Metropolitan Housing Trust Limited

MHT Hackney

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 16 October 2017 and was announced. The provider was given at least 48 hours' notice because the location provides a supported living service for people who are often out during the day. We needed to be sure that someone would be in to assist with the inspection process.

Hackney MHT provides a service to five people with learning disabilities, across two sites in the Hackney area. People are supported in individual flats which are owned by a housing association. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support. The service was previously registered under a different location. This location was last inspected April 2015 and was rated as Good. The new location was registered July 2016. This is the first inspection under the new location.

The service had a registered manager in place. 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 told us they felt the service was safe, staff were kind and the care received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

Risk assessments were in place which provided guidance on how to support people safely. There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed. People's finances were managed safely.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA). MCA is legislation protecting people who are unable to make decisions for themselves. We saw people were able to choose what they ate and drank.

Person centred support plans were in place and people were involved in planning the care and support the received.

People had access to a wide variety of activities within the community. People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The provider had a complaint procedure in place. People knew how to make a complaint.

Staff told us the registered manager was approachable and open. People liked the registered manager and

found him helpful. The service had various quality assurance and monitoring mechanisms in place.

Medicines were managed in a safe manner however we made a recommendation on medicines stock recording.

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 able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Medicines were recorded and administered safely however we made a recommendation about medicines stock recording.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Is the service effective?

Good

The service was effective. Staff undertook regular training and had one to one supervision meetings.

The provider met the requirements of the Mental Capacity Act (2005).

Staff were aware of people's dietary preferences. Staff had a good understanding about the current medical and health conditions of the people they supported.

Is the service caring?

Good

The service was caring. People that used the service told us that staff treated them with dignity and respect.

People were involved in making decisions about the care and the support they received.

Staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care was planned in line with the needs of individuals. People

were involved in planning their own care.

People knew how to make a complaint.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place. Staff told us they found the registered manager to be approachable and open.

The service had various quality assurance and monitoring systems in place.

MHT Hackney

Detailed findings

Background to this inspection

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

Hackney MHT provides a service to five people with learning disabilities, across two sites in the Hackney area. People are supported in individual flats which are owned by a housing association. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support. This inspection took place on 16 October 2017 and was announced. The provider was given at least 48 hours' notice because the location provides a supported living service for people who are often out during the day. We needed to be sure that someone would be in to assist with the inspection process.

The inspection team consisted of one inspector. Before the inspection we reviewed the information we held about this service. This included details of its registration with the Care Quality Commission. We spoke with the local authority commissioning team with responsibility for the service, the local Healthwatch, and the local borough safeguarding team. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people who are supported in individual flats which are owned by a housing association. We spoke with the registered manager, one senior support worker and two support workers. We also spoke to the housing estate manager where people lived.

We looked at three care files which included people's support plans and risk assessments, staff duty rosters, three staff files, a range of audits, minutes for various meetings, two medicines records, one finance record, training information, and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe. There was a safeguarding policy in place which made it clear the responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities. One member of staff said, "If I suspected abuse I would follow the process to speak to my manager about it." Another staff member said, "I would make sure the person was safe and report to [registered manager] and the area manager." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. One staff member said, "I would definitely whistle blow if nothing was done."

The registered manager told us there had been no safeguarding incidents since the service had been registered at the new location. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the provider was aware how to report safeguarding concerns appropriately so that CQC would be able to monitor safeguarding issues effectively.

Risk assessments had been written to identify risks to people and minimise these. Risk assessments covered areas such as physical health, mental health, mobility, road safety, kitchen safety, finances, diet, personal hygiene, personal safety in the community, challenging behaviour, and diabetes. The risk assessments were specific to the individual need and included information for staff on how to manage risks safely. For example, one person was at risk of challenging behaviour if routines were changed. The risk assessment stated, "Staff needs to be clear with [person] when they will be supporting him. If they are running late [explain] what the changes are and why. Please call [person] on his mobile phone to let him know. Be clear about activities and break down the activity into simple steps that [person] will understand. Do not rush and repeat yourself when necessary. All staff need to be consistent with the approach." This meant the risk assessment processes were effective at keeping people safe from avoidable harm.

The service supported some people to manage their finances. Transactions were signed by people who used the service and a member of staff. Financial records were checked regularly by the registered manager. Records confirmed this. This minimised the chances of financial abuse occurring. One staff member told us, "We support them with banking and budgeting. They hold their [bank] passbook and we go to the bank together." Another staff member said, "We support [people who used the service] to the bank. We don't have pin numbers and [person] signs for his own money." One person told us, "I sign when I get my money."

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

Through our discussions with the registered manager, staff, and people who used the service, we found there was enough staff to meet the needs of people who used the service. Staffing levels were determined by

the number of people using the service and their needs, and could be adjusted accordingly. However one staff member told us, "We are a little bit short of staff. We do cover the shifts. We are able to manage. We have bank staff and don't use agency." We spoke to the registered manager about staffing levels and he told us the service will be recruiting one more support worker.

People told us about their medicines. They told us that their medicines were stored safely within their flat and that staff collected their medicines from the local pharmacy. They said that staff administered their medicines. One person told us, "I'm on tablets. [Staff] give me my tablets. [Medicines] for [medical condition]. [Staff] write it in the book. I've had my medicine." The registered manager told us they had a new medicines policy and procedure. The medicines policy and procedure provided suitable guidance for staff. Training records confirmed that all staff who administered or handled medicines for people had received appropriate training. People who required PRN medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations.

Records showed medicines were safely administered and recorded. Medicine records were complete and had no unexplained gaps. However when medicines were delivered the service checked the amount, but did not record how much medicine was in the person's home. This meant they were unable keep track of how much medicine stock people should have. The registered manager confirmed they did not keep records of the amount of medicines in stock. During the inspection records showed one person had run out of an 'as required' medicine the previous day. Staff were taking action to address this, however, if there had been accurate records of the medicines in stock the risk of this situation happening would be mitigated. The registered manager told us they would take action to improve medicines stock recording.

We recommend that the service consider current guidance on medicine stock recording and take action to update their practice accordingly.

Good

Is the service effective?

Our findings

People who used the service told us they were supported by staff who had the skills to meet their needs. One person said, "They are really good staff and help me a lot."

Staff told us they felt supported in their role. Records showed staff had completed training specific to their role. Training included health and safety, Mental Capacity Act 2005 (MCA) & Deprivation of Liberty Safeguards (DoLS), safeguarding adults, fire safety, manual handling, equality and diversity, medicines, infection control, emergency first aid, food hygiene, communication, and personal safety. Staff also did specific training that reflected the needs of the people they were supporting. For example, staff did training on epilepsy, autism awareness, dementia awareness and compulsive hoarding. One staff member told us, "It's good. We go on updates every year. You book your own training. We go over our training needs in supervision." Another staff member said, "We book training ourselves. We get an email from HR when we are due to have training. We are up to date. We have online and workshop training."

Staff told us they received regular formal supervision and we saw records to confirm this. Topics included actions from previous supervision sessions, training, safeguarding adults, accidents and incidents, key working, complaints, and updates on people who used the service. One staff member said, "We get supervision every six weeks. Any issues we have a quick supervision. We talk about the clients, training and what we are doing and any personal development." Another staff member said, "We go through training needs and team issues." Annual appraisals were completed. All staff we spoke with confirmed they received yearly appraisals.

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.

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 Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

We checked whether the service was working within the principles of the MCA. People told us staff sought their agreement before delivering care. Support plans recorded how staff should help people to understand how to give permission for various aspects of care. For example, one care plan stated, "[Person] likes to be independent as much as possible. Ask [person] if he wants you to wash an area of his body." Areas where people's agreement was sought included finances, personal care, finances and sharing information. Records showed people signed for consent. Staff had received MCA training and they were aware of how the MCA applied within their day to day practice. Records showed that mental capacity assessments were undertaken when required and were followed by best interest meetings if needed. We saw that people's relatives, staff and relevant health professionals were involved in these meetings. That meant the service

followed best practice in order to support people to make decisions, act in people's best interests and protect people's rights.

People were supported to have a meal of their choice. They told us they were choices in regards to what they could eat. One person said, "They [staff] ask what food you want." Support plans detailed people's dietary requirements and preferences and gave staff clear directions on how to support them. For example, one support plan stated, "Staff to offer juice with evening meal and [person] to have just one tea or coffee in the evening. [Person] has juice or water to drink. [Person] can feed himself but needs staff support with food preparation."

People were supported to maintain good health. Each person had a health action plan. A health action plan is something the Government said that people with a learning disability should have. It helped people to make sure that the service had thought about people's health and that their health needs were being met. People told us staff would take them to their various health appointments, this was confirmed by staff and in the records viewed. One person told us, "They [staff] take me to have a blood test." Another person said, "Got a hospital appointment on Friday. [Staff member] is taking me." People had a 'Hospital Passport', which was a document in their care file that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. This meant that people were supported to maintain their health.

Good

Is the service caring?

Our findings

People told us they liked staff and thought they were caring. One person said, "They [staff] help me a lot. Care workers are my friends." Another person told us, "They [staff] make you happy."

Staff spoke in a caring way about people they supported and told us that they enjoyed working at the service. One staff member said, "I've got a good relationship with [people who used the service]. [Person] will give me a big hug. [Person] will ask about my cat. I incorporate my life as well. It's a human relationship. Our work encompasses people's lives." Another staff member told us, "My relationship with [people who used the service] is quite good."

Staff knew the needs and preferences of the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. Staff were able to tell us about people's life histories, their interests and their preferences. One staff member said about key working, "We have a key working session. The individual decides when they have it. We talk about health, finances, holidays and personal issues." Records confirmed key working sessions were being regularly completed. One person told us, "We have a one on one."

People were involved in making choices about their care. One member of staff told us, "They [people] do have choices, for example on holidays. They go where they want. Get choices with food. It is their service." Another staff member said, "In the morning I ask if [person] is ready for his shower. I ask [person] all the way." Care records for people were clear they had a choice about the care they received. For example, one care plan stated, "Support me with dinner of my choice." Another care plan stated, "[Person] will tell you if he does not want to be supported, [Person] says "go home" and waves his arm away from his body."

Staff told us how they made sure people's privacy and dignity was respected. They said they explained what they were doing and sought permission to carry out personal care tasks. One staff member told us, "I will ask instead of assuming. Always knock on the door and wait for [person] to let me in." Another staff member said, "[Person] doesn't like me there when they are undressing. They want me to wait in the lounge." One person said, "Staff ring my doorbell."

People were encouraged to maintain their independence and undertake their own personal care where possible. Where appropriate staff prompted people to undertake certain tasks rather than doing them for them. Staff gave us examples of how they helped people to be independent. One staff member said, "In the shower I will ask what [person] wants doing. I let [person] take the lead. We try and promote independence as much as possible." Another staff member told us, "They do basic cleaning like work tops. We support them to do cooking." Care records reflected people's independence was maintained. For example, support plans had a section called "supporting my independence." The section looked at prompting independence with food preparation, tidying up, shopping, leisure, travelling in the community and activities. One person said, "I am going food shopping on Friday." Another person told us, "I did hoover this morning."

People's cultural and religious needs were respected when planning and delivering care. Records showed people visited their place of worship. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We would welcome them and provide support. We don't discriminate." One staff member said, "I would look through their care plan and ask them how they would want to be supported. If someone was transgender they may like to be called by another name. We did equality and diversity training." Another staff member told us, "They are an individual. I'm there to do my job regardless of religion or whatever."

Good

Is the service responsive?

Our findings

People told us that the service involved them in decision making about the care and support they received. One person said, "They [staff] always listen." Another person told us, "We have a meeting. We talk about housing and going out."

Before a person started to use the service the registered manager or senior staff would carry out an assessment of their needs, before an agreement for placement was made. This was carried out to ensure that the service could meet the person's needs. Records showed that an assessment of people's needs had been carried out before they came to stay at the service. Information was obtained from the pre-admission assessment, and reports from health and social care professionals had been used to develop the person's care plan. One staff member told us, "We get a referral form from [local authority] and we will assess the person to see if suitable." This helped staff to ensure that people received individualised care and support which took account of their wishes and preferences.

Care records contained detailed guidance for staff about how to meet people's needs. Support plans were in place for each identified area of need. People's support plans were easy to follow and provided detailed step-by-step descriptions of people's individual routines. Pictorial aids were included in support plans to ensure they were accessible to people. The registered manager and staff told us that support plans were updated following any changes to people's needs and were also reviewed regularly in order to ensure that they contained up to date information. There was a wide variety of guidelines regarding how people wished to receive care and support including their likes and dislikes, spiritual beliefs, support network, building relationships, communication, health and wellbeing, social life, activities, supporting independence and 'how I want to live my life'. The support plan also included a section called 'my history' which talked about the person's life history, relationships, medical history and spiritual beliefs. The support plans were written in a person centred way that reflected people's individual preferences. For example, one support plan stated "If I am upset and distressed I am more sensitive to loud noises, so it is important that you reduce the noise level around me. It is sometimes helpful if you start to hum or sing my favourite songs, these include [specific Christmas song] or any Christmas song." People were encouraged by staff to be involved in the planning of their care and supported as much as possible. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

The service held a meeting every three months with people to share information and gather their views. The meetings were held at the provider's office. The minutes of the meeting were available in a pictorial format to ensure they were accessible to people. Topics included activities, day trips, holiday, respect, and health and safety. People confirmed they attended this meeting.

People were supported to maintain local connections and take part in social activities. They were actively encouraged and supported to maintain local community links. For example, one support plan stated, "I have built up a circle of friends from the community and joining the activities at the community club has helped me. I have friends at the club who know me very well. We go out in the community together and go

and have a drink at the community centre." Another person volunteered with a local charity. This ensured that people could make a positive contribution to their local community.

The service had ensured that people were engaged in day time activities of their choice. Records showed people living at the same location had different activities on different days of the week depending on their preference. This showed people had been supported as individuals instead of only being offered group activities which did not suit some people. Group activities were available at the location if they wished to participate; these included karaoke and games. One person told us, "We had a coach trip." Another person said, "I walk in the park."

There was a complaints procedure in place. People had a pictorial complaint form available to them. We also saw the complaints procedure was available in people's flats. Records showed the service had received one complaint since being registered at the new location. We found the complaint was investigated appropriately and the service provided a resolution in a timely manner. One person told us, "Would complain in the [key worker] meeting." Another person said, "I would complain to [registered manager]."

Good

Is the service well-led?

Our findings

People told us that they liked the service and the registered manager. One person said, "He [registered manager] is very nice. He helps me a lot. He is a good manager." Another person told us, "He [registered manager] is nice." A third person said, "I like him [registered manager]."

Staff told us they liked the registered manager. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "[Registered manager] is ok. He can be tough. He is a good person. He is someone you can go to." Another staff member said, "I think he is a fair manager and understanding. He is a caring person."

The service had a positive culture that was open and inclusive. People had confidence the registered manager would listen to their concerns and these would be dealt with appropriately. The registered manager told us, "If customers are not happy then I am not happy." The staff we spoke with were aware of their responsibilities and knew how to raise concerns if they needed to.

The housing estate manager where most of the people lived was positive about the support the service was providing. They said, "They are the happiest residents. They tell me about their holidays. They always look clean and their flats are clean."

Staff meetings were held regularly. Minutes of these meetings showed there was regular discussion about people who used the service, accidents and incidents, people's finances and quality assurance. One staff member told us, "We have a staff meeting every four to five weeks. I think it is good as we discuss issues about clients and what we need to improve on. It enables us to say our opinion." Another staff member said, "We come in with any issues that need addressing."

The provider had a number of quality monitoring systems in place. These were used to continually review and improve the service. The registered manager told us the provider's quality team conducted a three monthly audit of the service. Records confirmed this. The three monthly audit looked at the medicines, safeguarding, supervision, training, record keeping, staffing levels, care records, finances, accidents and incidents, complaints, and meeting minutes. The last audit showed where actions were identified. The registered manager showed us an action plan showing where actions had been completed.

The service provided quarterly performance reports to the local authority that had placements in the service. Records showed the quarterly reports looked at staffing hours, staff turnover, training completed for the quarter, safeguarding alerts, accidents and incidents, and complaints.

The area manager of the service also completed a monthly quality check. Records confirmed this. The monthly quality check looked at infection control, speaking to people who used the service, safeguarding, observations of support provided, training, care records, consent and quality assurance. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care. For example, the last monthly quality check had highlighted not all training had been completed. Records

showed the registered manager had addressed this and booked in training for staff. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.

The quality of the service was also monitored through the use of annual surveys for people who used the service. The last survey completed was for January 2017. Surveys included questions about needs being met, safeguarding, safety, satisfaction of care provided, confidentially, privacy, choices, being involved in decisions, complaints, and any improvements that could be made. We viewed completed surveys which contained positive results.

There were policies and procedures to ensure staff had the appropriate guidance, staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate.