

Metropolitan Housing Trust Limited

Nottingham Supported Living

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 service provides care and support for up to ten people with a learning disability or mental health needs living in ten 'supported living' flats within one building. Staff are on site 24 hours a day and provide people with an individual care package. Not all people receive the regulatory activity personal care. At the time of our inspection, five people were receiving personal care and support as part of their care package.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

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

People received safe care and support. Staff had received training on safeguarding adults and were aware of their responsibilities to protect people from avoidable harm. Risks associated with people's individual needs had been assessed and planned for. Learning from mistakes took place to reduce the risk of recurrence.

Staff had information to support them to mitigate any risks posed to people's safety. There were sufficient staff to meet people's individual needs. Safe recruitment procedures were used, to support the management team in making safe recruitment decisions. People received support in line with national best practice guidance, in the administration of their medicines.

People were protected from the risks of cross contamination. Staff had received training in the prevention and control of infections and food hygiene standards.

People's care and support reflected their individual assessed needs. Staff had received an induction, training and ongoing support. Where people received support with nutritional needs, choice and independence was promoted.

Information was shared with external healthcare professionals, to support people with their ongoing healthcare needs. Staff supported people to access health services and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People gave positive feedback about the approach of staff. They described staff as being kind and caring. Staff had developed positive relationships with people and they knew them well. Care was personalised, and respected people's dignity, privacy and independence was actively supported. People were involved in discussions and decisions about the care and support they received.

People received care and support that respected their individual preferences and lifestyle choices. There

was an inclusive approach to communication. Information was presented in accessible formats to support people to be fully involved in their care and support.

Social inclusion was encouraged and supported. People received opportunities to participate in interests, hobbies and social activities. People were also supported to achieve personal goals and aspirations.

A complaint procedure enabled people to raise any complaints and any received were fully investigated. People's wishes in relation to their end of life care had been discussed and planned with them.

Quality assurance systems and processes were used to monitor quality and safety. The registered manager was aware of their registration regulatory responsibilities. People received opportunities to share their views about the service they received. Staff were positive about the leadership and support provided by the registered manager.

Rating at last inspection

This was the first time the location had been inspected therefore there was no previous rating. This service was registered with us on 23 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Nottingham Supported Living

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in ten 'supported living' flats located in one building, so that they can live 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection. The inspection was completed in one day.

What we did before the inspection

We reviewed information we had received about the service since it registered. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from

the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the registered manager the opportunity to share information they felt was relevant.

During the inspection

We spoke with two people who used the service and asked them about the quality of the care they received. We also spoke with the registered manager, a team leader and two support workers. We reviewed a range of records. This included all or parts of records relating to the care of two people. We also viewed audits and checks that monitored the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the registered manager to provide us with a variety of policies and procedures and additional information about staff training and recruitment. We used all this information to help form our judgements detailed within this report.

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

- People told us they felt safe when staff provided care and support in their own flats. A person said, "The staff help me keep safe."
- Staff were aware of their responsibilities to protect people from abuse and avoidable harm. The provider ensured staff received refresher safeguarding training and staff had access to the provider's safeguarding policy. This provided staff with guidance on what actions they should take if they felt people's safety was at risk.
- The registered manager was aware of their responsibility to ensure the local authority and the CQC were notified of any allegations of abuse or neglect.

Assessing risk, safety monitoring and management

- The risks to people's health and safety had been assessed. Staff had guidance of how to support people to remain safe. For example, risk plans included the support required to keep safe when accessing the community and understanding their tenancy. People had been supported to register their details with the local police authority Pegasus scheme. This service provides immediate emergency services support to vulnerable people in the community.
- Some people had specific risks associated with their diet and health conditions. Risk plans had been developed and were reviewed regularly with people. Some people experienced periods of heightened anxiety that impacted on their mood and behaviour. Staff were knowledgeable about the support required during these times. Whilst guidance was provided, this needed to be more specific in detail to ensure staff were consistent in their approach. The registered manager agreed to review this guidance with staff to ensure it fully reflected people's care and support needs.
- There was a positive approach to risk taking. A staff member said, "Risk management is important, but it's balancing the risk without restricting."
- Personal emergency evacuation plans were in place should staff need to evacuate people from their flats in an emergency. These considered people's physical and mental health and were readily available in an emergency.
- Environmental risk assessments were completed. These assessed potential safety risks in each person's flat. Any hazards identified, were discussed with people to agree how the risk was to be managed.

Staffing and recruitment

- People were positive about the availability of staff. They received support from a small staff team they knew well. People also told us their care and support was flexible and could be changed. There was always staff on site which people could access support at any time. A person said, "I get on well with all the staff, every one of them." Another person said, "I have support every day and it's good to know staff are always

around if you need them."

- The staff were positive about the staffing levels provided. Staff shortfalls due to leave or sickness were covered by the staff team, bank staff employed by the provider or the registered manager and team leader provided support. The staff rota reflected the staffing levels provided on the day of the inspection.
- Safe staff recruitment procedures were used to support the provider in recruiting staff suitable to provide care and support.

Using medicines safely

- Where people received support with their prescribed medicines, staff followed national best practice guidance and support was provided when people needed it. A person said, "Staff support me with putting my cream on my back."
- Staff had received refresher training in the safe administering and management of medicines and they had their competency assessed by the management team. Staff had guidance about people's prescribed medicines, including people's preferences of how they liked to take their medicines.
- Medicine administration records recorded when a person had taken or refused to take their medicines. These records were regularly reviewed to ensure any issues with administration could be identified and acted on before they impacted people's health and safety.
- People were supported to attend health appointments to have their medicines reviewed.

Learning lessons when things go wrong

- The provider had a system and process that ensured accidents and incidents were recorded and investigated by the management team. Where needed, the management team took action to reduce incidents from reoccurring. Examples included, referrals to external health and social care professionals such as an occupational therapist, speech and language therapist and psychiatry for further assessment and support.
- Where there was any learning required from incidents, this was discussed with staff during supervisions, or during team meetings. At the time of our inspection, the registered manager did not do any formal analysis of incidents to consider themes and patterns, but told us going forward they would do this. This would give the management and senior management team, greater oversight of incidents occurring.

Preventing and controlling infection

- Staff had received training in the prevention and control of infection and food hygiene standards. The provider had an infection control policy and procedure to support staff.

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.

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

- The provider had up to date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice. This supported the assessment of people's physical, mental health and social needs.
- Assessment of people's care needs included any protected characteristics under the Equality Act 2010 and these were considered in people's support plans. The registered manager told us they recognised and respected people's diverse needs were important to understand, and these were discussed at the pre-assessment stage. Staff had completed training in equality and diversity.

Staff support: induction, training, skills and experience

- People received effective care and support from staff who had received an induction and ongoing training and support. People gave positive feedback about the competency of staff. A person said, "The staff are good at helping me, they know me well."
- Staff received an induction that included completing the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of care staff. New staff also shadowed experienced staff until they felt confident to lone work.
- Staff were positive about the training and support they received. A staff member said, "I think the training is good, outstanding really. It's a mix of on-line and face to face and covers the needs of people we support, and more."

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

- Some people required support from staff with their meals. People told us how staff supported them to plan, shop and cook meals. A person said, "Staff help me everyday to cook my meals, we go shopping together and I eat what I want." Another person told us how staff were supporting them in their wish to lose weight and how staff were supporting them to attend a slimming club and to eat healthily.
- People also received opportunities to participate in cookery sessions in the communal kitchen. The management team told us this supported people to gain skills in planning, shopping, preparing and cooking meals and was a social opportunity people enjoyed.
- Staff were knowledgeable about people's care and support needs associated with nutritional needs. Support plans also provided detailed guidance for staff to ensure people received consistent support.

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

- Hospital Traffic Light Information forms were used to share information with ambulance and hospital staff.

in the ongoing care of people in the event they needed admitting to hospital.

- People told us they received support with their healthcare needs and how staff supported them to access health appointments. A person said, "The staff go with me to see the doctor or to the hospital." Another person told us how staff supported them to attend dental appointments.
- People's care and support needs were known and understood by staff and were monitored to ensure people remained in good health. Staff worked effectively with healthcare professionals in following recommendations to support people to lead healthy lives. Support plans provided guidance about the support people required to ensure people received consistent care.
- Oral healthcare had been considered. The registered manager was not aware about recent national guidance in oral health. However, they said they would research this guidance and ensure going forward, support to people reflected recommendations made.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection, no person was being deprived of their liberty. Where there were concerns with people's ability to make specific decisions for themselves such as managing their money, mental capacity assessments and best interest decisions had been completed in line with legislation.
- Staff told us how they supported people to make informed decisions. They also told us if they had concerns about a person's ability to consent to their care, they would raise this immediately with the management team.

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; equality and diversity

- People were positive about how the staff treated them. A person said, "The staff are lovely, and my keyworker (a staff member with specific responsibilities for a named person) help with any problems." Another person said, "I like all the staff they listen and support me, and are there when I need them."
- Staff were positive about their role and showed great awareness of people's needs, preferences and what was important to them. A staff member said, "People have been here a year now and they have all grown and developed in their own way, it's so rewarding being able to support people."
- Whilst our observations of staff interaction with people was limited, what we did observe was positive, and staff had a caring approach. It was evident from interactions between people and the jovial exchanges and laughter, how staff had formed good relationships with people.
- People's diverse needs such as religious, cultural and sexual orientation were discussed with them during the pre-assessment. Any identified needs were included in people's support plans. At the time of the inspection, no person had any specific diverse needs. However, the registered manager told us they had a positive approach to diversity and recognized people's differences and would ensure people's wishes and preferences were respected.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in their care and support. People told us how staff supported them with day to day decisions about how they received their care and support. They also reviewed their support plans and care package at three monthly intervals or sooner if required. A person's September 2019 review record, confirmed they were asked about what was working well and if any changes were required to their care package.
- Support plans were also provided in an easy read format, this was an inclusive and supportive approach.
- Information about how people could access an independent advocate had not been provided for people. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. However, the registered manager assured us they would resource this information and make it available for people.

Respecting and promoting people's privacy, dignity and independence

- People felt staff treated them with respect and provided care and support in a dignified way. This included giving people their personal space and being polite and sensitive in the care and support given.
- Staff spoke respectfully about the people they cared for, showing they had people's care and welfare needs at the heart of their support.
- People told us staff encouraged them to do as much for themselves as possible. A staff member told us of

the importance of enabling people to be as independent as possible and how since living at the service, people's independence had developed. For example, one person had learnt how to use public transport and now accessed the community independently with confidence.

- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.

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

- Before people started to use the service, an assessment was carried out to ensure staff could provide them with the care and support they needed. This information was used to develop support plans with people. These provided staff with guidance about the care and support people required and how this was to be provided.
- People told us they were happy with the care and support they received and how this was flexible to meet their individual needs and preferences.
- Care records did not consistently show the care hours commissioned and assessed for was being provided. We discussed this with the management team who advised they would improve the recording to confirm hours were delivered as required. People confirmed they received the care they required.
- Staff spoken with were knowledgeable about people's care needs, and respected individual lifestyle choices. Staff adapted their support to suit the needs and wishes of individual people they supported. This showed a person-centred approach to the delivery of care and support.

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

- People received support to pursue interests and hobbies and achieve personal goals and aspirations. For example, a person had volunteered to become the health and safety representative for the service. People had been supported to go on holiday and day trips. A person had been supported to watch their favourite football team. Where people wished to make changes to some of their lifestyle choices, staff worked with them.
- People were supported to develop new friendships and participate in social activities and opportunities to avoid social isolation. People told us they had made new friendships within the service and externally, by widening their social support networks by being supported to attend social clubs and activities. Staff also arranged activities in the communal area such as arts and crafts and themed events and celebrations.

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.

- Action had been taken to support people's communication and sensory needs. Information had been made available in an easy read format. This enabled people to be informed and involved in their care and

support. It also ensured people were not discriminated against because of a disability or sensory impairment.

Improving care quality in response to complaints or concerns

- People were provided with information of how to make a complaint and felt confident to raise any concerns or complaints. A person told us how they had complained about the landlord being slow to make repairs. The management team had liaised and met with the landlord to try and resolve the concerns.
- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. However, people's wishes in relation to their end of life care had been discussed with them. Where people had made decisions, this had been recorded and staff provided with guidance. Staff had received training in end of life care.

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

- People were positive about the care and support they received and told us they felt valued, listened to and fully involved in their care.
- Staff understood the provider's vision and values of the service and provided care in line with these, and the care standards expected of them. Staff were positive about their role, the leadership and support they received.
- People had achieved positive outcomes due to the person centred approach of staff. This included being supported to live active and fulfilling lives where they were active citizens of their community, and had choice and control of how they received their care and support.

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

- The provider had systems in place to enable people to raise complaints and concerns. The management team had an open and honest approach and learnt from mistakes.

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

- The management team were good leaders and supported the staff team to provide high standards of care and support. Staff were clear about their role and responsibilities and the management team received support and leadership from senior managers.
- Systems and processes enabled the management team and senior leaders to have continued oversight of the service. Quality and safety standards were monitored to ensure people consistently received a personalised, consistent and safe service.
- Staff received regular opportunities to discuss their work, training and support needs via one to one meetings and regular staff meetings. Staff felt involved in the development of the service.
- The registered manager was aware of their registration regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service were invited to attend monthly meetings to discuss the service and feedback about their experience.
- At the time of our inspection the service had been open a year and people had been invited to attend a

party to celebrate their personal achievements and that of the service. The registered manager told us an annual satisfaction survey would be sent to people, as an additional method to gain feedback about the service.

- Staff told us they felt valued and involved in the development of the service. They received regular opportunities to discuss their work and development needs.

Continuous learning and improving care

- The registered manager was supported by senior managers to continually improve the service; manager meetings were organised within the organisation for managers to share information and good practice.
- The registered manager told us they were aware they needed to keep their awareness and knowledge up to date in best practice guidance to drive forward improvements

Working in partnership with others

- It was clear from talking with people, staff and viewing care records that the service regularly worked in partnership with external professionals and relevant care agencies. This demonstrated the service had established effective links with external health and social care professionals in meeting people's needs.
- The management team had a commitment to support people to be a part of their local community and enabled people to lead active and fulfilling lives.