Metropolitan Housing Trust Limited

Kay Hitch Way

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

Summary of findings

Overall summary

Kay Hitch Way is registered to provide accommodation and personal care for up to four people. There were three people living at the home when we visited.

At our last comprehensive inspection of 14 December 2015 we found two breaches of the regulations. These concerned the deprivation of people's liberty and assessment of their mental capacity, and arrangements regarding the monitoring of the quality of the service. The provider wrote and told us what they would do to meet the legal requirements in relation to the breaches.

We undertook this unannounced comprehensive inspection on 3 October 2016 and found the provider had followed their plan and had made improvements.

At the time of our inspection a registered manager was not in place. However, a manager had been appointed and was in the process of applying to become registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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 CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that people's rights were being protected as DoLS applications were in progress where required and had been submitted to the relevant local authorities.

People who lived in the home were assisted by staff in a way that supported their safety and that they were treated respectfully. There were healthcare and support plans in place to ensure that staff had guidance to meet people's individual care needs. The care and support plans recorded people's individual choices, their likes and dislikes and the assistance they required. Risks were identified and assessed to enable people to live as safely and independently as possible.

Staff cared for people in a kind, cheerful and sensitive way. They assisted people with personal care, activities/hobbies, cooking, meals and domestic tasks throughout our visit to the home.

Members of staff were trained to provide care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported by the manager to maintain and develop their skills and knowledge through regular supervision and ongoing training.

People were able to raise any suggestions or concerns they might have with the manager and staff. People's ways of communicating were understood by staff providing support. We observed that people were listened to and staff responded to them in an understanding and attentive way.

The manager and members of staff communicated well to ensure that people's needs, activities and appointments for people were responded to in a timely manner.

Arrangements were in place to ensure that the quality of the service provided for people was regularly monitored by the manager and staff.

People who lived in the home were encouraged to share their views and arrangements were in place so that people could have their say about the care and services provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained and informed about how to recognise any signs of harm and also how to respond to any concerns appropriately.

There were sufficient staff available to meet people's needs.

Risk assessments were in place to ensure that people were cared for as safely as possible and that any risks were identified and minimised.

Medicines were stored securely and were administered as prescribed.

Is the service effective?

Good

The service was effective.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

People were supported by staff who had received training to carry out their roles.

Arrangements were in place for people to receive appropriate healthcare whenever they needed it. People had access to a nutritious diet and were able to prepare meals and drinks for themselves where possible, with assistance from staff.

Is the service caring?

Good

The service was caring.

Staff were caring and supported people to be as independent as possible. People received care in a way that respected their right to dignity and privacy.

Staff had a good knowledge and understanding of people's

support needs and what was important to them.

People were involved in making decisions about their care. There were regular meetings held with healthcare professionals to discuss people's progress and any additional support that they required.

Is the service responsive?

Good

The service was responsive.

People's health and social care needs were assessed, planned for and reviewed to ensure that they were met.

There was a procedure in place to appropriately respond to people's concerns and complaints.

People had access to a range of social activities and were encouraged by staff to pursue their individual hobbies and interests.

Is the service well-led?

Good

The service was well-led.

The manager had arrangements in place to monitor and improve, where necessary, the quality of the service people received.

People using the service were able to raise any issues or concerns with the manager and staff when they wished.

Members of staff felt supported by the manager and were able to discuss issues and concerns. Staff enjoyed working at the home.

Kay Hitch Way

Detailed findings

Background to this inspection

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

This unannounced inspection was carried out by one inspector on 3 October 2016.

Before the inspection we looked at information that we held about the service including notifications. Notifications are information regarding important events that happen in the home that the provider is required to notify us about by law. We also spoke with a care manager from the local authority, a social worker, a learning disability nurse, an occupational therapist, a specialist nurse and a contracts monitoring officer with the local authority.

During the inspection we observed people's care and support to help us understand the experience of people who could not talk with us.

We spoke with two people living in the home, one relative, the manager and four members of care staff. We looked at two people's care records. We also looked at other documentation including accidents and incidents forms, documents regarding Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, complaints and compliments, medicines administration records, quality monitoring information and health and safety records.

Good

Is the service safe?

Our findings

The majority of people that we met with during our inspection were not able to tell us about the care and support they received whilst living in the home, due to their complex needs. However our observations showed that staff were knowledgeable and reacted to people's non-verbal cues to ensure their support needs were being were being safely met. We spoke with one person and they told us that they were happy living in the home and felt they were supported by the care staff throughout the day. People were observed to be relaxed and comfortable with the staff on duty with a lot of smiling and good humour in place.

Care staff demonstrated to us their knowledge on how to recognise and report any suspicions of harm. They were knowledgeable regarding their responsibilities in safeguarding people and they had received training regarding protecting people from the risk of harm. They were aware of the safeguarding reporting procedures to follow and were aware of the whistle blowing policy. One member of staff said, "I have received safeguarding training and I would not hesitate in reporting any concerns to my manager and to other relevant agencies." We saw that there was a pictorial flowchart available to people and staff which described the safeguarding guidelines and procedures. This included key contact numbers for the local authority safeguarding team.

There was a risk assessment process in place to ensure that people remained safe so that care and support could be appropriately delivered. Examples included assistance with: eating and drinking; assistance with medicines; use of mobility equipment and safety when out in the community. We saw that risk assessments were regularly reviewed every six months or more often as required when needs changed.

Our observations showed, and staff confirmed to us, that people were supported by sufficient numbers of staff. We saw that staff provided care and support during our visit undertook this in a cheerful, unhurried and safe manner. The manager told us that staffing levels were monitored on an ongoing basis and additional members of staff were made available to meet people's individual changing needs. The manager told us that additional staffing had been arranged to support a person's increased level of need, and this was being monitored on an ongoing basis in conjunction with the local authority.

One member of staff told us that staffing levels usually allowed them to have individual time with people living at the home. We saw that there were sufficient numbers of staff to respond to people's personal and social care needs. However, the manager told us that there had been problems in covering some shifts. This had meant the manager and deputy had covered shifts at short notice when a bank/agency staff had not been available. The manager and staff did however confirm that people living at the home had not been placed at risk due to insufficient staff numbers. We saw the staff roster and saw that shifts had been covered but there were some gaps for some future dates. The manager was awaiting confirmation from the provider's personnel department who booked bank/agency staff on their behalf.

Staff told us they only commenced work in the home when all the required recruitment checks had been completed. Bank and agency staff were recruited and trained via the organisation's personnel department. One member of bank staff confirmed that they were up to date with their required mandatory training. They

said that they were booked on a refresher training session regarding moving and handling later in the week.

We saw that there were sufficient numbers of staff during the day to meet people's personal and social care needs. The home was being staffed by a number of bank and agency staff as there were few full time staff in post due to recruitment problems. Members of bank and agency staff told us that they that they had received an induction which covered a variety of topics including; care and support issues, health and safety and orientation to the premises. They also said that they had been assisted and shadowed more experienced staff when they first started work in the home. This was to ensure that they understood and were confident and competent in their job role and responsibilities. The bank and agency staff we met had worked in the home on many occasions and knew the people very well. Our observations showed that the bank and agency staff were aware of people's individual needs and people were seen to be comfortable and relaxed with them.

We observed staff safely administer people's medicines. Medicines administration records showed that medicines had been administered as prescribed. We found that staff had been trained so that they could safely administer and manage people's prescribed medicines. Staff received ongoing competency checks to ensure they were safely administering medicines and further training would be provided where required. Medicines were stored safely and the manager carried out audits of stock and records to ensure safe administration of medicines. Protocols were in place .with guidelines for staff regarding the use of 'as when required medicines' such as medicines for pain relief. This demonstrated that people were protected from harm because the manager and staff followed safe medicines management procedures.

There were personal fire and emergency evacuation plans in place for each person living in the home and staff confirmed they were aware of the procedures to follow. This demonstrated to us that the provider had a process in place to assist people to be evacuated safely in the event of a fire or emergency. Fire alarm, emergency lighting checks and water temperature checks had also been carried out to ensure people's safety.

Good

Is the service effective?

Our findings

At our last inspection on 14 December 2015 we found that people's mental capacity to make decisions about their care had not been assessed and that Deprivation of Liberty Safeguards (DoLS) applications, where required, had not been made as a result. During this inspection we saw that there had been improvements made in this area.

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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people's rights were being protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place and training for staff regarding MCA and DoLS

We saw that mental capacity assessments had been appropriately completed. The manager told us that DoLS applications, for two people living at the home, had been submitted to the relevant authorising agencies. They said that they were waiting for these assessments to be completed. We saw confirmation that these applications had been submitted and had been acknowledged by the authorising agency. Best interest meetings were held in conjunction with healthcare professionals, which included a local GP. Examples of this included protocols regarding the use of 'as when required medicines 'and when medicines may be need to be administered covertly (disguised in food or drink). The manager told us that they were awaiting these protocols to be completed by a GP at the local surgery.

Staff had undertaken training MCA and DoLS and this was confirmed by the staff training record we looked at. Updates for training were being booked = so that all staff remained knowledgeable in this area. All the staff we met were keen to promote people's independence and choices and worked in line with the underpinning principles regarding MCA. One member of staff said, "This is people's home and they should always have a choice in what they wish to do and how they want to be supported." A member of bank staff said, "I am here to assist people to be as independent as possible and to respect their choices and preferences."

Each person had a 'Hospital Passport' which was a document that gave essential medical and care information and was sent with the person if they required admission to hospital. The manager told us that people had access to appointments with dieticians if there were any issues or concerns about their nutrition or dietary needs.

We spoke with a specialist learning disability nurse who told us that the staff had responded to any advice given. They said that the staff were proactive in reporting/seeking advice regarding any changes to people's

individual health needs. A specialist nurse we spoke with, who provided support and training regarding specialist feeding, was also positive about the manager and staff who regularly contacted them. They said that any concerns were swiftly raised and any agreed advice and protocols were followed by the staff.

We saw that there were risk assessments in place for people at risk of choking or who had individual dietary needs. We found that these risks were known by staff and appropriate guidelines to follow were in place.

We saw that people had regular appointments with healthcare professionals to ?. This was confirmed in the care records we saw which showed that people had attended appointments with a GP, psychiatrist and occupational therapy appointments. We saw that one person was able to communicate their healthcare needs to the manager who attentively listened to them and helped them with their concerns. We saw that the manager and staff reacted swiftly to the person's healthcare needs and contacted their GP to gain advice. A member of staff assisted the person to visit the local surgery (within walking distance of the home) and the concerns were resolved with appropriate actions taken and recorded.

This demonstrated to us that people were being effectively supported to access a range of healthcare professionals which ensured their general wellbeing was maintained.

There was a homely and calm atmosphere in the home and people were being assisted by members of staff in a cheerful, attentive and unhurried way. We observed that there were sufficient numbers of staff on duty to be able to support to people whilst at the home and to be able to accompany them to attend appointments and pursue their hobbies and interests. However, staff did tell us that shortages of staff had sometimes impinged on people being able to go out at times but this had been rare.

Staff told us they were supported to gain qualifications to expand on their skills and knowledge of people and provide them with effective care. They also told us that they received supervision sessions and that there were staff meetings to discuss issues and developments. Staff said that they received ongoing training and gave examples such as safeguarding, infection control and medicines administration training sessions. They added that they had received specific training regarding; dementia awareness and in dealing with challenging behaviours which they had found to be useful.

We observed people being assisted during lunch and the evening meal. We saw that these were social occasions when people were offered a variety of meal choices and drinks. People also received drinks and snacks at other times during the day with assistance from the staff when required. We saw one person being assisted by staff with their lunch. The member of staff encouraged the person to eat independently and only intervened to prompt and guide the person.
We observed another person being assisted in eating their evening meal. They had the use of a plate guard to help them and staff provided assistance to prompt and guide the person when needed.

Meals were varied and pictorial aids were in use to assist people with their choices. Pictures of the day's menu choices were displayed in the kitchen to aid people's choice. Staff told us that people could have something different if they did not wish to have the planned menu choice. People assisted, where possible, with the preparation of meals and they were involved in food shopping trips during the week. People were consulted about their meals and we saw that this was discussed during the residents' meetings.

Good

Is the service caring?

Our findings

There was a friendly atmosphere in the home with a good deal of humour created by the staff. People were seen to be comfortable, smiling and at ease with the staff who were supporting them in a sensitive and attentive way. People were assisted by staff with domestic tasks such as putting laundry away and to help people tidy their bedrooms. We saw that assistance was given in a fun, caring and supportive way at all times during the day.

One person we spoke with told us that they were very happy living in the home and that the staff helped them with whatever they needed. We saw that staff responded to people's support needs in a very attentive and kind manner and knew people's daily routines and preferences. In one person's support plan we saw that they liked to wear the football shirt of their favourite team, Staff we met were aware of this and had also assisted the person to choose and wear a different football shirt each day. One member of staff said. "We get out the football shirts that [person's name] likes and they can choose the one they want." We also saw that the same person had chosen to have the colour of their room and furnishings to reflect their interest in their favourite football team.

Staff talked with affection and kindness about the people they were supporting. One staff member told us that, "People are cared for really well and it's like one big family here." We saw staff speaking with people in a kind, caring and attentive way whilst providing them with assistance and told the person what they were doing. We saw that staff knocked on people's bedroom doors before entering. Whenever people were being assisted with personal care we saw that staff closed the bedroom/bathroom door to ensure the person's privacy. This demonstrated that staff respected the rights and privacy needs of people.

People could choose where they spent their time and were able to use the communal areas within the home and spend time in their own bedrooms. Another person told us that they liked their bedroom which they had been able to personalise with their own furnishings, choose preferred paint colours and belongings to suit their preferences and interests.

However, we were told by members of staff that people and staff had not been consulted about the choice of colours, curtains and equipment in the refurbished kitchen/dining area. They said that the provider had made these choices without consultation. We also saw that the provider had not removed unwanted items from the side of the building. The manager told us that they had made many requests for this to be completed by the provider. We saw that the rear garden area had been renovated but still needed to be cleared of weeds in paved areas so that people had a pleasant area to use when they wished. This showed that although people's choices and preferences were mostly met but some of their choices and dignity was not being respected and addressed by the provider in a timely manner.

Each person had a key worker whose role was to evaluate and monitor the person's care needs on a regular basis. Daily records showed that people's daily needs were checked and records made to show any significant events that had occurred during the person's day. We saw that other documents such as, support plans and aims and healthcare were written in a pictorial/easy read format where required. This showed us

that the staff gave people information in appropriate formats to aid people's understanding.

The manager told us that no one living at the home currently had a formal advocate in place but that local services were available when required. We saw that contacts for advocacy services were displayed on a noticeboard in the kitchen. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Staff told us about the range of activities that people took part in. These included attendance at day services, shopping and accessing local events within the community. The home had the use of a vehicle so that people were able to go out on day trips, attend medical appointments and to attend their regular planned activities.

We saw that one person visited a local day service during the day and that two other people pursued chosen activities either at home or in the local community. We saw that people were assisted by staff to go out during the day and to attend an appointment such as with a GP at the local surgery. We also saw that people were involved in looking at favourite books and spending time listening to music and watching favourite films in their room. One person had been involved in a gardening project and staff had assisted them with planting vegetables during the summer months.

Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. They said that this was done by listening to a person's answer, key words and understanding the person's body language and facial expressions. Staff were knowledgeable about the people they were supporting. They gave examples of how they assisted people both socially and when providing personal care. We saw that there were details in place for one person showing how they liked their pillows to be place so that they were comfortable whilst resting on their bed.

We saw that there was a communications book in place where staff could record significant issues to inform and leave messages for their colleagues. Staff told us that they always checked this book and the diary to ensure they were aware of any issues, appointments and updates to people's support needs. We saw that there were handover meetings during each shift change to ensure any updates and issues were passed on to staff coming on shift. This meant that staff were kept up to date with any changes to people's care and support.

One person indicated that they could always talk to the staff if I they ever had any concerns. We saw there was a complaints policy and procedure in the home. This was also available in an easy read format so people could access it and use it themselves if they wanted to. We saw that there were pictorial aids available for staff to assist them in communicating with people. Pictures of meals were displayed to show the menu choices of the day.

People's care and support plans were regularly reviewed on a monthly basis to ensure that care needs remained up to date. This was to ensure that staff had the guidance to be responsive to any changes to people's care and support requirements. In the care records there was a wide range of information recorded which reflected people's physical, social and healthcare needs. This included how people liked to be supported with their personal care; their preferences and dislikes; personal history; important people in their lives; communication needs; daytime and evening routines; eating and drinking protocols, and

guidelines for staff when managing behaviours that challenge.

We spoke with a care manager from the local authority who was in regular contact with the home, and they were positive about the care and support being provided. They also told us that communication was good and information provided by the manager and staff was professional and detailed.

We spoke with a specialist learning disability nurse who was also in regular contact with the home. They told us that they worked closely with the manager and staff team and regularly met to review and discuss changes and strategies regarding people's care and challenging needs. We also spoke with a social worker and they, too, were positive and complimentary about the care and support that was provided.

Good

Is the service well-led?

Our findings

At our last inspection on 14 December 2015 we found that effective quality monitoring arrangements had not been put in place by the provider. During this inspection we saw that there had been some improvements made in this area.

We saw that representatives of the provider had made visits to the home to monitor quality assurance, finances and care and the support being provided. The visits from operational managers had been infrequent however, the manager said that recent support visits from a seconded area manager had been a more positive trend

At the time of our inspection a registered manager was not in place. However, a manager had been appointed and an application was in process for them to become registered with CQC. The manager was supported by a deputy manager and care staff. Observations showed us that people and staff got on well with the manager. Throughout our inspection we observed that the manager interacted well with people living at the home. Observations made during this inspection showed that staff were readily and actively available to people who lived in the home and assisted them when needed. On speaking with the manager and staff, we found them to have a good knowledge of people and their care and support needs.

Staff told us that they could make any suggestions or raise concerns that they might have. One member of permanent staff told us, "The team work well together and I feel supported." A bank staff member told us that, "The manager and staff are knowledgeable and very supportive and helpful." We saw minutes of staff meetings where a range of care, support and service development issues had been discussed.

People who lived in the home were encouraged to share their views and arrangements were in place so that people could have their say about the care and services provided. There was a resident meetings file in place with minutes of meetings including topics such as ideas for days out and choices of meals people would like. The file also showed lots of photographs of places people had visited and we saw that people enjoyed looking at them.

Staff told us that they were confident that if ever they identified or suspected poor standards of care or harm, they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of. Staff said that they felt confident that they would be supported by the manager to raise their concerns. A member of staff told us that when they had raised an issue regarding some poor practice this had been effectively dealt with.

The manager and staff demonstrated to us that they understood their roles and responsibilities to people who lived in the home. Staff told us that they felt well supported by the manager, deputy and their colleagues to carry out their roles and were confident in raising any issues.

We spoke with a quality assurance officer from the local authority and they were positive about the changes that the manager and deputy had made in improving the quality assurance processes in the home.

We saw that there were regular discussions and checks made with the manager and staff to audit key areas including; health and safety, medicines, care and support issues and staff issues. We saw up-to-date, fire safety records, water testing and temperature records were held within the home. Any repairs and maintenance issues were reported to the provider/maintenance team for further action. However, the manager told us that these requests had not always been responded to in a timely manner.

The manager gave updates to their operational managers who monitored the home's performance and highlighted any identified risks. We saw that where the need for improvement had been highlighted action had been taken to improve services for people. An example included a jointly coordinated assessment with the manager of another home (provided by the organisation) that would be providing a respite stay for a person when they were discharged from hospital. This demonstrated that the manager had a positive approach towards a culture of responding to people's needs and the quality of care being provided.

Any accidents and Incidents were monitored by the manager and any actions taken as a result incidents were documented as part of the homes on-going quality monitoring process to reduce the risk of the incident reoccurring.