

London Borough of Hackney

# London Borough of Hackney, Housing with Care

## Inspection report

Hackney Service Centre  
1 Hillman Street, Hackney  
London  
E8 1DY

Tel: 02083564864  
Website: [www.hackney.gov.uk](http://www.hackney.gov.uk)

Date of inspection visit:  
29 October 2020  
11 November 2020

Date of publication:  
05 January 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

London Borough of Hackney Housing with Care provides care and support to people living in self-contained flats across 14 schemes located in the London Borough of Hackney. The service can support up to 288 people. The schemes provide a 'supported living' setting which enables people to receive care and continue to live independently in their own homes. CQC does not regulate premises used for supported living; this inspection looked at the personal care provided by the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 150 people using the service.

### People's experience of using this service and what we found

We received feedback about staffing levels at the weekends being reduced. We have made a recommendation about the deployment of staff during the weekend. The provider had not submitted notification of safeguarding alerts without delay. We found care records for people who used the service were not always consistent or accurate. We received mixed feedback about how different schemes were managed and communication.

People and most relatives felt the service was safe. Staff understood what action to take if they suspected somebody was being harmed or abused.

Staff knew how to report accidents and incidents and learning from these took place.

The provider ensured there was infection control guidance in place. Staff confirmed they were provided with adequate amounts of personal protective equipment such as masks and gloves.

People had risk assessments to keep them safe from the risks they may face, including risks related to the Covid-19 pandemic

People and most relatives told us they felt the service was well-led. Quality audits carried out prior to our inspection identified Inconsistencies with care records.

### Rating at last inspection

The last rating for this service was requires improvement (published 18 September 2019).

### Why we inspected

We carried out this inspection following a routine review of information we held about this service. Our intelligence indicated that there may be a higher level of risk at this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

Ratings from previous comprehensive inspections for those key questions not rated were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm. Please see the safe, caring, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London borough of Hackney, Housing with Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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

### Is the service caring?

Inspected but not rated

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

### Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

# London Borough of Hackney, Housing with Care

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The service provides care and housing support to people living in purpose-built housing. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. Most of the schemes were designed to meet the needs of older adults, although some were specialised for particular groups including adults with learning disabilities aged over 50 and people living with a particular type of dementia.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed information and to carry out a risk assessment in relation to the coronavirus pandemic to ensure the safety of the inspector and staff.

### What we did before the inspection

We reviewed the information we had received about the service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We sought feedback from the local authority and professionals who worked with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We spoke with six people who used the service and 22 relatives about their experience of the care provided. We spoke with five members of staff including the principal head of adult social care, the service manager, the two registered managers and the interim group director adults, health and integration.

We reviewed 10 people's care records and medication administration records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and quality assurance audits were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records/audits. We spoke with the quality assurance manager, a team leader and three care staff. We also sought feedback from a health professional within the local authority.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At our last inspection we found gaps in recruitment records. We made a recommendation. During this inspection we found there had been some improvement.
- The registered managers worked closely with human resources team and had introduced a recruitment tracker. This meant they were able to keep on top of the recruitment process and directly address any gaps identified by them. Records reviewed confirmed this.
- Due to current issues with the provider's computer system the service was not able to access recruitment records for all staff. We were able to review two recruitment records where these had been retrieved. Despite this we were assured that the necessary checks were carried out to ensure staff were safe to work with people. This included disclosure and barring service criminal record checks, reference verification and right to work in the UK.
- Staff rosters reviewed showed staffing levels were sufficient to meet people's needs. Staff had been deployed from other areas of the provider services to work at various sites at the start of the Covid-19 pandemic and this had continued.
- People told us they were enough staff and they were visited by regular staff who knew them well. One person said, "I think that there are quite enough staff and they all have their plastic covers on and masks now." Relatives told us there were enough staff to meet their relative's needs, however, this was not always the case at weekends. A relative commented, "It is usually the same handful of [staff] that come. There is always a [staff member] who [relative] knows. Day to day I think there is enough staff..." Another relative said, "[Relative] seems to have 3 or 4 main carers and the weekdays aren't too bad. However, there does seem to be a scarcity of carers at the weekends and the office is closed so it is not perfect."
- The registered managers told us, scheme managers and team leaders at respective schemes were responsible for planning and organising the roster.

We recommend the provider reviews deployment of staff during the weekends.

- Following our inspection, the provider carried out a review of staff deployed at the weekends and concluded they did not have any concerns about staffing levels.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. One person told us, "I trust them [staff] to look after me. They will walk with me when I go for my shower and make sure I sit on the seat properly..." Another person said, "I feel totally safe and at ease with the staff and people here. They are here 24/7 but are not in your face so I know I am safe without feeling spied on."
- Comments from relatives included, "[Relative's] mobility has decreased over the past year however I know

she is safe with the staff. They make sure [relative] uses [their] walking frame and walk alongside [them] when going to the bathroom. I am completely happy [relative] is safe," and "They do an amazing job I know [relative] is safe which is the most important thing for me."

- Staff completed safeguarding training, and most knew the actions to take should they suspect abuse.
- People's monies were managed and processes in place to ensure people's valuables were kept safe. Where concerns were raised these had been investigated and addressed by the service.
- Records showed, the registered managers conducted detailed investigations into any allegations of abuse. However, there had been a delay in submitting notifications to CQC. We found notifications had been sent in some instances at the point the service had concluded their internal investigations.
- Following our inspection, the service quality assurance manager had worked with the registered managers to devise a monitoring system to ensure all notification in future would be sent to CQC without delay and at the point an allegation of abuse is made. Records confirmed this.

#### Assessing risk, safety monitoring and management

- People had their risks assessed and reviewed to ensure these were current and up to date. However, we noted some inconsistencies in care records reviewed. For example, in one person's care plan it stated they were type 2 diabetic, this was inconsistent with the information in the diabetic management plan, which indicated they had type 1 and 2 diabetes. Although staff were aware of the actions to take should someone suffer a hyperglycaemia (high blood sugar levels) or hypoglycaemia (low blood sugar levels) diabetic episode, this risk was not documented in the diabetic management plan. This may have put people at risk of harm because information on signs to look for were not recorded.
- Risk assessments covered areas such as, risk of falls, pressure ulcers, oral health care, continence and risks associated with covid-19 pandemic. For example, in one person's falls risk assessment this highlighted the need for staff to ensure their walking stick was nearby and in easy reach to reduce the risk of them having a fall.
- Staff understood the risks posed to people and the action to take to reduce these. A staff member told us where people were at risk of falls or had repeated falls, referrals were made to the falls clinic and people were provided with pendants to ensure they could call for assistance in the event of fall. Records reviewed confirmed this.

#### Using medicines safely

At our last inspection we found gaps in medicines administration record (MAR) and 'as and when required' (PRN) protocols were unclear. This is medicine taken as required, such as paracetamol for pain relief. During this inspection we found this had improved.

- Systems were in place for the safe management of medicines, including a medicine management policy and procedure. Protocols for PRN were documented in people's medication support plan.
- Staff completed training and had their competencies assessed to enable them to provide medicine support. This was confirmed by staff. We were shown a copy of the training matrix which included medicine administration. This provided details of staff who had completed training and refresher training planned.
- People supported with their medicines told us, "They [staff] will remind me to take my medication. I can do it myself but [I have] such a terrible memory I forget, I can tell you they have saved me by reminding me about some of the things I forget" and "I would be useless organising my own medicines, so I totally rely on the staff to give me mine and they do so without fail day in day out"
- Relatives comments included, "[Relative's] medicines are in blister packs, but [staff] always make sure he takes them on time," and "As far as I know [staff] gives [relative] medication on time and I get messages for the pharmacy for repeats etc. I also get messages from the GP, so I know staff are keeping up with [relative's] appointments and suchlike".



- Medicine administration record (MAR) charts reviewed were mostly up to date and contained no gaps.
- Where medicine errors had occurred, these had been fully investigated and appropriate action taken to reduce the risk of a reoccurrence.

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection, including Coronavirus. Policies and procedures supported this.
- Staff completed training in infection prevention and control, including Covid-19 pandemic.
- People and relatives told us, staff followed good infection, prevention and control practices. One person told us, "All the staff are wearing masks, face shields, aprons, and gloves".
- Relatives commented, "All the staff are wearing gloves aprons and masks and they have locked down when necessary. I am happy they are keeping [relative] safe from the virus (coronavirus)," and "They [staff] are extremely conscious of infection control and seem to be washing hands all the time and wearing masks..."

#### Learning lessons when things go wrong

- Systems for logging and monitoring accidents and incidents were in place.
- Records showed where there had been an incident lessons learnt discussions with staff took place and where appropriate, changes made to the service.
- The quality assurance manager provided an analysis of incidents, for example a falls analysis showed where most falls occurred, and individual action taken to reduce the risks of this happening, including a referral to the fall's clinic where this was required.
- Staff told us told us lessons learnt meetings took place where they were able to discuss incidents and any learning from these.

# Is the service caring?

## Our findings

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

At our last inspection we received mixed feedback about people being involved in developing their care plan. During this inspection we found there had been some improvement.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their care. One person told us, "They [staff] support me well and are quite flexible. When I [had an accident], they came more often and changed the plan to make sure I got all the care I needed. It is fine now, so the plan is back to normal."
- Although most relatives told us they were involved in their relative's care, not all felt involved. A relative told us, "I did feel involved with the care plan, but I am not sure I feel involved any more as they don't ring me..." Another relative said, "I feel very involved in [relatives] care, if [they] needs anything, they [staff] will contact me. I feel very confident [relative] is being well looked after."
- The registered managers told us they encouraged people to give their views about their care. Records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People were happy with the care and said staff treated them well.
- Staff understood the importance of confidentiality and keeping personal information about people safe.
- A staff member told us, "Not everybody you can share information with, make sure no visitors around when talking to colleagues. Some information locked in the office, if someone calls from outside, ask them to call back as unable to give information."
- Staff encouraged people's independence and respected their privacy. A staff member told us, "Those [people who used the service] who can communicate, normally they will tell you, those who can't we go through their care plan to know. You give [people] choices. Some things they can shake their head. When you communicate, you have to make a conversation with them."
- Another staff member said, "You give [people] choice in terms of respect, if they don't want personal care right now, you respect their choices and their dignity is maintain and respected. Also, how do you share personal/sensitive information [about them]."
- Care plans documented people's wishes on how they wanted to be cared for, including what they were able to do for themselves.

# Is the service responsive?

## Our findings

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

At our last inspection not all relatives felt their complaint was not always heard. During this inspection we found feedback had improved.

Improving care quality in response to complaints or concerns

- Systems were in place for dealing and acting on complaints, including a complaints policy and procedure. This provided guidance for staff and information for people and visitors on how to make a complaint.
- People and relatives felt comfortable approaching management with their concerns. One person told us, "I would not hesitate to raise any concerns with [scheme manager] she is excellent, she goes above and beyond for example I was having a problem sorting cash for [relative] so she suggested a little safe and it has worked out brilliantly." Another said, "I have never had cause to raise a concern, but I have no doubt that it would be dealt with in a timely and responsible manner as everything else is."
- A relative told us, "I would feel comfortable bringing any issues up with management, but I have never needed to. I would speak to the care leader in this building she comes to see me sometimes. She's the one who told me about your call. She is very nice." Another relative said, "If I had concerns, I would speak to the [named care staff] first although the manager is very approachable, he's a good manager [scheme manager], very calm and keeps on top of things. They have all been brilliant with [relative] they have really helped [relative] turn [their] life around."
- A staff member told us, "We encourage them [people who used the service] to make a complaint, we have a policy and forms and we can support them to do that."
- We were not able to assess whether complaints had been dealt with in line with the providers policies as the registered managers informed us there had been no formal complaints since our last inspection in July 2019. Complaints were dealt with by a central team responsible for logging and dealing with formal complaints. The quality assurance manager told us due to ongoing system issues any concerns raised since the start of the issues with the provider system in October could not be accessed at this point.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was not always consistent. Leaders and the culture they created required improvement to support high quality person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found safeguarding alerts raised by the service and other health professionals had not been submitted to CQC in line with Regulations requirements 'without delay.' Although the service had sent notifications these were submitted in some cases after the investigation had been concluded.
- The registered managers told us delays were due to challenges the service had faced with Covid19 pandemic. They took a 'zero tolerance' to abuse and worked closely with the safeguarding team where any allegations of abuse had been identified.

The above is a breach of Registration Regulations 18 (Notifications of other incidents) Regulation 2009

- Following our inspection, we noted the service had devised a monitoring system to ensure all notification in future would be sent to CQC without delay and at the point an allegation of abuse is made. Records confirmed this.
- The service was managed by two registered managers who had overall responsibility for managing the service. Each scheme was managed by a scheme manager and team leader with responsibility for the day to day operation of the service. Since our last inspection in July 2019 the service had appointed a quality assurance manager who started in April 2020, responsible for the overall monitoring and driving improvements of the service.
- Whilst we acknowledge the improvements made since our last inspection, further improvements were required to ensure care records were accurate and up to date. We found inconsistencies in the way information was recorded and gaps in care records. For example, conflicting medical information related to people with diabetes and risk management. We discussed some of these with the registered managers who told us they would follow this up with staff.
- Due to current issues with the provider's computer system the service was not able to access all records, such as the outcome of safeguarding alerts raised. The service continues to work on developing and building on information in a number of areas, including records related to people who used the service.
- The registered managers worked with the quality assurance manager to monitor the service and identify areas for improvement. This included ensuring information in care files were accurate and up to date.
- Audits covered various areas, such as care records, medication, incidents and accidents, complaints and

infection control. A file audit carried out by the quality assurance manager in July and October 2020 had already identified the gaps and inconsistencies with care records found during this inspection

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the way the service was run and said they would recommend the service. Comments from people included, "Very good and helpful staff, I think it's run very well," and "It is a good service as it is, they support my independence which is what it is about. I can't think of anything they could improve".
- We received mixed feedback about the day to day management at the different schemes and communication. A relative told us, "I would definitely not recommend them [the service]....I am happy [relative] is safe but not impressed at all with staff attitude and the management organisation and leadership leaves a lot to be desired." Another relative commented, "Yes, I honestly do feel this service is very well managed on a day to day basis and [staff] are my [relative's] life and I owe it to them for caring and watching out for my [relative] so well."
- Staff told us the service was well led and senior managers were approachable. Comments from staff included, "[The service] is well led, because of the managers. [Information] they get from CQC immediately they call us and let us know. Since joining always enjoyed working with the manager, they give [me] all that I need to do to do the job and make it easier for you...." Another staff member said, "[Registered manager] is absolutely fantastic. Has a good relationship with staff as well as residents, when [registered manager] visits they see how all tenants [people who used the service] are doing and whether there are any concerns."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers understood their responsibilities under duty of candour. They commented, "You have to ensure when something goes wrong that you are transparent and inform family. We have a duty to inform and share information when something goes wrong," and "Sharing information that may affect someone's health and wellbeing and being transparent, apologise when things go wrong."
- The provider had a duty of candour policy and procedure in place. This provided guidance for staff on reporting concerns/incidents and being transparent and honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed feedback from relatives about whether the service asked for their views about the service and communication. Comments included, "I've not had any feedback requests from the company, "I have so many questions but am not getting any answers... I am afraid there is no communication," and "I think they email a questionnaire through about once a year,"
- This was in contrast with records reviewed which showed people were asked their views and outcomes explored. The most recent survey carried out by the service showed most people were happy with their care. Co-production meetings involving people who used the service, family members and friends enabled people to give their views and make suggestions about the service. July 2020 and September 2020 newsletters reviewed confirmed this.
- Staff said they felt involved in the running of the service and were able to give their views. A staff member told us, "They [management] ask what we feel and what can we do to improve the service and we give our views and they make use of them."
- Staff received support from the registered managers. A staff newsletter developed by them provided information for staff on how to work during Covid-19 pandemic and the support available. This also shared good news stories from the service where people had provided positive feedback about their care and

information from the designated Dementia specialist.

- Staff told us they felt supported by senior management and were able to approach them about their concerns or any aspect of their work.

Continuous learning and improving care

- The service held monthly lessons learnt meetings to discuss learning from incidents and change practice. Records confirmed this.
- The registered managers told us they met with scheme managers monthly to discuss safeguarding and incidents. Managers shared lessons learnt with care staff.
- The quality assurance manager had oversight of performance across the service and worked jointly with registered managers to implement improvements.
- For example, we saw a falls analysis had identified specific themes, including location and times when these had occurred. Part of the lessons learnt action included the need for staff to ensure all residents at risk of falls had a pull cord and wore wrist pendants to enable them to alert staff in the event of a fall.

Working in partnership with others

- The service worked in partnership with various professionals to meet people's needs, including the district nurse, GP, safeguarding department occupational therapy and ParaDoc (a 24hr GP led service and falls service in the borough).
- A healthcare professional working within the local authority told us the service was responsive, well-led and put the people who used the service at the centre of their work.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person failed to notify the Commission without delay of incidents involving abuse or allegations of abuse, which occurred whilst services were being provided in the carrying on of regulated activities.</p> <p>Regulation 18 (1)(2)(e)</p>