us this was important so that they could show how the support they provided improved the quality of people's lives.

The registered manager reviewed the service's policies and procedures and ensured all staff were informed when these changed so they could update their knowledge and understanding of these.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, staff worked collaboratively with health and social care professionals who had placed people in the scheme and who continued to provide support to people together with the staff employed by the scheme.