

HMT Care Limited

# H M T Care - 48 Albany Drive

## Inspection report

48 Albany Drive  
Herne Bay  
Kent  
CT6 8PX

Tel: 01227742992  
Website: [www.hmt-care.co.uk](http://www.hmt-care.co.uk)

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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

We inspected HMT Care – 48 Albany Drive on 13 February 2018 and the inspection was unannounced.

HMT Care – 48 Albany Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

H M T Care - 48 Albany Drive provides a specialist service for people diagnosed with neuro-disabilities, specifically Huntington's Disease. There were seven people living at the service at the time of inspection. The service is a large Victorian detached house in a residential area of Herne Bay. The service was set out over three floors. On the first two floors there were communal areas and people's bedrooms. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them. On the third floor was the company office. There was a passenger lift for people who could not use the stairs.

At the last comprehensive inspection in February 2017 the overall rating for the service was Requires Improvement. One breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 was identified. The provider failed to deploy enough staff to meet people's needs.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key question Safe to at least Good.

At this inspection improvements had been made and the breach in regulation met. No further breaches were identified.

A registered manager worked at the service each day. 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.

People told us and indicated they felt safe living at the service. People were protected from the risks of abuse, discrimination and avoidable harm by staff who were trained and knowledgeable in their roles.

Accidents and incidents were recorded and reviewed and action was taken to refer people to the relevant health care professionals when needed. People's medicines were administered safely and given on time.

People and their relatives said there were enough staff to support them when they needed anything. Staff had been recruited safely and were coached and mentored by the provider and registered manager. The provider and registered manager worked closely with the Huntington's Disease Association to keep up to date with best practice.

The building and grounds were clean and well maintained. People's rooms were personalised with their own pictures, photographs and ornaments to help them feel at home. People had access to communal areas and the garden.

People were supported to eat healthily. Staff liaised with health care professionals, such as dieticians and speech and language therapists and followed any advice given to help them stay as healthy as possible.

People were supported to have maximum control of their lives and were supported in the least restrictive way possible; the policies and systems in the service supported this practice. People's physical and mental health needs and their social and cultural preferences were assessed and reviewed. People and their relatives had been involved in planning and making decisions about their care.

Staff supported people to move into and out of the service, working with local authorities and health care professionals to make sure that any move was co-ordinated well. People had developed strong relationships with the provider, registered manager and staff. Staff were kind, patient and caring and people and their relatives had no complaints about the quality of service delivered. People's privacy was respected and their dignity was promoted. People's end of life preferences were discussed and recorded to ensure staff could follow their wishes. People took part in a range of activities both inside and outside of the service.

People, their relatives and the staff felt the service was well-led and that the registered manager was approachable and accessible. There was an open and inclusive culture and people were encouraged to suggest any improvements that could be made. Regular checks and audits were completed to monitor the quality of service and any shortfalls were actioned.

All services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner.

## 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.

People were supported to stay safe and were protected from the risks of abuse, avoidable harm and discrimination. Accidents and incidents were recorded and reviewed.

People were supported by enough staff who had been safely recruited. Their medicines were administered safely and on time.

The service was clean, free from unpleasant odours and well maintained.

### Is the service effective?

Good ●

The service was effective

People's physical and mental health needs were assessed, monitored and reviewed by staff who were trained and knowledgeable in their roles.

Staff sought advice from a range of professionals when people's needs changed.

People were supported to eat healthily and to maintain good health.

People had access to communal areas, a garden and private, quiet space.

People were supported to make their own choices and decisions. Staff understood the Mental Capacity Act. People were not unlawfully restricted.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. Staff knew people well and had developed strong relationships with

each other.

People and their relatives were involved in the planning and reviewing of their care.

People's privacy and dignity were respected and promoted.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care that was personalised and responsive to their needs.

People were encouraged and supported to keep busy. Regular individual and group activities were offered.

People and their relatives knew how to complain and felt confident the right action would be taken if needed.

People's preferences for their end of life care were discussed and recorded so their choices and wishes could be followed.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People, relatives and staff told us they felt the service was well-led. The provider and registered manager understood their regulatory responsibilities.

There was an open culture and the staff team worked well together. Staff felt valued and the morale was good.

People, relatives and staff were encouraged to feedback about the quality of the service to help drive improvements. Regular checks and audits were completed to monitor the service.

The registered manager worked in partnership with other organisations such as the Huntington's Disease Association.

# H M T Care - 48 Albany Drive

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 13 February 2018 and was unannounced. The inspection was carried out by one inspector. This was because this is a small service and past experience has shown that additional inspection staff may be too intrusive for people.

We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with other information we held about the service. We looked at previous reports and notifications received by the Care Quality Commission. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We looked around all areas of the service. We met all the people living at the service and also spoke with three relatives. We spoke with five members of staff, the registered manager and the provider. Some people were not able to explain their experiences of living at the service because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We observed how staff engaged and spoke with people. We looked at how people were supported with their daily routines and activities and assessed if people's needs were being met. We reviewed two care plans. We looked at a range of other records including three staff files, safety checks and records about how the quality of the service was managed.



## Our findings

People told us and indicated that they felt safe living at the service. People's relatives said they trusted the staff and that their loved ones were safe.

At the last inspection there were not always enough staff on duty to meet people's needs. We asked the provider to take action. At this inspection improvements had been made and the breach in Regulation had been met.

People were supported by sufficient numbers of knowledgeable staff to keep them safe. People and their relatives said there were consistently enough staff on duty. Staff duty rotas confirmed this. During the inspection staff were not rushed. Staff rotas were planned around people's holidays, activities and appointments to make sure there were enough staff on duty at all times. The registered manager, provider and senior staff provided on-call cover outside office hours. Staff told us they worked together flexibly to cover any emergency shortfall, such as sickness. The registered manager said, "They [the staff team] work so well together. I am so lucky to have such a good team".

People were supported to stay as safe as possible. They were protected from the risks of abuse and discrimination. Staff told us they completed training about keeping people safe and also about equality and diversity. They said they would speak with the registered manager or provider if they had a concern and felt they would be listened to and that the correct action would be taken to ensure people were safe. The registered manager had raised safeguarding concerns when necessary, and these had been fully investigated. Action had been taken to reduce the chance of incidents occurring again. Staff told us they would speak with the local authority or the Care Quality Commission if needed. There continued to be systems in place, such as safeguarding policies and procedures.

Risks to people continued to be assessed, identified, monitored, managed and reviewed. Guidance for staff on how to mitigate risks and keep people as safe as possible was recorded in risk assessments. For example, when people were at risk of falling when they got up out of bed staff considered using a sensor mat to alert them that the person was getting up. This enabled staff to support the person to get up safely. When people chose to smoke staff supported them to use specialist smoking aids to enable them to smoke safely.

Staff understood their responsibilities to record and report any accidents or incidents. The registered manager kept an overview of these to identify any patterns. When a trend was identified action was taken to

refer people to the relevant healthcare professionals. For example, if a person had a number of falls they were referred to the falls team for advice. Staff followed advice and guidance from health care professionals.

People were supported by staff who had been recruited safely. We reviewed three staff files which included contracts, medical questionnaires and notes taken during interview. Criminal record checks with the Disclosure and Barring Service (DBS) were done before people began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. The provider's disciplinary process was followed when required.

People were supported to have their medicines safely and on time. Due to their health conditions people were unable to manage their own medicines. Medicines continued to be stored, managed and disposed of safely. Staff completed regular training about the safe management of medicines. The provider's medicines policy had been written in line with National Institute of Health and Care Excellence and discussed and reviewed with the local pharmacist. Medicines records were completed and showed that people had received the right medicines at the right time. Some people were not able tell staff if they were in pain. Staff told us how they were able to see small changes in people's body language or facial expressions which indicated they were uncomfortable or in pain. Regular medicines audits were completed to check that people received their medicines safely.

The service was clean, tidy and free from unpleasant odours. Staff understood their responsibilities regarding infection control and told us they wore personal protective equipment, such as gloves and aprons, when they needed to. Regular checks were completed to make sure the environment remained safe. This included checks on gas and electrical appliances. When people had specialist equipment, such as pressure relieving mattresses, these were checked each day to make sure they were set at the correct pressure level and to make sure they were working properly.

Fire alarms were checked and staff knew how to support people to leave the service safely in an emergency. Each person had a detailed personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication needs of each person to ensure people could be evacuated safely from the service. A fire safety audit had been completed by the local fire and rescue service and a plan of action was in place to address a number of shortfalls found.





## Our findings

People received effective care and support from trained, skilled and knowledgeable staff who received regular supervision. People told us and indicated, with a thumbs-up, that the food was good. One person said, "The food is pretty good. They [the staff] know what I like".

When new staff began working at the service they completed an induction. They completed the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. It was developed to help new care workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff told us they completed some of their training on-line and that other training was classroom based. They said that some courses, such as moving and handling, included practical sessions. Staff completed training on topics, such as infection control, fire safety awareness and health and safety. Additional training was provided to help staff perform their roles effectively and included, Huntington's Disease, catheter training, choking and dysphagia (difficulty with swallowing). Staff put their training into practice to provide people with the right level of care and support. For example, staff spoke with us about the difficulty some people had with swallowing their food and drinks and explained how they supported them to eat their meals. This was done with care and patience. The registered manager had noted on the provider information return that, 'As part of the specialist Huntington's Disease training staff receive, they are taught how to give choice to achieve positive outcome with HD'. Staff gave us examples of how they used different communication techniques to offer people choices.

Staff were supported and encouraged to complete social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff told us they felt supported by the registered manager and provider. Staff met regularly with registered manager for one to one supervision. This was an opportunity for staff to reflect on the training they had completed and how it had been of benefit. The registered manager checked staff competencies and discussed additional training opportunities with the staff team. Annual appraisals were completed when staff could reflect on what they had achieved in the last 12 months and to set goals for the next year. The registered manager and provider met with an external consultant every three months to review their aims and objectives. They both told us they felt this process was helpful as it gave them an independent and unbiased sounding board to discuss ideas and opinions.

People were supported to eat healthily. Relatives told us their loved ones were supported to eat well. Meals were planned around people's preferences and choices and took into account their need for high calorie meals. People were supported with their meals when required as some people had difficulty swallowing and were at risk of choking. Staff liaised with the speech and language therapists and followed any guidance given, such as providing people with pureed meals. These meals were well presented with each food type pureed separately so people could still enjoy the different flavours. The daily menu was displayed clearly and people told us they could choose something different if they didn't want what was offered. People's weights were monitored to make sure they remained as healthy as possible. Staff took action if people lost a significant amount of weight, for example by contacting the dietician, and some people had special drinks, yoghurts and mousses which were fortified with extra vitamins and minerals.

When people were considering moving to HMT Care – 48 Albany Drive their physical, emotional and social needs were assessed to make sure that staff would be able to provide the right level of support. One person told us, "I am very glad I decided to move here. The staff are excellent and I get everything I need". The registered manager and staff worked with people, their relatives, the local authority and healthcare professionals to make sure people received co-ordinated and consistent care when moving into or out of the service.

People continued to be supported to stay as healthy as possible. Staff monitored people's health care needs and liaised with people's care managers and health care professionals, such as psychiatrists, psychologists, GPs and speech and language therapists, to discuss their changing needs. Staff recorded any advice given by health care professionals in people's care plan to ensure they received consistent care and support.

People had access communal areas of the service including the garden. Some people showed us their bedrooms. They told us they had chosen the colour schemes and had been able to bring their own possessions to personalise their rooms. People's rooms were large enough to accommodate any specialist equipment they needed, such as wheelchairs and hoists, and were full of photos, pictures and ornaments.

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. Staff understood their responsibilities. They told us they had completed training about MCA. The registered manager checked staff understanding of MCA during staff meetings and in one to one supervision. Staff assumed people had capacity and supported them, when needed, to make choices, such as how and where they wanted to spend their time. When people were unable to make a decision themselves, due to their health conditions, staff consulted with their representatives and health professionals to make sure decisions were made in their best interest. For example, one person's relatives had recently met with the registered manager and health and social care professionals to discuss making an advanced decision regarding Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). The outcome of this was recorded so that the person's wishes could be acted on. Decisions like these were regularly reviewed with people and their relatives to make sure they were still what the person wanted.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. Applications had been made in line with guidance.



## Our findings

People told us and indicated that they had built strong relationships with the staff team and that they were caring. One person told us the registered manager was 'Lovely, very good' and that the staff were 'Wonderful'. A relative commented, "[The provider and registered manager] and all the staff are very caring. [Our loved one] is exceptionally well cared for here".

People continued to be supported by staff in a kind, caring and compassionate way. One person told us, "Moving here is the best thing I ever did". Staff knew people well and spoke with us about their life histories, likes, dislikes and preferences. People and their relatives were very positive about the quality of care received. This was also reflected in the results of recent surveys. During the inspection staff interactions were positive, inclusive, kind and caring. Staff held people's hands or placed a reassuring hand on their shoulder while they spoke with them. They were patient, waiting for a response from people and allowing them to take the time they needed. One person told us how staff were supporting them to arrange some trips away that they would like to take and were very happy this was being done. A member of staff had noted on a recent staff survey 'I am always willing to go the extra mile'.

People and their relatives were involved in the planning, management and reviewing of their care and support. People were encouraged to make decisions for themselves for as long as possible. Each person had a keyworker. A keyworker was a member of staff who was allocated to take the lead in co-ordinating someone's care. Relationships with people's families and friends were encouraged and supported. People's families told us they were able to visit when they wanted to and there were no restrictions. Keyworkers spoke with people and their relatives to find out information that was important to them, such as what they enjoyed doing, their preferred routines and special dates throughout the year. Important information about people's past life history had been completed in detail and each person had a calendar with birthdays and anniversaries highlighted. Staff told us how they had arranged special meals for people to celebrate their wedding anniversaries with their loved ones and showed us photos of people having a wonderful time. One person proudly showed us a large number of balloons in their room which staff had arranged for their birthday.

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff spent time with people and explained information in a way that they understood.

Care plans included information about people's health needs and risk assessments were in place and applicable for each person. When people's health care needs changed this was recorded in the care plan to make sure staff had the up to date guidance on how to provide the right care and support. People knew about their care plans. They were kept securely in a locked cupboard and people could have access to them if they wanted to. Staff understood the importance of keeping people's confidential personal information secure.

People's privacy and dignity continued to be maintained and promoted. People were able to spend time in their room if they wished and this was respected by staff. Some people had a key to their room whilst others preferred to leave them unlocked. During the inspection staff made sure people's doors were closed whilst they were being supported with their personal care.



## Our findings

People received care and support that was personalised and responsive to their needs. People told us there was always a member of staff there if they needed them. Relatives said they had given staff information about their loved one's life history to make sure they had all the details they needed. One relative commented, "They always let us know if [our loved one] is unwell. They make any medical appointments and go with them to those".

Care plans were written with people and their relatives and gave staff the guidance they needed to provide people with the care they needed in the way they preferred. These included details of how many staff were required to provide the care and support and information about any specialist equipment that was needed. A detailed life history was in each person's care file along with information about people's religious, spiritual and cultural beliefs. Care plans were reviewed regularly and any changes in people's physical, mental, emotional or social health were recorded to ensure staff were providing the right care consistently.

At our last inspection we recommended that the provider reviewed communication systems available to support people. At this inspection, this had been done. Staff engaged with people effectively and understood that people had different ways of communicating. There was guidance for staff on how best to communicate with people. For example, not speaking with a person from behind or not interrupting a person. Some people used picture cards or written words to aid their communication. Staff worked closely with speech and language therapists to ensure they were providing people with the right support. There was information about things staff should look out for, such as a reduction in the level of speech, which may indicate a decline in a person's health.

People were supported to remain as active as possible for as long as they could. They were supported to go out each day. Since the last inspection a dedicated activities person had been employed. This made sure people were offered the chance to go out more often. Some people preferred to spend time with staff on a one to one basis rather than going out because of their health and compromised mobility. Others were able to still enjoy going to the local pubs, cafes and shops or just go for a walk. Staff told us how they were helping people achieve their goals. For example, staff had helped a person to find their family using social media. One person told us that the staff were helping them write and complete a 'bucket list' of things they wanted to achieve. People were supported to go on holidays. Another person told us, "I want to go to the Isle of Wight. Staff are going to help me plan it". People were supported to follow their interests. For example staff told us that the chef worked with people when they wanted to cook. One person told us, "I sometimes help the cook and I enjoy that". Group activities, such as visits from a therapy pony and a 'pets

as therapy' dog were also enjoyed.

The provider had a complaints process in place and one complaint had been received in the last 12 months. This had been handled in line with the provider's policy and had a satisfactory outcome. People told us and indicated that they did not have any complaints and that they would speak to the provider, registered manager or staff if they had a concern. An easy to read version of the complaints process was available. Relatives said they had no reason to complain and felt confident any worries they had would be taken seriously and acted on by the registered manager if needed.

People and their relatives spoke with staff about their preferences for their care when they were reaching the end of their life. When people had these discussions their wishes regarding areas such as their spiritual and religious choices were recorded to ensure staff were able to respect their choices.



## Our findings

The service continued to be well-led. People and their relatives knew the provider, registered manager and staff well and had developed strong relationships with them. The provider commented, "We strive to give everyone the quality of life they deserve. Socially and emotionally they need outstanding support – that is what we do best".

Leadership at the service was visible. A registered manager, experienced in supporting people living with Huntington's disease, worked at the service each day. The registered manager was supported by the provider and the registered manager of another service they own. The provider regularly visited the service and provided advice and guidance to the staff team. Regular management meetings were held.

There was an open, transparent and inclusive culture at the service and the registered manager had an 'open door' policy. People and staff were able to speak with the registered manager whenever they wanted to. A relative commented, "[The registered manager] always has a chat with us when we come to see [our loved one]. They are never too busy to see us and keep us up to date about [our loved ones'] health".

The provider and the registered manager worked closely with the Huntington's Disease Association (HDA). They had recently attended training workshops run by the HDA to discuss and develop a national accreditation scheme for providers who support people living with Huntington's disease. The provider also ran a support group for families in conjunction with the HDA and said, "It is a really close knit group with families of people living with Huntington's. We provide advice and support". The provider and registered manager coached and mentored staff through effective supervision and appraisals.

People, relatives, health professionals and staff were encouraged to provide feedback through the use of surveys. The results of these were analysed by the assistant manager and reviewed by the registered manager to see if there were any improvements that could be made. Results of the most recent surveys were positive. Topics included privacy and dignity, choice, rights and fulfilment. Regular meetings were held with people to discuss the day to day running of the service. These were usually held with two people at a time and took into account people's differing levels of communication.

The registered manager and provider monitored the day to day culture in the service, including staff morale. Staff told us they were proud to work at the service. One member of staff said, "I love my job and, although it can be emotionally hard, it is the most rewarding job I have ever had". Staff said that they enjoyed their work and felt valued and that the morale within the staff team was good. They told us they had regular staff

meetings and they were able to speak openly and honestly. Records of the meetings showed that all staff, including those who worked at night, attended them. Staff told us that they worked well as a team and the results of a recent staff survey noted that the majority of staff were 'very satisfied' with the way they worked together. The survey also noted that 100% of staff who completed it were happy in their role and with the working environment.

Care plans were reviewed on a regular basis and reflected people's physical, mental, emotional and social health needs. Medicines records were checked to ensure people had received their medicines correctly and GPs reviewed people's medicines to make sure they were still suitable. Accidents and incidents were reviewed by the registered manager to check for any patterns or trends and to ensure referrals to the relevant health and social care professionals were made appropriately. The registered manager and staff worked closely with the local authority and other multi-disciplinary teams to make sure people's needs were met and to promote joined up care.

Regular checks of the environment, including portable appliance testing, legionella testing and infection control, were completed and recorded. Meetings were held with the facilities team, who worked at both of the services run by the provider, to establish what work needed to be done, by whom and when.

Staff understood the provider's whistle-blowing process and knew that they could take any concerns to external agencies, such as CQC or the local authority, if they needed to. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their roles safely. Staff knew where to access the information they needed. When we asked for any information it was available and records were kept up to date and securely stored to protect people's confidentiality.

Services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The most recent CQC report was displayed in the service. At the time of the inspection the provider did not have a live website, however, they were aware that once live the inspection rating needed to be displayed on it.