

Metropolitan Housing Trust Limited

MHT Harrow

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 25 April 2018 and was announced. This was the first inspection of MHT – Harrow since registering with the Care Quality Commission (CQC) in April 2017.

MHT – Harrow provides care and support to six people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People who used the service may have a physical disability, learning disability or mental illness. 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. MHT – Harrow does also provide floating support to number of individuals living in the community.

Not everyone using MHT – Harrow received regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. People using the service each lived in a one bedroom apartment within a purpose built building. There was a communal lounge, large garden and a second room for people to use for meetings. The property is close to public transport and local shops and supermarkets are in walking distance.

There was a manager registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us that they felt safe. Care workers received training in safeguarding adults and demonstrated good understanding in how to protect people from abuse and recognised where people may be at risk of harm. We saw clear processes to minimise risks to people's safety. These included procedures in how to manage identified risks with people's care and for managing people's medicines safely. There were enough suitably trained care workers deployed to deliver safe and effective care to people who used the service. The provider carried out recruitment checks prior to care workers starting work to ensure their suitability to support people who used the service. People who used the service were involved in the recruitment process.

The service ensured that people were supported to have maximum choice and control of their lives. Care workers ensured people who used the service were supported in the least restrictive way possible. People who used the service told us they were able to choose how they wanted to receive their support. Care plans and risk assessments contained relevant information to help care workers to provide the personalised care people required.

People who used the service were supported by a small care team, which was known to them and they felt comfortable with. People who used the service told us that they had good relationships with care worker

and felt comfortable asking them questions and raising any concerns. Care was planned and reviewed with people who used the service in mind and the provider ensured that people's choices were followed. People's privacy and dignity was respected and upheld by the care workers who supported them. People knew how to make a complaint if they needed to. People were confident they could raise any concerns or issues with care workers and the registered manager, knowing they would be listened to and acted on.

People were asked for their feedback on the quality of the service. Their contribution supported the development of the service. Quality assurance systems were in place to identify where improvements could be made and the provider worked in conjunction with others to share ideas and to develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staffing was suitable to ensure that people received the support they needed at a time they needed it.

Care workers knew how to protect people from abuse and knew what to do if they suspected abuse had taken place.

People received their medicines as prescribed and infection control standards were maintained.

Recruitment systems were in place to ensure staff were suitable to work within the home.

Incidents and accidents were documented and systems were in place to learn from them.

Good ●

Is the service effective?

The service was effective. People had capacity to make decisions about their care and care workers sought people's consent when providing support.

Care workers knew people well and had completed training so they had the appropriate skills and knowledge to provide the support people wanted.

Where the agreed support included support at meal times, this was provided and food was prepared together with people.

People had responsibility for their own health care, but were supported by care workers if this was needed.

Good ●

Is the service caring?

The service was caring. People expressed that they were well cared for, their privacy was respected, and that they were treated with dignity and respect by kind and friendly staff.

Care workers knew people's care and support needs well. They showed an interest in people and encouraged them to get involved in their care to maintain and gain greater independence.

Good ●

Family members and friends played an important role and people spent time with them.

Is the service responsive?

The service was responsive. Care plans were developed with people and ensured they received care which was personalised to meet their needs. Where care needs changed, the support was reviewed to match what people wanted.

Complaints and concerns were documented, monitored and acted upon.

Good ●

Is the service well-led?

The service was well-led. The service had effective quality assurance assessments and monitoring systems to identify where improvements could be made.

Care workers received support in their role and were able to comment on the quality of service or raise any concerns to drive improvement.

The quality of care people received was regularly monitored and feedback was sought from people and care workers.

Good ●

MHT Harrow

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 provider was given 48 hours' notice so they could gain consent and arrange for us to visit people who used this service. The inspection visit took place on 25 April 2018 where we visited the office and spoke with the registered manager, the regional manager and two care workers. We also spoke with three people who used the service. This was the first inspection of this service and was carried out by one inspector.

The provider returned to us a Provider Information Return (PIR). This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make.

We looked at three people's care records to see if these were accurate and up to date. We also looked at records provided to people, including staff employment and training records, medicines administration records and records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People who used the service felt safe. They had no concerns about the conduct of the care workers and their ability to provide their care safely. One person told us, "I am completely safe here, the staff is excellent." Part of the induction of new care workers was that all of them had to do safeguarding training and care workers spoken with told us how to recognise abuse and what may identify that people could be at harm. A flow chart of the local authority's safeguarding adult's procedures was displayed in the office and staff spoken with were clear which incidents needed to be reported and investigated. One of the people recently had to deal with abuse when out in the community, the service assisted the person to seek the appropriate advice, deal with the abuse and reduce the risk of similar incidents happening again in the future. There was also a whistleblowing policy, which informed care workers how they could raise concerns about any unsafe practice. Whistleblowing was a way in which staff could report misconduct or concerns within their workplace. Care workers told us they were confident that the registered manager would deal appropriately with concerns, if any were raised.

Risks associated with people's care and support were recognised and managed. One person told us, "The care staff know exactly how to support me, what help I need, which equipment to use and I feel completely safe when they support me with the hoist." People who used the service had personalised support plans. The support plans included guidance for managing risks associated with people being supported to move, go out in the community, and meet friends and when receiving personal care.

People told us that there were enough staff to support them safely. One person said, "The staff is very good here, they know us very well and I get on very well with all of them. I'm very happy with the staff." Another person told us, "They [staff] are excellent. I have a key worker who I can talk with and who helps me with doing things, I only have to ask." People also told us that they had a pendant alarm, which they could use in case of an emergency. One person said, "I have used the alarm in the past, and a member of staff came almost immediately."

There was an effective system to manage the staff rotas. All the shifts were covered by staff from within the organisation. The rota was planned three weeks in advance. Two care workers were available during the day and one care worker was available during the night. One Care worker told us, "It's paramount that customers know us and we know them and trust us." People who used the service were involved in the interviewing of new staff. One person told us, "Since I have been part of the interview. Staff has been much better. I am quite proud of this."

When new staff started working in the service, recruitment checks were carried out to ensure they were suitable to work with people. We saw that staff's suitability for the role was ensured by obtaining references, having a police check and confirming the validity of their qualifications, including previous experience and training.

People received their medicines as prescribed. One person told us, "They help me with taking my tablets. I really take them by myself and they just check I took them." The medicines were stored within each person's

flat and where necessary a risk assessment recorded how these were stored and how to gain access to the storage area. Medicines were recorded in the support plan and these were dispensed by a local pharmacist. Regular audits of medicines and records had been completed as part of the provider's quality monitoring processes and any issues identified were rectified promptly. The provider had recently introduced a more detailed medicines audit, which would be carried out every six months. The registered manager told us that this would help to ensure people received their medicines as prescribed and that medicines were stored ordered and disposed of appropriately. The medication procedure also guided staff to wear the necessary protective equipment while administering medicines and how to dispose of this. This helped the staff to identify and minimise any potential risks related to the administration of medicines.

People who used the service received care and support that was planned and delivered in a way that ensured people's safety and welfare. Environmental safety risk assessment had been completed and all people had personal emergency evacuation plans (PEEP) in case of a fire or any serious emergency. The PEEP included information about fire safety and the general environment. Infection control had been considered and how staff were to reduce the risk of cross infection and to wear personal protective clothing.

Is the service effective?

Our findings

People felt the staff had the right skills and knowledge to support them. People spoke positively about the staff that supported them. One person said, "The staff know what they are doing, they are very good and I get on with them." Another person told us, "The staff has improved a lot over the past year, they listen to me, talk to me, and spend time with me when I need them."

The registered manager carried out a detailed and comprehensive assessment of need. This had been done prior to people moving in to the supported living scheme. This assessment built the foundation of a person's suitability to the supported living scheme. The information was also used for the care planning process and the allocation of hours required to meet the prospective person's needs.

All care workers had undergone a six month probation during which they had attended training which the provider considered as mandatory. The mandatory training included First Aid, safeguarding adults, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), manual handling and food hygiene. During their probation, care workers were also supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme. Care workers told us their induction had been useful and enabled them to start to develop a relationship with people and to learn about the support needs people had.

Care workers had also had further opportunities to undertake on-going training which kept their skills and knowledge up to date. Care workers told us that it was easy to access training and any training needs could be discussed with the registered manager or supervisor during their annual appraisal or monthly supervision. These arrangements showed us staff received training and support to provide effective care in line with best practice. One care worker said, "I find the supervisions very helpful and it is a good way to talk with my manager about things in private."

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 MCA. We checked whether the service was working within the principles of the MCA and whether applications had been made to the Court of Protection. All people using MHT Harrow had capacity to make decisions about their care and support. We saw people had signed their support plan and medicine consent form to demonstrate their agreement to this care. The registered manager and staff understood that where people were no longer able to make decisions for them, other people could help make this decision in their best interests.

Some people received support to prepare their meals. Care workers supported people to plan their menu

and do the shopping together with people if they required support in this area. We also saw in people's care records that care workers discussed healthy eating with people if this was part of the arrangements made during the assessment of needs.

People were supported to access a range of health care professionals in the community including GPs, dentists, opticians and podiatrists. Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. Care workers would accompany people to health care appointments if they requested their support. Otherwise people who used the service were responsible to meet their health care needs independently. One person told us, "The staff would go together with me to see the doctor; I only have to ask them."

Is the service caring?

Our findings

People using the service were positive about the care workers that supported them. We observed people to be relaxed and cheerful when in company of care workers. One person said, "[Staff name] is very good, I get on very well with him and can have a chat with him about anything." Care workers told us, "I enjoy working here, it's a great company to work for and the customers we support are great."

Care workers had in depth knowledge of the people they supported. This was mainly down to a small and consistent staff team. Care workers were able to tell us about people's needs and their support needs, their communication needs, likes and dislikes and their personal interests. We observed care workers to be patient and treating people with dignity and respect. We saw that care workers gave people time to make their own decisions, by offering alternatives and explaining consequences their decisions may have on living a meaningful life.

Care workers encouraged people to remain as independent as possible and do things for themselves. One person told us, "The staff help me to be as independent as possible and will only do the things I ask them to do for me." One care worker said, "I would always encourage people to do things for themselves, for example if I help [person's name] prepare a meal, I make sure he does most on his own, well if he is able to."

People who used the service were involved in decisions about their care and treatment. Support plans were reviewed regularly together with the person, their key worker and any significant other if the person's wanted to invite somebody. Support plans gave care workers clear guidance about the best way to communicate with the person. For example, we saw in one support plan that care workers needed to give the person time to express themselves. We observed during our inspection that care workers were following the instructions and guidance given in the persons support plan and took extra time when talking to the person. Support plans gave details of people's preferences, likes and dislikes so these could be respected by staff. It also showed their preferred daily routines, for example, what time they preferred to get up and what level of support they required with personal care. The person's preferred social activities were recorded.

People were offered information in formats they preferred which included pictures and easy read documents. There was a notice board in the entrance area giving people information about things such as planned events, activities and dates of meetings. There was a board in the hallway with photographs of the care workers on duty. People who used the service had access to a 'service user guide' in their preferred format. This guide explained and informed people of their rights and responsibilities, for example reminding them it was their choice who they have in their home and telling them that care workers would always treat them with respect. There was information about key people at the service and how to contact them. Information on how to raise a complaint was also included.

People who used the service were supported by care workers who respected and promoted their privacy and dignity. Care workers spoken with could describe how they respected people and maintained their dignity. Care workers told us that they would always ensure curtains were drawn when supporting people and never would enter people's flats without ringing the door bell and being invited. We observed this

throughout our inspection.

The service had appropriate policies in relation to confidentiality, data protection and privacy and dignity so important information was available to care workers. People's confidentiality was maintained, and care workers understood the need for this. People's records were stored securely in the office.

Is the service responsive?

Our findings

People who used the service we spoke with said that they considered that the support provided was personalised. One person we spoke with told us, "They do everything I want them to do." Another person told us, "It's my care plan, I wrote it together with staff and it is what I want them [staff] to do."

We looked at the support and care files for three people who used the service, all of the care records we viewed were comprehensive. The files contained assessments of people's support needs and any risks to their health, safety and well-being. Plans were written based on the assessment of need, this resulted in the care plans being individualised. All of the information was person-centred.

Support plans had been reviewed regularly and there were comprehensive records of communication with people's relatives and visits to or by medical professionals. Care workers we spoke with had good knowledge of people's support and care needs and were able to describe in detail the support they provided to individuals. We saw in support plans that each person had a specific amount of time each week and the records informed what was important to the person, for example, one person went to a day centre, one person went to college, and another person met regularly with friends and another person was saving for a specific trip. We also saw that if people choose not to do any activities, this had been respected, but was discussed with the person's during monthly key worker meetings to establish if the person may have changed their mind.

The provider had a comprehensive complaints policy and procedure in place. We looked at the complaints records at the service. There had been two complaints since registering with the CQC. The complaint had been about a specific matter. We spoke with people who used the service about this complaint and they told us that they had been listened to by the registered manager and appropriate actions had been taken to address their complaint. Care workers spoken with told us they would initiate a complaint if a 'customer' informed them they were unhappy with something. One care worker said, "It's important to listen what customers have to say and make changes to improve their life."

Is the service well-led?

Our findings

Throughout our inspection, we saw the registered manager and care workers greeting people by their name, speaking to people and interacting with them, they appeared to know them well. We saw people using the service and care workers comfortably approaching the registered manager or team leader to speak with them.

People using the service and care workers spoke very positively about the registered manager. Everyone told us the registered manager was approachable and supportive. People using the service told us, "[Registered Managers name] is great. You can talk to him about anything, he always makes time for a chat," "We have regular meetings to talk about anything we want to change" and "The manager is very good." Care workers made similar positive comments, one care worker said, "The manager is very easy to talk to and takes time to listen, but so are the senior managers. I recently made some suggestions to the operation manager and feel she listened to me and took my comments seriously."

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. Care workers said that there was a good atmosphere at the service. One care worker said, "I like working here, it is better than most places I worked for, it's not just about money, it's about the people we support." All care workers spoken with displayed a pride in the service.

We saw an inclusive culture at the service. All care workers said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the care workers we asked said they would be happy for a friend or family member to be supported by the service.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes that help providers to assess the safety and quality of their services. They ensure they provided people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and we saw that audits were undertaken as part of the quality assurance process. These covered all aspects of the running of the service. Records showed the registered manager and team leaders undertook regular audits to make sure full procedures were followed. Those seen included support plans, finance and medicines audits. The operations manager did monthly quality walks during which particular aspects of the service were randomly audited. The operations manager told us, that the provider was currently in the process of involving people who used the service in this process. From the monthly quality walks a quality assurance report, a continuous improvement plan and an annual improvement plan for the service were developed so the service could be monitored and have identified actions in order to continually improve. We saw in recent records viewed that actions had been taken to address shortfalls highlighted during the monthly quality assurance walks.

Records showed care worker meetings took place to share information. Care workers told us that they found these meetings useful and that they were able to share good practice as well as look at areas to improve practice. All of the care workers spoken with felt communication was excellent and they were able to obtain updates and share their views.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Care workers told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. The registered manager was aware of their responsibility for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.