

# Metropolitan Housing Trust Limited

# MHT Hackney

## 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

The inspection was carried out on 28 April and 1 May 2015 and was announced. We gave 48 hours' notice of the inspection to make sure that the staff we needed to speak with were available.

MHT Hackney is a supported living service which provides personal care services and housing support to people living in their own homes. The Care Quality Commission regulates the provision of personal care services but does not regulate housing support. At the time of our

inspection there were two people receiving personal care services. One person lived in a flat within the same premises as the provider's office and the other person lived in a house in a nearby neighbourhood.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

Staff knew how to keep people safe and the service considered people's capacity in accordance with the Mental Capacity Act (MCA) 2005. There were sufficient staff employed to meet people's identified needs and provide personalised care and support.

Assessments were conducted to identify people's support needs. Risk assessments were in place to make sure people were safe, while taking into account their wishes to be as independent as possible and actively involved with their hobbies and interests.

Staff supported people to take their prescribed medicines, and understood their responsibilities in relation to this area of their work. They knew how to respond to any medical emergencies or significant changes in a person's well-being.

Staff had training to understand and meet people's needs. They received support and advice from the registered manager and team leader.

Staff understood and respected people's daily routines, choices, and cultural and/or religious observances. People's entitlement to privacy, dignity and confidentiality was promoted.

Staff had the skills and knowledge to respond to people's changing needs. Care plans were regularly reviewed and updated as required.

People were provided with pictorial and written guidance about how to make a complaint about the service, including information about how to access advocacy support to assist with making a complaint.

People and their representatives were offered opportunities to give their views about the service. There were systems in place to monitor the quality of care.

# 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?

The service was safe.

There were enough staff to meet the identified needs of people who used the service.

Measures were in place to minimise the risk of abuse to people and staff understood how to protect people from abuse.

Systems were established to make sure that people's medicines were safely administered.

Good



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to meet people's needs. Staff received appropriate training, support and supervision, to enable them to understand and meet people's needs and wishes.

Staff contacted people's relatives and/or representatives, with people's consent, if they had any concerns about a person's health, and they liaised with medical and healthcare professionals as required.

Good



### Is the service caring?

The service was caring.

People were supported by caring and compassionate staff.

People interacted well with staff.

People's privacy and dignity were respected.

People were given contact details for advocacy organisations that could support them to make a complaint about the service.

Good



### Is the service responsive?

The service was responsive.

Assessments were conducted and care plans were devised to address people's identified needs.

Care plans provided detailed information about people, so that staff could provide a personalised service.

There was a system in place for people and their representatives to make comments and complaints. People told us the provider would take any complaints seriously.

Good



### Is the service well-led?

The service was well-led.

Support staff told us they received guidance and support from the registered manager and the team leader.

Good



# Summary of findings

Checks were carried out by the registered manager and the provider, in order to monitor the quality of the service.

# MHT Hackney

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of MHT Hackney took place on 28 April and 1 May 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager and senior staff are sometimes out of the office visiting people who use the service and supporting staff; we needed to be certain that someone would be in. One inspector conducted the inspection.

Before the inspection visit we reviewed the information we held about the service. This included the previous

inspection report, which showed that the service met the regulations we inspected on 16 May 2014. We also checked any statutory notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required to send to us by law.

People funded their care packages through direct payments from their local council, which meant they had chosen to buy services from the provider. During the inspection visit we spoke with one person using the service, two support staff, the team leader and the registered manager. The second person using the service was not available to speak with us. We looked at a selection of records about people's care and how the service was managed, which included two people's care records and four staff recruitment, training and support records. We checked some of the policies and procedures, and looked at surveys completed by people who used the service and their representatives.

# Is the service safe?

## Our findings

One person using the service told us that they were happy and felt safe.

Staff understood how to recognise the signs of abuse and report it. They told us the steps they would take to support a person if they suspected or witnessed abuse. The provider's safeguarding policy and procedure stipulated that any safeguarding concerns must be reported to the local authority's safeguarding team and the Care Quality Commission. Records showed that staff had attended safeguarding training, which meant they had the skills and knowledge to recognise abuse and knew how to respond appropriately. The team leader and two staff members were familiar with the provider's whistleblowing policy and how to use it, if necessary.

Care records showed that risk assessments were carried out in order to promote people's safety, and provide advice and guidance for staff. There were risk assessments in place for a range of needs including moving and assisting people, supporting people to prepare and cook food safely in their kitchens, and protecting people from the risk of financial exploitation. A staff member told us they had referred a person for an occupational therapy assessment as they had observed changes in the person's mobility and as a result, their ability to remain safe within their home. The staff member explained to us the reporting process for any accidents or incidents that occurred and the registered manager demonstrated that they took appropriate actions if required. We saw examples of how the registered manager and the staff supported people to be as safe as possible in the local community; for example, people had received guidance about how to check the identity of any prospective visitors to their flats and how to use their intercom security systems.

Support staff told us that they supported the same person every week, which was confirmed by the staff rotas we looked at. One staff member told us, "I am part-time but I work with [one of the people using the service] twice a week. We get to know people really well and get to know what's important to them. I go food shopping with [the person] every Tuesday and we go for a drink in the café, [they] like to have a routine." Staff told us they would ask the registered manager or the team leader for advice in the event of a complex event or an emergency. There was an on-call rota for staff to contact a manager out of office hours. The registered manager took part in this rota.

The staff recruitment files showed checks were carried out to make sure that staff were suitable for employment with people who used the service. Each file contained two relevant references, which had been verified for their authenticity. There were criminal record checks, evidence that people were eligible to work in the UK and proof of their identity and address.

We looked at the provider's medicines policy and procedure, which provided suitable guidance for staff. The team leader told us they audited all of the medicines administration records (MARs) charts to check that staff correctly signed when they had prompted and/or assisted people to take their medicines. At the time of this inspection one person was receiving support to take their prescribed medicines. A staff member told us about the actions staff took to assist a person when they observed that the person had developed a problem with taking their medicines. This showed that staff understood their responsibilities in regard to supporting people with their prescribed medicines and took appropriate action, when necessary. There were protocols in place for returning any medicines no longer required to the pharmacist.

# Is the service effective?

## Our findings

One person using the service said they were pleased with the care and support they received. They told us that their keyworker supported them to go out shopping, visit local restaurants and prepare meals.

People were supported by staff with appropriate training to meet their needs. Records showed that staff had received training such as manual handling awareness, fire safety, communication skills, health and safety, medicines administration, and equality and diversity. One member of staff told us, “We can book onto training provided by our employer and look for external training. The training is geared towards the client group we work with, such as training about how mental health needs can affect people with a learning disability.” The registered manager showed us that staff had been booked on a dementia awareness course, as this was now relevant to meet the needs of people who used the service. There were also plans in place for staff to receive housing management training, which was relevant to their roles and responsibilities.

Staff told us they had one-to-one meetings with the registered manager or the team leader every two or three months. The supervision records we saw showed staff were provided with opportunities to discuss the needs of the people that they supported, as well as their own training and development. We saw that appraisals were conducted annually. Staff were supported to review their own performance and set goals for their career or personal development.

Staff demonstrated awareness about the Mental Capacity Act (MCA) 2005, although formal training had not yet been delivered. We saw that people, and their relatives where applicable, had signed their care plans to demonstrate their involvement and agreement with their plan of care. Staff described the circumstances in which it would be necessary to hold best interests meetings, for example if people lacked the capacity to make decisions about certain aspects of their own care such as whether to have a planned operation.

One person told us about their favourite foods. Their support worker explained how they supported the person to plan menus before they went grocery shopping together. Both care plans contained detailed guidance about how to support people to meet their nutritional needs. For example, one of the care plans showed that dietitians had been involved and there were guidelines for healthy food shopping and how to balance food treats with taking gentle exercise.

People’s files had health action plans, which provided detailed information about how to meet people’s identified healthcare needs. A support worker told us how they supported a person to attend appointments with a podiatrist and follow a programme of foot care at home. People’s files contained the contact details of their GPs, social workers and other professionals involved in their care. Staff maintained a record of people’s healthcare appointments and escorted people to these appointments, if required.

# Is the service caring?

## Our findings

One person told us they liked living in their flat and got on well with their keyworker and other support staff. They said staff were “good.”

Staff told us how they supported people to maintain their privacy, dignity and confidentiality. We saw that staff contacted a person to check if we could visit them in their flat and asked them when was the most convenient time to receive a visitor. Staff informed us that they would support a person to receive personal care for washing and dressing, or assistance with toileting, in a private room with the door shut and curtains or blinds pulled. We found that staff understood people’s individual routines and preferences. For example, a staff member told us that a person liked to relax for a while after a meal, which staff understood and respected.

People using the service and their representatives had been informed by the provider that significant changes were due to take place within the next 12 months. The premises for the provider’s office and 10 supported living flats was due to close, as the building was not suitable for modernisation. This affected both people receiving personal care services, as they either lived at the premises or attended meetings and social functions in the provider’s

office. We saw that people and their representatives had been invited by the provider to a general meeting to discuss these changes and were asked for their views. The registered manager told us that people would have opportunities to plan for their futures during individual meetings with their relatives, keyworker and social worker.

Staff told us they enjoyed working with people using the service. One staff member said, “It is important to me to provide a good quality of care and see that people are happy.” We saw that people were consulted about their wishes during regular group meetings with the registered manager and staff. We looked at the minutes for two of these meetings, which showed that people were given opportunities to plan outings, restaurant trips and entertainments. The staff promoted a sociable and inclusive atmosphere at these meetings by providing people with refreshments and asking people to contribute items for the agenda.

People and their relatives were given information about the service. We saw that the contracts people had with the service, complaints guidance and a leaflet about bullying, harassment and abuse, were presented in a pictorial format. People were provided with information about how an advocate could support them to make a complaint and how to access an advocate.



# Is the service responsive?

## Our findings

People were initially assessed by a social worker from their placing authority before a personal care support package was provided for them. Assessments were also carried out by the team leader and people's keyworkers, as part of the individual care planning process.

The assessments and care plans demonstrated that people were asked about their wishes, needs and preferences. For example, one person clearly explained why they did not want to attend day centre activities and clubs. Their views were recorded in their care plan and adhered to by staff. The person had definite ideas about how they wished to be supported to spend their leisure time. The registered manager and the staff team were able to describe the person's changing interests and explain how the service responded. For example, one person had an interest in a musical activity, which was supported and encouraged by staff. At the time of the inspection, the person had accomplished their goal. Following borough-wide changes to day centre provision, we were informed by the registered manager that one person did not have enough social

activities. The service had introduced some extra activities and had also contacted the person's social worker to request a meeting to discuss how to expand upon the person's current hobbies and interests.

Records showed people's needs were reviewed annually or more frequently if required, to make sure any changes in a person's needs were identified and addressed. The registered manager told us that due to the planned changes to the service, people's needs and wishes were being discussed and reviewed on a more frequent basis.

We looked at the minutes for the two most recent staff meetings. We saw that these meetings were used as an opportunity to discuss a wide range of issues, including how to respond to people's changing needs. For example we found that staff had discussed a person's behaviour and a decision was made to refer them to a psychologist.

The service had a complaints policy and procedure, which included guidance about how to progress a complaint if people and their representatives were not satisfied with the provider's response. We were not able to look at how the service responded to complaints as they had not received any since the previous inspection.

# Is the service well-led?

## Our findings

We looked at the results of the most recent quality assurance surveys for people using the service and their representatives, which were sent out last year by the provider. The results were analysed this year and demonstrated that people were pleased with the service and thought it was well managed.

There was a registered manager at the service, who was experienced. He had known the people using the service and their families for several years. Staff told us they enjoyed working at the service and felt supported by the registered manager. Staff said they had been through changes of provider in the past and the registered manager understood their experiences of working for another organisation, which had created a cohesive and stable work environment.

The registered manager and the team leader monitored the quality of the service by regularly speaking with people and their relatives to ensure they were satisfied with the quality of their care. The team leader conducted spot checks to people's homes, which took place every three months. A staff member confirmed that they were not informed that a spot check was due to take place and said that the team leader fully understood people's needs as they used to support both people using the service.

The registered manager was responsible for carrying out audits and other audits. We looked at the records for the monthly checks that the registered manager carried out to ensure staff were supporting people to manage their money appropriately. We saw that the provider had introduced changes to how people's finances were managed since the previous inspection and had monitored the service to make sure that new guidelines were followed. We saw that the area manager had carried out monitoring visits and given the registered manager actions to follow up in order to improve the service.

Records showed that the registered manager was offered opportunities for professional development. This included monthly management meetings with the area manager and other managers of local schemes. We saw that the provider had now established separate meetings for registered managers, which were being held every three months and were designed to support registered managers to understand and meet their specific responsibilities. This recognised the registered manager's role under the Health and Social Care Act 2008, alongside the provider's wider aim of meeting people's housing needs.