

Metropolitan Housing Trust Limited

North London & Herts

Community Support

Inspection report

The Grange
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London
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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

About the service

North London and Herts Community Support is a supported living service providing personal care to people with a learning disability. This service provides care and support to people living in two 'supported living' settings and people living in an 'extra care' setting, so that they can live in their own home as independently as possible.

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. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of inspection, seven people were receiving personal care.

People's experience of using this service and what we found

People had support to follow their own chosen lifestyles and daily routines. Staff supported them with their health needs, personal care needs and supported them to improve their independence.

Relatives were satisfied that their loved ones received good care and were happy with this service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were trained to deliver care and support and had received training that reflected the needs of the people they were supporting. We observed staff interacting with people. People were comfortable around staff and staff were aware of people's individual communication styles.

The service worked well with health and care professionals to meet people's care needs. Medicines were managed safely.

The provider had an effective system in place to check that the service was running safely and meeting people's needs. The registered manager was committed to continuous learning, aware of improvements needing to be made and had planned to ensure these improvements were made. There was an open culture in the service where people were happy to make suggestions and raise concerns and where staff enjoyed working.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right Care, Right Culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support:

- People were given choice and control in a supported way. For example, staff observed people to see what was important to them and offered a choice of new activities to see what people liked and disliked.

Right care:

- The management team were committed to delivering person-centred care and were planning to train staff to ensure a more person centred service was established.

Right culture:

- Staff formed relationships with people they supported and encouraged them to make decisions for themselves.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 11/12/2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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. Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective. Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring. Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive. Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led. Details are in our well led findings below.

North London & Herts Community Support

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in two 'supported living' settings and people living in an extra care setting, so that they can live as independently as possible. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. 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 had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was working alongside the previous registered manager who was returning to work at the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure the registered manager would be available at the office.

Inspection activity started on 15 December 2021 and ended on 21 December 2021. We visited the office location on 15 December and one of the supported living houses on 16 December 2021.

What we did before the inspection

We reviewed information we held about the service including notifications and contacts with the service over the last year. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff, including the two registered managers, one team leader and two support workers. We sought feedback from the local authority and professionals who work with the service.

We reviewed a range of records. This included five people's care records, medicines records, three staff files, quality assurance records and staff training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives of people using the service and five more members of staff (care coordinator, team leader and three support workers) by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from the risks of abuse by staff who were trained to understand how to keep people safe and report any concerns.
- Staff knew how to identify and report abuse within the service and to external bodies. They were familiar with the provider's whistleblowing procedure and said they felt confident approaching their manager with any concerns.
- The service had effective systems in place for safekeeping and managing people's money to protect them from financial abuse.
- People had individual risk assessments which included guidance to staff on supporting people to stay safe. One person told us, "Yes I feel safe here. I love it here."
- There was an effective system in place to learn from incidents. The registered manager informed us that where there had been medicines errors they had stopped using the agency staff member who made the errors and the team leader increased observations of staff administering medicines to ensure safe practice. There had also been two occasions where a staff member had left people on their own which was unsafe. The registered manager had taken appropriate action to prevent this reoccurring and ensure safe staffing levels at all times.

Preventing and controlling infection

- People were protected from the risk of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections through screening procedures and use of personal protective equipment (PPE).
- Staff received training in infection prevention and control practices and were provided with regular updates, specifically in relation to COVID-19.
- The staff team followed the recommended testing regime and cleaning practices in the services.

Staffing and recruitment

- There were enough staff to keep people safe. The staffing levels matched the needs of people using the service.
- There was evidence of safe recruitment practices which included obtaining proof of identification, references from previous employment and criminal records checks.
- The registered manager told us the organisation operated a values approach to staff recruitment.
- Staff told us they thought there were enough staff to meet people's needs. Relatives also thought there

were enough staff to keep people safe and happy. One person said, "There is enough staff to help everyone."

Using medicines safely

- Policies and procedures were in place to ensure people received their medicines safely and as prescribed.
- Staff were trained in administering medicines and were assessed as competent before they were able to undertake this task. We checked medicines records in one of the three services and found the records were up to date indicating that people had received their medicines as prescribed.
- There were individual written protocols in place for use of epilepsy rescue medicines and staff had received specific training in use of this medicine.
- Although there had been some minor medicines errors these had been addressed and there were steps in place to reduce the risk of any future errors.
- Two recent medicines audits had identified that one service needed to buy thermometers to ensure medicines were stored at safe temperatures. Although the thermometers were not in place the registered manager told us they had ordered these.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was a lack of detailed information about people's health needs. Whilst people received good support with their health needs, we found one person had diabetes and was supported by a district nurse with insulin injections but there was no record of this in their care plan. The registered manager advised that health action plans were being written in January 2022 for everyone using the service.
- Staff worked with local health and social care professionals to provide effective care and support. Staff were able to access expert advice and were learning how to interpret people's behaviour. An example of this ensuring effective care was where staff observation found that one person responded better to male staff so the service ensured there was always a man to work with this person.
- Staff supported people to attend their health appointments and sought specialist advice when needed.
- The provider ensured staff had training about health conditions of the people they supported, for example epilepsy.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The local authority had applied for community DoLS for three people and these people were waiting for an assessment.
- The ethos of the service was to encourage people to make their own decisions.
- Mental capacity assessments were due to be carried out in January 2022. Staff involved professionals, relatives and advocates to support people and make decisions in a person's best interests where they lacked capacity to decide for themselves, for example about who would manage their finances.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service assessed people's needs and incorporated information from other professionals and relatives who knew people well.
- As the supported living services had only been open a few months the assessment process was ongoing. Staff said they always observed people to assess their likes and dislikes on a daily basis and to try and interpret their behaviour to better communicate with them.

Staff support: induction, training, skills and experience

- Staff had suitable skills and experience for the job.
- Staff received training suitable for their role. One staff member told us, "The training is quite good" and another said, "The online training is good, we have face to face training in medicines and moving and handling." They said training was discussed in staff meetings to ensure staff understood the training and how it applied to their role.
- Staff told us they felt well supported. They said they had supervision every three months and said the staff team were very supportive. One new member of staff said their staff team was "amazing" and the team leader was always available for any questions or problems.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with preparing food and eating and drinking. Staff kept records of what food people ate and one person told us they had a weekly menu and cooked most of their own food. Other people needed full support from staff.
- One person told us their food met their cultural preferences. For people new to the service staff observed what they liked to eat. People had freedom to help themselves to snacks in between meals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported to lead their lives how they wished. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender were considered by the service when planning care and staffing requirements.
- We observed staff interact well with people and we saw people felt comfortable with staff they knew. One person was able to tell us they liked all the staff.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- One person told us they were fully involved in planning their own care and that staff listened to their views and always asked them what they wanted. They said they wanted to live more independently one day and that staff supported them to increase their independence to reach this goal.
- Staff told us how they supported people to maintain their privacy and dignity. The service had a "dignity champion" in the staff team to encourage staff to always consider people's dignity.
- Where people were unable to express their views the service sought information from people who knew them well to ensure they were providing support that met people's wishes.
- Staff told us how they encouraged people in developing more independence and making choices for example taking their plate to the sink after meals and choosing their own food and drink which some people were not used to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff respected people's individual needs and preferences and supported them to make their own choices.
- Staff worked with the local authority learning disability team of professionals to ensure they worked in the best way with each person. They analysed people's behaviour to understand them better.
- Staffing in the home was planned to meet people's preferred lifestyles, for example there were more staff on duty at times of the day where people wanted to go out.
- People's care and support plans described their support needs in all areas of their lives; including meal preparation, finances, independence.
- Some of the care plans were not written in a person-centred way. For example one plan recorded, "He cannot cook" instead of stating what tasks the person could do in the preparation of meals and a goal was written as, "being able to take instructions in a timely manner" which the person would not have chosen as a goal. We discussed this issue with the registered manager who said they knew this was an area for improvement. They had plans to provide workshops for staff in person-centred planning and to review and improve care and support plans in January. We were satisfied that the registered manager was a good advocate for personalised care.
- Staff had training in positive behaviour support.
- The registered manager told us that they considered compatibility when they received a new referral for a person to move into a supported living tenancy house.
- There was a designated member of staff who worked in both supported living settings to support people with individual activities to assess what they liked to do best. This included going for walks and art and craft activities.
- Each person had a weekly plan of things they liked to do.
- One person told us they attended college and went swimming and to a gym and received support from staff to do these activities.
- Relatives gave us positive feedback about the service. Comments included: "[name] seems happier than at the previous place, they are doing more things with her", "She loves where she is and gets on well with all the carers" and, "They are doing a good job."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans. As some people were non-verbal the communication care plan included guidance for staff on how to interpret certain behaviours as a means of communication.
- The provider had a customer engagement team who were helping the service by advising different methods of engaging with people who were non-verbal.
- Staff described how they offered people choices in daily tasks to encourage them to communicate their preferences for example of what they wanted to wear, what colour nail polish, choice of two drinks etc.

Improving care quality in response to complaints or concerns

- There was an effective system for recording and responding to complaints..
- There was a clear complaints procedure in place. Relatives of people using the service told us they would approach either the key worker or team leader if they had any complaint or concerns. They said they felt confident that any concerns would be addressed.
- Staff also said they felt comfortable in raising any concerns and making suggestions for improvements.

End of life care and support

- At the time of the inspection, the service was not providing end of life care. The people in the supported living services had been there a few months and end of life care would be addressed at a later stage if appropriate.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager promoted the values of the provider to ensure a person-centred culture.
- They told us that people were at the centre of the service and that they challenged staff to always ensure people had a range of meaningful choices in their daily lives.
- Staff told us they enjoyed working for the service, they took part in regular team meetings and had regular individual supervision with the registered manager or team leader. They said they worked well as teams in each of the three settings.
- The provider had sent out a survey to people using the service and their families. They had not yet analysed the feedback but planned to do so.
- The service worked in partnership with external professionals such as psychologists, occupational therapists and speech and language therapists to ensure best outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider understood the duty of candour. There was an open culture and the registered manager told us how they listened to feedback and informed people when something went wrong, apologised and explained what the service intended to do about it.
- The service analysed all incidents and debriefed staff as well as setting actions for improvement. The system in place ensured actions had to be completed before the incident record could be closed which ensured all necessary remedial action was taken to prevent another similar incident.
- There was a commitment to continuous learning and improvements. The registered manager told us of the improvements they planned for January 2022 in carrying out mental capacity assessments and improving the care plans for people.
- A local authority audit had identified some areas for improvement. We saw that the service had written an action plan in order to carry out and record the improvements and were making progress with the actions.
- The registered manager told us that meetings were used as opportunities to share lessons learned.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were effective systems in place to monitor the quality and safety of the service. This included daily, weekly and monthly checks of finances, health and safety and medicines. The registered manager carried

out "quality walks" with a theme to promote improvements in quality. They were planning to start auditing other services run by the provider so that managers from other services audited each other's services as another level of quality assurance.

- The provider had a quality team which carried out audits in the service.
- The registered manager and staff had a knowledge of regulatory requirements. Staff were clear about their roles.