

London Housing Trust

London Housing Trust

Inspection report

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21 November 2016

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

This announced inspection took place on 18 and 21 November 2016. London Housing Trust provides care to people living in their own homes. We did not give a rating to the service because there was only one person using the service. We did not have enough information about the experiences of a sufficient number of people using the service to give a rating to each of the five questions and an overall rating for the service.

This is the first comprehensive inspection of the service since registration in January 2015.

The service has a registered manager. 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.

People were safe at the service. Staff understood the procedure of reporting concerns of abuse and took action to protect people from harm. We saw positive and friendly interactions between staff and people.

The registered manager assessed risks to people and put plans in place to ensure staff had sufficient guidance to support people safely.

The service operated safe and robust procedures to recruit suitable staff to provide support to people. There were sufficient numbers of staff to support people safely.

Staff sought and received people's consent before they provided care. Staff supported people in line with the requirements of the Mental Capacity Act 2005. People who may lack mental capacity received appropriate support to understand and make specific decisions.

Staff told us the registered manager was approachable and supportive. Staff had supervision that helped them identify training needs and improve their practice. Staff received training which enabled them to meet people's needs. Staff had received specialist training on working with people living with dementia and challenging behaviour.

People said staff were polite and caring. Staff treated people with respect and upheld their dignity and privacy. Staff knew the importance of involving relatives and health and social care professionals in planning of people's care and support.

Staff supported people to access healthcare services when needed. People received the support they required with their medicines.

People received the support they required to have sufficient healthy food and enough to drink. Staff knew people's dietary routine and their likes and dislikes. Staff encouraged people to follow advice from healthcare professionals with their nutritional needs and to adopt healthy lifestyle options.

People knew how to make a complaint. There was a complaints procedure as well as an accident and incident reporting. There was an open atmosphere within the service. The management encouraged a culture of learning and staff development.

The registered manager carried out audits to monitor the quality of the service. The service had plans for improving the care and support people received. The registered manager considered their views and used them to improve the service.

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. Staff assessed and managed risks to people's health and well-being safely. Staff were aware of the types of abuse and what action to take to protect people from harm.

People received the support they required with their medicines.

There were sufficient staff on duty to meet people's needs. The provider used robust recruitment procedures to employ suitable staff.

Inspected but not rated

Is the service effective?

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

People consented to care and staff respected their choices.

Staff supported people to eat and drink and follow professional advice with their nutrition. Staff monitored people's health and ensured they accessed the healthcare they needed.

Inspected but not rated

Is the service caring?

The service was caring. People told us staff were kind and caring.

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

People were encouraged to be as independent as possible. Staff supported people to make decisions about their care.

Inspected but not rated

Is the service responsive?

The service was responsive. People's care was person centred and planned in collaboration with them and healthcare professionals.

Staff assessed people's needs and knew their preferences and interests.

Inspected but not rated

People followed their interests and participated in a range of social and community based activities.

People knew how to make a complaint. Staff encouraged people maintain relationships important to them.

Is the service well-led?

The service was well-led. Staff told us the registered manager was approachable and welcomed their ideas to improve the service.

The service had a positive open culture that encouraged learning.

The registered manager carried out audits to monitor the quality of service and made improvements when necessary.

The registered manager ensured an effective partnership with healthcare professionals.

Inspected but not rated

London Housing Trust

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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. At this inspection we did not have enough information about the experiences of a sufficient number of people using the service to give an overall rating for the service.

This inspection took place on 18 and 21 November 2016 and was announced. The inspection was carried out by one inspector. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the registered manager was available.

Before the inspection, we checked the information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications are reports that registered providers and managers of adult social care are required to notify the Care Quality Commission about, for example incidents, events and changes.

During the inspection, we spoke with one person, three volunteers, two members of staff and the registered manager. We observed interactions between staff and the person who used the service.

After the inspection, we received feedback from a social worker.

We looked at records the service is required to maintain in relation to all aspects of care provided. We reviewed the person's records and risk assessments, one staff file, staff training plans and staff duty rotas. We looked at monitoring reports on the quality of the service and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. The person told us, "I am safe here than out there. I have peace of mind because I know the staff are here looking out for me." A healthcare professional told us, "Staff help [person's name] to keep safe. The person is well looked after."

The registered manager assessed risks to people and others and ensured staff had sufficient information to manage these risks safely and in the least restrictive way. Risk assessments included going out in the community, road safety awareness, using electrical equipment and triggers to challenging behaviour. Staff knew the risks to the person to support them safely. Staff had involved the person in developing their risk assessments before and after they started using the service.

People were protected from the risk of harm. Staff understood the types of abuse and the safeguarding procedure to follow to report any concerns to protect people. One member of staff told us, "It is my responsibility to report any concerns I have. I am sure the manager would take action to resolve issues." Another member of staff told us, "It's our duty to raise any issues about potential abuse to people." The registered manager understood and followed safeguarding procedures to protect people from abuse. Staff explained they could whistle-blow to alert authorities of concerns of abuse if necessary. Information on how to whistle-blow was displayed on the office notice board and provided information to staff on what to do and who to contact.

Staff knew what to do if someone had an accident or sustained an injury. Staff understood their responsibility to report incidents and were able to explain the service's procedure on managing incidents. There had not been any incidents or accidents at the service. Staff knew what to do in case of an emergency, for example, if a person showed signs of a sudden deterioration with their health.

People received the support they needed with their medicines. The person told us, "I know when to take my medicines though I might be forgetful. Staff ask if I have taken my medicines." The registered manager had carried out a risk assessments on the person's ability to manage their medicines safely. Staff did not administer the person's medicines as they were assessed as competent to do so independently. Staff had sufficient guidance on how to support the person to self-administer medicines. Staff told us they reminded people to take their medicines in a safe and timely manner. Staff supported people to manage their medicines in line with the provider's medicines management policy. The registered manager told us staff supported the person with ordering and collection of medicines from the pharmacy when needed.

There were sufficient staff on duty to meet people's needs safely. The person told us they received support from a regular and consistent staff team. People told us, "It's the same [member of staff] who comes here regularly and one or two when they are away on holiday." The registered manager informed the person of any changes made to members of staff to reduce their anxiety. Records showed no missed care support visits.

People received safe care at the service. People received support from suitable staff who were recruited

through a safe and robust recruitment. The provider ensured necessary pre-employment checks which included written references, criminal record checks, applicants' identity and right to work were obtained and verified. Staff started work at the service when all checks were returned. This minimised the risk of people receiving care from staff inappropriate for the role.

Staff knew how to minimise the risk of infection through their practice. Staff understood their responsibilities to reduce the spread of infection and told us they practiced good hand washing techniques before they handled food and while supporting them with personal care. Staff told us they had access to personal protective clothing such as gloves and aprons.

The person lived in a property maintained by the landlord, the provider's housing association who was responsible for the safety, maintenance and security of the premises. Staff from the landlord checked the premises regularly and reported any issues. Staff supported the person to keep their home clean and tidy.

Is the service effective?

Our findings

Staff had the necessary knowledge and skills to support people effectively. The person told us, "Staff know what they do. They are well trained." One healthcare professional said, "Staff are helpful and professional and are committed to supporting [people] at the service."

Staff felt well supported by the registered manager to do their work. Staff received regular supervision with their managers. Supervision records were comprehensive. They discussed any concerns, areas they required additional support and their training needs. Staff said they felt listened to in supervision and the registered manager was always available to them for advice outside of formal supervision. The registered manager followed up on action plans and objectives to ensure they were done with staff. The registered manager had planned appraisals for end of year.

People were supported by suitably qualified staff. All staff completed a comprehensive induction before they started to support people. Induction records included classroom based training, e-learning and on the job observation by the manager. The registered manager carried out regular evaluations during and at the end of the induction to identify any areas for improvement or further learning. Staff received induction to the provider's values and the ethos of the organisation and completed the provider's mandatory training. Staff had satisfactorily completed an induction programme before they commenced work.

Staff were knowledgeable on how to support people. Staff received in house and external training which included courses in safeguarding adults, person centred care, food hygiene, health and safety, first aid and Mental Capacity Act 2005 (MCA). Staff had received person specific training on managing challenging behaviour and dementia. Staff had identified and requested additional training to improve their practice around dementia care and mental health awareness and the registered manager had enrolled them on the course. Training records showed that staff received regular and refresher training that supported them in their role.

Staff had access to managers through an on call system. Staff told us they could contact the on call manager for guidance when faced with situations they required additional support or guidance with.

Staff understood people's communication needs. Staff told us they were knowledgeable on how to recognise signs and symptoms that a person's mental health maybe in decline and the support the person would require. Staff were aware of the emergency response services to call should they recognise sudden changes in a person's health which required immediate action. Staff had sufficient guidance on how to support people manage events that could trigger behaviour that staff and other people would find difficult to deal with. Staff told us they communicated effectively with the person and helped ensure that their routine was not disrupted.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take

particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

People were involved in the planning of care and support. The registered manager told us they were in the process of enlisting an advocate to support people to make decisions about their care. Staff were able to describe the MCA and how they used it to support people to make decisions. One member of staff told us, "It's all about [people] making decisions that affect their lives and the support they might need to make that decision". Records showed assessments had been carried out to assess people's capacity to make decisions for themselves. Staff told us and records confirmed where a decision had to be made for the person the service had followed 'best interest' process and involved healthcare professionals. Staff sought and had people's consent before they supported them.

People told us they were happy with the support they received with their food and drink. Staff encouraged people to eat healthily and discussed healthy lifestyle options. Staff had sufficient information about people's dietary and hydration needs and had input from healthcare professionals when required. Staff supported people to eat and drink in line with professional advice. For example, a person's care plan showed recommendations from a GP about a person's dietary needs. Staff told us they supported people with their meal planning to ensure the person had a diet appropriate to meet their nutritional needs. The person's care plan contained information on what the person liked to eat and what foods should be avoided. Staff encouraged the person to prepare their meals which promoted their cooking skills and maintained their independence.

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People received healthcare services when needed which enabled them to keep as healthy as possible. One person told us, "Staff arrange visits and come with me to see my GP or hospital appointments. I recently visited the dentist. My [staff] organised the appointment." The service worked closely with healthcare professionals to ensure people received coordinated care. Staff told us they monitored people's health and recognised when they were unwell and supported them to get appropriate healthcare. One healthcare professional told us, "We receive timely and accurate information about changes in the person's health."

Is the service caring?

Our findings

Staff treated people with respect. The person told us, "Staff are polite. They talk to me, not talk down." On the day of our inspection, we observed how staff interacted with the person. Staff greeted them on our arrival and spent time chatting with them.

People told us staff were patient and friendly when they provided their support. The person told us, "Staff show interest in what I say and they will explain things to make me understand." One member of staff said, "We have to respond in a caring manner and give people time to say what they want."

Staff respected people's privacy and upheld their dignity. The person told us, "I get on well with staff. They treat me very well." Staff knew how to promote people's privacy and dignity such as respecting their space and closing curtains and doors when supporting them with personal care. One member of staff told us, "I go into [person's] room when asked to come in and the bathroom only after they have called for me." Staff told us they supported people to make telephone conversations in the privacy of their room and away from others.

Staff understood the importance of treating people as individuals and meet their needs in a person centred way. Staff told us they encouraged the person to maintain their personal care before going out for the day. Records confirmed the support people had received such as prompting with their personal care to have a wash and comb their hair. The person told us staff called them by their preferred name.

People told us staff encouraged them to be as independent as possible. One member of staff told us, "We encourage the person to tidy their room and do their washing to ensure they maintain their daily living skills." Care records showed staff enabled people to do things for themselves and supported them with their choices. For example, the person told us, "I decide on having a bath or a shower and choose my own clothes." Staff supported people in line with their strengths and the help they needed in completing tasks. Staff understood the importance of supporting people to do what they were able to do for themselves so they did not become de-skilled.

Staff knew the people and understood their needs well. The person told us, "Staff know if things are no ok with me. They have supported me for some time. They will ask if there is anything else they can do to help before they leave." People received support from regular staff and had developed positive relationships with them.

The person received one to one support from an allocated a key worker to provide them with one to one support. A key worker is member of staff who is responsible for a person and makes sure the service meets and reviews their care needs. The person said, "[Member of staff] understands what keeps me going. We talk, we discuss my concerns and he gets the manager involved." Staff told us they discussed in with the person if they wished to visit friends and how they could do this safely. The person told us and records confirmed the person went out independently and discussed these visits at regular key working sessions.

Staff told us they supported people to achieve their full potential and lead fulfilled lives. Staff understood how to promote equality and diversity and were positive about working with people who identified as gay, lesbian, bisexual or transgendered. One member of staff told us, "It would not make any difference to how we support [people] or viewed them."

Is the service responsive?

Our findings

Staff assessed and regularly reviewed people's needs. The registered manager involved people, their relatives where appropriate and healthcare professionals to plan the support people required. People had person centred care plans planned to meet their individual needs.

Staff had an overview of the person, their needs and the support they required. This was reflected in the, "How can we help you help yourself" part of the care plan. Staff had a copy of this information for easy reference on people's needs. This information was available to any staff who did not have prior knowledge of working with the person and which helped them to understand how to support them.

Staff knew the importance of routine to the person they were supporting. The service had involved the person in writing their care plan. The person told us, "My [staff] know how I like to do things and how I want to things done. They regularly check if it's still ok with me to do things the same way." The care plan included the person's likes and dislikes with information on what time they preferred to wake up, go to bed, how the person wanted their personal care delivered and how to prompt them appropriately. Staff had clear information on how to support the person maintain their routine on a day to day basis.

People received care appropriate for their needs. Staff monitored changes in people's health and carried out six monthly reviews of their needs with the person and healthcare professionals involved in their care. Records showed staff updated the care plan following each review and when they identified any changes to the person's health. The registered manager ensured staff had sufficient information in support plans to enable them to respond appropriately to people's needs. Staff told us when a person needs had changed and how this impacted on their health. Records confirmed the changes and daily observation records reflected the person had received appropriate care and support to meet their current needs.

Staff shared relevant information to people's well-being to ensure all staff were aware of the changes. For example, staff told us they had shared information on how a person now required more support because of health changes. Records showed the registered manager had met with members of staff to update them on the new guidelines for supporting the person.

Staff delivered people's care in line with people's preferences. For example, the person told us, "I will talk to [member of staff] about my plans for the day and what I what to do. They are quite flexible with their approach." Records showed staff considered and respected people's choices.

People were supported lead active lives and to pursue their interests and encouraged them to take part in activities of their choice. One person told us, "[Member of staff] knows I enjoy shopping. They go out with me. I like to watch matches of my favourite team. [Staff] do remind me of important dates." Staff were able to explain to us people's interests and hobbies and the support they required which was stated in the care plans. People received the support they required participate in activities of their choice. People were encouraged and supported to develop and maintain relationships with people that mattered to them.

People knew how to make a complaint. People had received the complaints procedure, a copy which they had in their home. The person told us, "I've had no concerns at all. If there are any issues, I speak to [member of staff] because I see them all the time. I can also tell the manager at the office when they call to check on me. I have the contact details if I must call them." People were confident the registered manager would act on any complaints and resolve it. Members of staff had access to the complaints procedure and knew how to support people to make a complaint when needed. The service had not received any complaints since they opened.

Is the service well-led?

Our findings

People had positive feedback about the service and were happy with the care they received. People and staff told us the registered manager promoted a person centred culture at the service. One person told us, "The care is good. The manager is good and has time for me. I am happy with [staff]."

Staff were supported in their role. They told us the registered manager was approachable and valued their ideas to improve the service. One member of staff told us, "The manager is available and ready to discuss any concerns." Records showed staff had regular team meetings and supervisions with the registered manager and discussed ways to improve the service. One member of staff told us, "We meet regularly discuss how to support people and any ideas to develop the service." Staff said they felt confident to raise any concerns with the registered manager about people.

The quality of the service was subject to regular checks. People told us senior staff reviewed the support they received by means of a telephone call or a home visit regularly. We saw records of telephone calls which asked people to describe the care and support they received.

The managers carried out random spot checks and visits to monitor the quality of care provided. Staff received feedback on their practice and had the support they needed. For example, a member of staff told us, "The manager checks people's records and asks people if they are happy with my care." Records showed the registered manager had discussed issues identified on spot checks such as the need to promote people to be as independent as possible. The registered manager made follow up visits if there were any issues, which required improvement and acted on them to ensure people received appropriate support.

The provider carried out regular audits and used feedback to develop the service. Questionnaires were sent to gather people's views of the service. The provider analysed and used feedback received to improve quality of care people received. People were able to make suggestions and felt the registered manager listened to them.

The registered manager reviewed people's records and daily activity reports to ensure they were accurate and up to date. The registered manager used effectively systems in place to ensure staff attended mandatory and refresher training when due.

The registered manager reviewed care plans and risk assessments and ensured staff had sufficient information to support people safely and competently. The service also carried out checks of infection control and gave staff appropriate guidance when needed.

The service encouraged people to engage effectively with community groups, charities, volunteers and local health organisations. This ensured people's health, recreational and spirituals needs were met. One volunteer told us, "I am happy with the management and team. They do understand people and are there for support when needed." Another volunteer said, "The manager is involved and champions [people's] rights." Staff and volunteers told us the management team was visible and welcomed their ideas to improve

the service and quality of care people received.

The service worked in partnership with other healthcare professionals and the local authority involved in people's care. For example, the service had arranged for input from the memory clinic, dementia specialists, healthcare professionals and a local college in relation to the care and support of people with dementia and challenging behaviour. One member of staff told us, "We have reflective practice to discuss how to support people manage their behaviour." People's records showed staff understood and put into practice their learning.