Metropolitan Housing Trust Limited

# MHT Brent Extra Care

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This was the first inspection of Metropolitan Housing Trust (MHT) Brent Extra Care Service since being registered in November 2016 with the Care Quality Commission (CQC).

Our inspection was announced and we visited MHT Brent Extra Care Services on 7th and 8th September 2017.

MHT Brent Extra Care provided personal care to 125 people who used the service living at four different sites in the London Borough of Brent. Extra Care Housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. Their registered location was Harrod Court. Harrod Court was providing personal care support for 40 older people. Beechwood Court provided personal care to 20 older people living with dementia. Rosemary House provided personal care to 40 older people and Tulsi House provided personal care to 36 older people. All people lived in either one bedroom or two bedroom self-contained flats.

MHT Brent Extra Care Services had a manager registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was based at the registered location Harrod Court; each site however, had their own care manager and team leader who were responsible for the day to day management.

People received short care visits at key times of the day to help them get up in the morning, go to bed at night and to give support with meal preparation and medicines.

People and relatives told us they felt the service was safe. Staff had received safeguarding training, understood how to identify abuse and explained the action they would take if they had any concerns about people's safety. People's finances, however were not always managed appropriately and records of expenditure did not reflect monies kept by the service.

Risks to people's health and wellbeing were not always managed effectively, risk management plans lacked detail and did not always provide sufficient guidance to staff to ensure safe care and treatment was provided.

Systems were in place to ensure the management and administration of medicines. However, medicines were not always managed safely. Incidents and accidents had been investigated and learning was shared with staff during supervisions and meetings.

Robust recruitment processes ensured that only suitable staff were employed. There were sufficient staff

deployed to meet people's needs during the day.

People were supported by staff, most of whom had received appropriate training and additional professional development as well as supervision and a yearly appraisal of their skills to enable them to meet people's individual care needs.

The registered manager and staff understood and followed the principles of the Mental Capacity Act 2005 and ensured decisions were made in people's best interests.

People were supported to maintain their health and well-being and had access to healthcare services when they needed them.

People were supported effectively around their nutrition. Some people needed support in buying their food and where they required assistance with eating their meals this was provided.

Staff treated people with dignity and respect and ensured their privacy and independence was promoted.

Staff interactions with people were kind and caring.

Friends and family were able to visit their loved ones at any time and felt welcomed by staff.

The service employed a well-being co-ordinator who organised and provided opportunities for people to engage in social and physical activities.

People had detailed care plans which were regularly reviewed and updated when people's needs changed.

There was a complaints process in place and guidance about how to use this was on display at all the four sites. Relatives and people who used the service told us that they would raise any concerns with the registered manager.

Quality assurance audits and records were not always effective. We noted that risk management processes and the safe management of medicines had not always been followed and there was a risk that people's needs were not met.

People and relatives were encouraged to provide feedback on the service provided through satisfaction surveys and informally during visits to MHT Brent Extra Care Services

Staff meetings took place and staff felt well supported by the registered manager who was open and approachable. Staff were confident to raise any issues or concerns with them and were listened to and respected.

We have found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe. Risks of harm to people were not always assessed, managed and reduced through the effective use of risk assessments.

People's finances were not always managed safely and appropriately documented.

The safe management of medicines required improvement and people could be at risk of not getting medicines as prescribed.

Sufficient staff were deployed to ensure people's needs were met.

Robust safe recruitment procedures ensured that staff employed were safe to work with people who used the service.

### Is the service effective?

**Good**

The service was effective. Staff received regular training and supervision to ensure they had the skills and knowledge they needed to perform their roles.

Staff obtained people's consent to care and treatment.

People were supported to eat and drink sufficient amounts to meet their nutritional needs.

Systems were in place to support people to access healthcare professionals promptly when needed.

### Is the service caring?

**Good**

The service was caring. People had opportunities to interact with and develop positive relationships with staff.

People were involved in making decisions and choices about their support by care staff who were kind and considerate.

People were supported by care staff who respected their dignity, whilst promoting their independence.

## Is the service responsive?

Good

The service was responsive. People were involved in planning their support which was regularly reviewed to meet their changing needs.

A complaints policy was in place to ensure people were able raise any concerns and have these addressed.

## Is the service well-led?

Requires Improvement

The service was not always well-led. Quality assurance systems were in place, however, these were not always effective. Risk management processes had not always ensured that people's needs would be safely met. People's finances were not always managed safely.

Staff felt well supported by the registered manager who provided clear leadership and direction.

The registered manager was taking action to seek people's views about the home and quality of the service being provided.

# MHT Brent Extra Care

**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 checked 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 7th and 8th September 2017and was announced. The provider was given notice because the location provides an extra care service and we needed to be sure that people who used the service, relatives, care workers and the registered manager knew we would be coming and would available to meet us.

On the first day of our inspection the inspection team consisted of two CQC adult social care inspectors, one CQC pharmacy 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. On the second day of the inspection the inspection team consisted of one CQC adult social care inspector.

On the first day of our inspection we visited all four sites of MHT Brent Extra Care Services and on the second we revisited two sites.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications that we had received from the service. We reviewed all of this information to help us make a judgement about this service.

We spoke with the registered manager, the regional manager for older people, two care managers, two team leaders, two well-being co-ordinators and nine care workers. We also spoke with 41 people who used the services across all four sites and three relatives.

We looked at 15 care plans and care records. We sampled 12 medicines administration records including storage of controlled drugs, the recruitment, supervision and training records for seven staff and records in relation to quality assurance and management of the service. We also were in regular contact with placing

authority and received regular updates in regards to the care provided by MHT Brent Extra Care Services.

Requires Improvement

# Is the service safe?

## Our findings

People who used the service told us that they were generally happy with the care they received from MHT Brent Extra Care Services. Their comments included, "Living here is alright, the staff are ok", "I like living here. My home is very nice"; "I don't see a lot of the carers. Whenever I need them they are here for me" and "I love it here, all carers are nice, I feel very blessed." We also asked people I they felt safe in their home. People said "I have trust in them", "Yes I am safe here", "Very safe, everywhere is immaculate" and "If I need help I can pull the alarm around my neck and someone will come, usually it's no problem during the day, but at night time I have to wait a bit longer, there are less of them [care workers] around."

We viewed financial records for people at Tulsi House and Rosemary House. We saw that care workers collected money for the people from their bank account, to do their shopping. We viewed financial records and saw that people's finances were not always managed safely. We noted that there were no records showing that people had received the purchased items, some receipts were missing, current receipts were not numbered and the balance for one record was not correct. There were also no records of people's daily finances checks and audits carried out by more senior staff. Consequently, there was a risk that people's money could be used inappropriately.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood their role in protecting people from avoidable harm. Staff were able to explain how they would respond to any incident of suspected abuse and records showed all staff had received safeguarding adults training. They told us that they would report it to the registered manager or a care manager and also could contact the police, local authority and CQC. Posters detailing both the provider and the local authorities safeguarding procedures were displayed on the notice board and in the staff room of Beechwood House. Staff told us they would report any concerns to the registered manager and felt confident any issues they reported would be dealt with appropriately. One care worker told us, "I would always report anything to the manager and I am confident that something will be done about it." We have received information from the provider showing that local safeguarding teams had been notified when any malpractice or allegations of abuse had been made. This ensured that people who used the service were protected and appropriate safeguarding investigations had been carried out. Records showed the service had made appropriate referrals to the local authority to ensure people's safety. Team meetings were used as learning opportunities to discuss any safeguarding concerns, but also encouraged staff to report any allegations of abuse, by giving them also opportunities to report them anonymously.

We looked at risk assessments for people who used the service at all the four sites. We noted that risk assessments were not always of the same standard on all sites. For example in Rosemary House we found that some people suffered from chronic conditions, such as Parkinson Disease, Epilepsy and Diabetes, however, respective risks assessments had not provided robust guidance for staff on how to respond and protect people from symptoms in relation to their condition. We also saw in Tulsi House that some people were using bedrails during night time, to safeguard them form falling out of bed. However, the provider was

not able to show us a risk assessment informing care staff of how to fasten the bedrail and what to look out for to ensure the person was safe. The provider was also unable to show us a risk assessment for people using a wheelchair with safety belts. The lack of sufficient risk assessments meant that care workers did not have appropriate guidelines on how to support people safely. This could result in an injury or death when not using, fastening and applying the safety belts appropriately. We discussed this with both care managers, who told us that they would address the issue. We also saw at Rosemary House that the new care manager recently reviewed a number of care plans and risk assessments and we saw that reviewed risk assessments contained more detail.

The above is evidence of a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's support needs with regards to their medicines varied. Some people required minimal support and others required administration of medicines by staff. The level of support required was documented in people's care records.

We checked medicines and medication administration records (MAR) across two of the four services run by MHT Brent Extra Care Services, namely Tulsi House and Rosemary House. We observed that people at Tulsi House had not always received their medicines as prescribed. We noted some gaps in recording on MAR charts and that the level of support offered by staff with regards to medicines optimisation was not always as stated in people's care plans. This was not in line with the provider's own medicines policy and potentially put people at risk of harm from unsafe used of their medicines.

For example, we saw one person whose care plan stated that medicines were administered by the provider. However, we observed that the person's relative managed all their medicines with very little input from care workers. This was confirmed by staff present during the inspection and when we spoke to the relative, they confirmed that some of the tablets were crushed and hidden in food/drink before administering. This meant that these medicines were administered covertly, and we did not see any appropriate mental capacity act assessments, documenting the reason for doing this, and that this was in their best interests.

We also reviewed people's individual prescribed medicines some of which were supplied in a weekly or daily pill box. We found in one person's cupboard, large quantity of medicine that we could not reconcile with MAR. We spoke with the local chemist that supplied these medicines, who confirmed that these medicines should have been taken weeks back as only a week supply was given each time. We asked staff about this and they told us that the person was self-administering their own medicines even though the care plan agreement stated that staff should administer the medicines. We did not see any evidence that self-administration risk assessments was carried out before the person was allowed to self-administer their own without any supervision from staff. This was not in line with the provider's own policy, procedures and forms needed to support customers with medication.

The above evidence showed medicines management was not consistently safe across the organisation and these therefore put people at risk of harm.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At Rosemary House we found that people received their medicines as prescribed and on time. There were no gaps or omissions and good medicines management practices were employed.

Medicines were stored safely at both sites visited. We saw evidence that staff carried out a weekly medicines audit, although, we noted that these were not robust enough to pick up all relevant medicine safety issues.

Care workers told us that they had received medicines administration training, which including a competency based assessment. Training records viewed showed that this was a part of the provider's mandatory training and care workers designated to administer medicines had received the training and undertook the competency assessment. Care workers also told us that the introduction of a floating support worker during the day on all four sites, helped to have one member of staff being allocated to administer, assist and prompt people with their medicines. The care workers told us that this has helped to minimise the risk of medicines not being administered as prescribed.

We asked people if they felt that sufficient care workers were deployed to meet their needs. Feedback we received varied. The majorly of people said that sufficient care workers were available to meet their needs in particular during the day. However, some people were not satisfied with the number of staff available during the night. In particular, the response people received from MHT's out of hours service, which was centrally based and the call handlers did not know the area, nor were they familiar with the service or people's needs. Comments made by people included, "Yes, there are enough carers", "The staff here is very good" and "[Managers name] is extremely helpful, he will make sure everything is ok and will call me back to reassure me, this cannot be said from the out of hours service." Another person told us "No, there are not enough carers; the respond time in an emergency is not very good. It's normally out of hours when it is unresponsive."

In view of the negative comments we had received from people who used the service in regards to the providers out of hour's service. We spoke with the registered manager about this who reassured us that the service will review the out of hour's service to ensure people received a satisfying outcome when they were required to use the service.
Care workers told us that the recent introduction of a floating care worker had really helped to ease the pressure. Care workers said, "The floating support is an additional pair of hands, which really helps."

The registered provider followed safe recruitment practices and staff records were stored centrally and securely in the providers head office. However we were able to ensure ourselves that care workers had been vetted appropriately. Electronic records viewed showed that care workers had to provide references from the current and previous employer, proof of the identification, proof of their address and proof of their right to work in the UK. Appropriate disclosure and baring service (DBS) were also obtained to ensure care workers were vetted appropriately to support vulnerable people. Care workers told us that they had a panel lead interview and had to do a written test to assess their suitability for working with people who used the service. People who used the service told us that they felt safe with care workers. One person said, "The staff here is good and I never had any concerns with them."

We looked at an incident form which was completed after a person did not return from a trip out. The staff team on duty followed the correct procedure and contacted the police and the person was found safely. Since this incident the service responded by updating the missing persons procedure for people to ensure clearer guidance was in place in case similar incidences happen in the future. This demonstrated the benefits of living at MHT Brent Extra Care Services as staff had quickly located the individual when they identified the person was overdue.

Good

# Is the service effective?

## Our findings

People who used the service said, "The staff is very professional here, "The staff are skilled, kind, polite and very professional" , "The staff and carers are amazing; they work so hard, they are very skilled" and "Staff are qualified and skilled, but they are always very busy." Care workers told us that there is a lot of training available. Their comments included, "I have done a lot of training since I started, and I also meet regularly with my manager to discuss issues in one to one meetings." Another care worker said, "I had an induction, but it was very short and could have been in greater detail." We spoke with the new care manager in Rosemary House about this. The care manager said, "I am currently in the process of introducing the care certificates training and spend extra time on the induction of new staff."

The registered manager sent us the training matrix for all four sites after our inspection. Staff were offered a wide range of training, some of it was mandatory and some was to help further staff development. The training included Health and Safety, dementia awareness, First Aid, Safeguarding, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), Medication, Anti-Corruption, Communication with Customers and Equality and Diversity. The training matrix also showed that regular refresher training completed by staff. Care managers and care workers told us that training planned in the future included mental health awareness, drug and alcohol and Parkinson awareness. This planned training would help staff to get a greater understanding of supporting people with these specific health needs. Staff records also demonstrated that regular supervisions and appraisals were provided to discuss performance and future development and support staff to work better with people to meet people's changing needs.

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. We spoke with staff and they gave us examples of how they would work within the principles of the MCA. One care told us, "I would always explain to people what I am about to do and ask them if they are happy with the care I provide.
People who used the service told l us, "I go out on my own". Another person told us "I am as independent as I can be and the staff helps me with this." We noted in Beechwood Court that the main entrance was only able to be activated through a key pad, which would prevent people from going out independently. We discussed this with the care manager of Beechwood Court who advised us that this was to protect people who used the service. Deprivation of Liberty Safeguards (DoLS) does not apply but an application to the Court of protection may be needed where people's liberty is being deprived. We saw evidence that consideration had been given to this and that there were planning to make relevant applications. This demonstrated that action had been taken to ensure the principles of the MCA were followed.

People who used the service received various nutrition and hydration support. Some people only require assistance with their shopping, while others required help to prepare their meals and assistance to eat. This was documented in people's care plans. People told us, "I like the fish and chips on Fridays" and "I am happy with their help around my food, but I don't like the new system of shopping for my food."

Each site had arranged opportunities for people to eat together in the communal area. This happened daily and on Fridays there was a special Fish and Chips takeaway purchased, which people who used the service can eat together. In Rosemary House we met with a group of people who used the service and discussed the changes in food shopping which had been introduced since MHT Extra Care Brent Services took over the care provision. People who used the service told us that they were not happy with the online shopping and told us that at times their shopping was delivered without them being at home. The registered manager told us that he was aware of people being dissatisfied and told us that he had discussed this with them. He admitted that the provider should have communicated the changes better and involved people by getting their feedback prior to the changes being implemented.

People who used the service were registered with their own GP. People who use the service or their relatives would usually deal with health care appointments, however the registered manager told us, "We will help customers if they require a referral to a specialist." We spoke with two visiting health care professionals who told us that the service usually would contact them when people required additional health care input. They also advised us that staff would usually meet with them and discuss any particular health interventions to improve people's health care needs. An external contractor was available to service and maintain mobility equipment, if people choose to use them.

Good

# Is the service caring?

## Our findings

We asked people who used the service about the care provided by care workers. One person told us, "Staff are very caring. I chase them out if I don't want them. They are all right. Even the 'top brass', they come and have a look around." Another person told us, "Carers are excellent." Another person said, "Most carers are very kind, however there is one or two who could be nicer, but it's not a big problem" and another person told us, "Yes, they are kind."

Staff we spoke with knew people well and they told us that it was the little things which could make the difference. For example one person using the service told us, "The maintenance man is very kind and helpful, he unblocked my drain."

There was a positive atmosphere amongst the staff team and we overheard one member of staff asking for support, and they immediately received it. Both members of staff were laughing and joking with each other.

One of the Health and social care professionals we spoke with told us, "The staff team cares about the people; they show an interest of what we have to say. This makes a difference for the people."

People were comfortable both in their own flats and the service's communal areas and they were free to move around the service as they wished. We saw people using the communal areas freely to socialise or go to their room if they sought privacy. We observed staff knocking on people's doors and waiting to be asked to come into people's flats.

We observed people to be comfortable requesting support from staff in communal area and staff sat with people and responded to people's requests without hesitation. Staff told us, "A number of people go out independently and come and go when they please, while others need a little bit more help and encouragement to get out of their flats." We saw people regularly leaving all sites and go to shops, visit friends or go for a walk.
Staff supported people to maintain contact with their friends and family and people told us their visitors were always made to feel welcome. The registered manager said the provider was currently in the process of installing internet facilities for people using the service. The plan would enable people who used the service to maintain contact with their friends and family.

We saw people's privacy and dignity was respected by staff. Everyone was able to lock their own front doors and key safes were used to enable staff to access people's flats in an emergency. We saw staff consistently knocked on people's door and waited to be invited in at the beginning of each care visit. Peoples care plans documented arrangements how to access peoples flats in case of emergencies.

People we spoke with told us they were able to attend church, have food they liked which was culturally appropriate and they told us that some staff were able to speak their first language, which helped to understand each other better.

Good

# Is the service responsive?

## Our findings

We asked people if they had been involved in their care plan. One person said, "Yes my care plan was discussed with me, I have lots of support from GP." Another person said, "Yes, they do." A relative spoken with told us, "Yes I have been invited to a meeting and we discussed the care my mother receives."

The care manager at Tulsi House told us that each person was assessed by a member of staff and also received assessment information from the placing authority. They told us that when a person's needs significantly changed they asked the placing authority to complete another assessment. The care manager told us that they have found the placing authority to be responsive and they sometimes provided additional care for the person.

People had a copy their care plans in their room, and the original copy was available in electronic format.

People's care packages varied from a few hours per week to 33 hours per week, the level of support as dependent on people's needs and assessment. We found good examples in care plans of being responsive to a person's needs. In one example, the person's feedback was that they wanted to have their shower in the evening rather than the current arrangement of the morning. The service responded positively to the request and the person now had support with a shower in the evening which was their preference.

Care plans were person centred, all had a similar format and included - personal care, social contact, safety, medicines, nutrition, communication, mobility, household tasks, sight, hearing, teeth and managing health appointments. Guidance was in place for staff to know how to support people according to their individual needs and preferences. For example, one person's personal care objective included, "[Person] can wash [their] face if the support worker hands [them] their flannel."

We also saw that care plans included information about the symptoms of diabetes and the action staff needed to take in response to those symptoms. Staff told us that they read people's care plans.

Each site had activities scheduled at various times during the day. A well-being co-ordinator was employed at each site to organise these. The registered manager said that the well-being co-ordinator had talked with people using the service what their preferred activities were. This was confirmed by two of the wellbeing co-ordinators we spoke with and one of the people who used the service. They introduced armchair activities and a gardening club following feedback from people. There were also plans to organise a Christmas party. One of the care managers said "We are facilitating what they [people] want. We communicate well with people." There was a Tenant Project Fund used for purchasing activities. They were planning to buy some musical instruments. One of the care managers said that a nominated well-being staff member was planning to hold a regular drop in surgery where people using the service could speak with them about anything that they wished to discuss. A representative of a local church visited the service regularly and people had the opportunity to attend a religious service. Records also showed that in August 2017 people had taken part in outings/day trips to a range of places including Southend.

One care manager told us that they planned to carry out a feedback surgery that was specific to the service. They said that the provider carried out a general regular feedback survey across the four services. The provider had given the latest feedback questionnaires to people in June 2017. Records showed that a number of areas for improvement had been identified, which the service had responded to or were in the process of addressing. These included offering a wider range of activities and encouraging care staff to always offer extra support before they leave a person's flat.

The service user guide was informative and included information on how people could make a complaint if they were not happy with the service provided. The complaints policy was also displayed in communal areas of all sites and people had easy access to it. Staff knew they needed to report all complaints to senior staff including the manager. We saw a suggestion box in two of the sites we visited, however, we were told by the register manager they were planning to introduce them in the remaining two sites as well. This meant that people would be able to raise their concerns or ideas how to improve the service anonymously. People who used the service told us that they knew how to raise concerns or make a complaint. One person said "Yes I have reported two people, they stopped sending them to me, I would always tell [managers name]". Another person said "Yes, I would complain to [manager's name]" and "Yes, I would go downstairs to the office and tell them."

We saw that complaints the service had received had been addressed and resolved to people's satisfaction. The service demonstrated in the past that they took complaints made by people who used the service or their relatives seriously. Formal complaints were investigated by a complaints manager, who liaised with the complainant and kept them up to date about the progress. They had also informed and updated the Care Quality Commission of any complaints and the action taken by the provider to address the issues.

Requires Improvement

# Is the service well-led?

## Our findings

People who used the service spoke positively about the registered manager. One person told us, "Yes, the manager is very nice." Another person told us, "I can always go downstairs and speak to [manager's name]." People also told us that they would recommend the service to others. One person said, "I visited today a new place with my care worker, it was like a bombsite, not like here at this place everything is clean, spotless, fun and the care workers and staff are amazing."

We identified a number of shortfalls in the way the service was managed. These included concerns related to the safety of the service, the management of medicines and the management of people's finances.

The registered manager and senior staff carried out quality assurance audits at different intervals. We found these not always to be effective in identifying or addressing the issues we found during our inspection visit. For example, audits related to medicines had not identified concerns related to medicines management found during our inspection. Similarly to the shortfalls in relation to the management of medicines the audits did not identify shortfalls in risk management and the management of peoples finances.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff team were well motivated and they told us that they enjoyed working at MHT Brent Extra Care Services. Care workers comments included; "We are a good team and work well together." Another care worker told us, "[Registered managers name] is very good helpful and does listen to what I have to say."

Records showed that care workers met regularly to discuss issues in relation to the care provided and the service. The last staff meeting held in Harrod Court in July 2017 during which the team discussed topics such as Health and Safety, spot checks, safeguarding adults and training. The meeting had been very well attended. We saw in other sites records that similar staff meetings had been held during which staff were able to share their views for the benefit of people who used the service. People also told us that they had regular tenant meetings, which gave them an opportunity to raise any issues in relation to the care they received. One person told us, "We have regular meetings in the dining room downstairs; it's a nice way of meeting people and talk about what we would like to change."

In June 2017 MHT Brent Extra Care Services sent a satisfaction survey questionnaire to 122 people who used the service, 28% of surveys had been returned at the time of the inspection. The feedback received from people who used the service was generally positive. Comments made by people who used the service included in regards to activities provided, "I choose not to take part", "I enjoy colouring and painting the most" and "I enjoy bowling, bingo and dominoes." The majority of people felt that their views were respected and listened to and gave positive feedback about the staff provided. For example, "All staff are excellent," but people also said that they would prefer a regular carer, instead of having different care workers to support them. The registered manager told us that MHT Brent Extra Care Services listened to what people had said and with the introduction of a floating support worker were hoping to provide more

consistency with staffing. We were also told that the provider planned to undertake another survey in December 2017 to see if people were happy with the changes introduced and continue to be satisfied with the care provided.

The registered manager and all care managers in each of the four sites told us they enjoyed their role, felt well supported and had a "very good supporting relationship with managers." The registered manager completed audits of the service's performance each month, this report included details of any significant events that had occurred and detailed information about the service's performance including for example, the number of bank and agency staff used each month and percentage of planned and the number staff supervisions provided.

We found that the provider supplied the Care Quality Commission (CQC) with required information, such as notifications of safeguarding incidents, as per their regulatory requirements.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Care and treatment was not always provided in a safe way for service users. Risk assessments to the health and safety of service users did not always include details about the reasonably practicable steps which were taken to mitigate such risks. Regulation 12 (1) (a).<br><br>Care and treatments was not always provided in a safe way for service users. Proper and safe management of medicines was not always followed to ensure service users receive their medicines as prescribed. Regulation 12 (1) (g). |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>The registered provider did not always operate an effective system to prevent possible abuse of service users, by establishing a safe system to manage people's finances when required. Regulation 13 (1) (2). |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered provider had failed to operate an effective system to ensure compliance with the regulations, and to assess, monitor and improve the quality and safety of the service. Regulation 17 (1) (2) (a). |