

# Metropolitan Housing Trust Limited

## MHT Midlands

### Inspection report

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Date of inspection visit:  
14 December 2016

Date of publication:  
16 February 2017

### 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 14 December 2016. The inspection was announced, and we gave the provider 48 hours' notice to ensure there was a manager available to assist with the inspection process.

There is a registered manager at the service. 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.

MHT Midlands is a supported living service which provides people with personal care and supports people, with a range of health and social care needs, to live in the community. At the time of our inspection, 16 people were receiving care and support from the provider.

The day-to-day management of the service and staff was carried out by the registered manager. The registered manager and staff had a sound understanding about the people who used the service. The service was focused on the needs of individuals and there was a commitment by the registered manager and the staff, to ensure people received the care and support they wanted and needed.

The service was focused on each person and accounted for personal likes, dislikes, needs and aspirations. Staff encouraged people to make their own day-to-day decisions and respected those decisions whilst balancing people's safety.

Staff were aware of the need to keep people safe and to protect them from the risk of potential harm or abuse. Staff and the registered manager understood procedures in relation to safeguarding and ensured any allegation of abuse was recorded and reported in the appropriate manner.

People were cared for by staff who had demonstrated their suitability for their respective role. Recruitment procedures were safe and included Disclosure and Barring service (DBS) checks.

People's medicines were managed safely and in accordance with current regulations and guidance. Staff received training in medicines administration and competency assessments were carried out.

Staff participated in training and supervision; they understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA). Capacity assessments and best interest decisions were available in people's care plans.

Staff supported each person in a manner which promoted people's independence. People were encouraged and supported to take part in activities of their choice. People's right to privacy and dignity was respected by staff. Staff were kind, caring and compassionate; relationships between staff and people were positive.

Staff received training to ensure they were providing appropriate and effective care and to support people and their individual needs. People were involved in the assessment and planning of their care and care plans; we saw information was provided to people in different formats, to ensure they were included.

Staff felt they were supported by the registered manager; staff thought the team worked well together. The registered manager had effective auditing systems in place to assess and monitor the quality of the service. People and their relatives were asked for their opinions and views about the service they received.

## 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 ensured people's medicines were safely managed and stored. People's care needs and any risks to their safety was assessed and reviewed. Enough staff were available to meet people's needs in a timely manner. Staff were recruited in a safe way which followed the providers recruitment procedure.

### Is the service effective?

Good ●

The service was effective.

People benefitted from being cared for by care staff who had received training. Staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). People received care from staff that had the training and who had acquired skills they needed to meet people's complex and individual needs. People's healthcare and nutritional needs were met and monitored; healthcare professionals were appropriately involved when necessary.

### Is the service caring?

Good ●

The service was caring.

People and relatives thought the staff were kind, caring and compassionate. People's dignity was assured when they received support with personal care. Staff had developed good relationships with the people they supported. People were individually involved and supported to make choices about their day-to-day care. Staff encouraged and supported people to retain as much independence as possible by doing what they could for themselves.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their individual needs and how

these were to be met by the care staff. People's needs were assessed and reviewed to ensure they received the care and support they needed. People and their relatives felt involved with their care. There was a complaints procedure in place and people and relatives felt assured concerns would be listened to and action taken.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service was led by a registered manager who was open, supportive and approachable. People's quality of care was monitored by the systems in place. Audits of the service were taking place to monitor and review the service. People benefited from receiving support from care staff who received the managerial guidance they needed to do their job well.

# MHT Midlands

## **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.

This inspection took place on 14 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of one inspector.

We reviewed information we held about the service, which included a review of the previous report for this service and a review of notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We contacted the local authority commissioning team and no concerns were raised by them about the care and support people received.

We visited and spoke with four people who used the service; we also spoke with one relative, two care staff, a team leader and the registered manager. We looked at care plans and associated documents for four people who used the service. We reviewed five recruitment records and spoke with one social care and one health professional. We looked at the training information for staff employed by the service, and information on how the service was managed.

# Is the service safe?

## Our findings

People who used the service had no concerns about the care and support provided by MHT Midlands. People told us they felt safe and secure with the service they received. People told us there were staff available to offer support at the time they wanted it. One person said, "I have everything I need; it is very safe." Another person said, "There's staff day and night; all I have to do is pull the chord and staff are there." A relative told us, knowing their family member had the support of the staff, gave them peace of mind and reassurance around safety.

We spoke with staff about their understanding of their role in respect of protecting people from potential abuse and harm. Staff were confident should they report any concerns to the provider or the registered manager. Staff told us, and we saw records confirmed, they had undertaken training in safeguarding. Staff were able to tell us what they would do if they witnessed poor practice or other incidents they felt should be reported. One staff member said, "I would not have a problem in reporting if I thought there was poor practice." Another staff member said, "I would have no problem reporting any concerns; at the end of the day, I am here for the service users." They went on to say, "If it was my family member, I would want the best for them."

The registered manager understood the need to promote people's independence while balancing risk and safety. People were supported to make decisions and choices, so they had control in their lives. People's needs were regularly reviewed by the registered manager and staff so risks were identified and acted upon. Staff understood their responsibility to identify new risks, for example if people's behaviours or health changed. People's risk assessments were included in their care plans and were updated to reflect relevant changes. Actions were identified and carried out to ensure people's continued safety. There were procedures in place to deal with emergencies. For example, personal evacuation plans were in place and easily accessible, in the event of an emergency, such as a fire.

People's care needs were met by sufficient numbers of staff. People told us they received timely care and support when they needed it. Staff felt they had the time and staff numbers they needed to focus their attention on providing people with safe care. During our inspection visit we saw and heard attentive staff; they responded to people's requests for assistance in a quick and safe manner. People who required it, had equipment provided which meant they could alert staff easily and quickly should they require assistance.

We found the recruitment of staff followed the providers' procedures. This ensured suitable staff, with the right skills and knowledge were employed. We saw staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The DBS carry out criminal record and barring check on individuals who intend to work with vulnerable people to help keep them safe.

People were protected because staff were aware of, and followed, policies and procedures related to the safe handling of medicines. One person told us the staff administered their medicines and they were happy with this. They said, "The staff look after my tablets; I can't pop them out." They went on to say, "They [staff] keep them safe for me." Another person said, "Staff do my tablets; it is safer." Staff told us and records

showed they had received training in the management of medicines. People's medicines were safely stored, managed and administered by staff who had received training.



# Is the service effective?

## Our findings

People were supported to live their lives in the manner they chose. One person said, "I like where I live; I have everything I need and have the staff to support me." A relative told us, "I am relaxed because I know [family member] is well looked after."

Staff were provided with the training which the provider and commissioners of the service felt was essential and necessary to meet people's needs. Staff were motivated and demonstrated a good knowledge of the people they supported. People confirmed their care needs were met and staff had the knowledge and skills needed to support them. A relative told us the staff knew the needs of their family member, they said, "I would recommend it to others."

Records we looked at confirmed staff were encouraged to attend training courses. During our inspection we saw records which confirmed staff had attended training. We also saw training materials and work books which some staff were working through. We saw new staff participated in an induction, training and shadowing of experienced staff and were also expected to complete the care certificate. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. Staff told us new staff took part in a period of induction and training. They told us as part of the induction, staff completed a period of shadowing more experienced staff. Staff felt the induction and shadowing were effective and gave new staff the time to learn about people and their needs.

The provider had procedures and guidance to support staff in relation to the Mental Capacity Act 2005 (MCA). We saw, when required, capacity assessments had been completed; people's views and beliefs had been sought and taken into account in relation to best interest decisions. The 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.

We asked staff to tell us what they understood about the MCA. A staff member told us they received training about the MCA and said, "We (staff) have to remember people have the right to make choices." They went on to say, "If there's ever any doubt, we would involve the service user and other relevant people and complete a best interest meeting." Another member of staff said, "People have the capacity to make decisions, unless it has been proven otherwise." They went on to say, "People are supported to make decisions." The registered manager told us people were given support and information to help them make decisions. They gave an example of supporting people to decide on holidays. The registered manager told us how staff and the persons advocate or representative spend time with each person, finding out if they have any ideas about their holiday. They told us time is spent looking at brochures and the internet to ensure the person is given information and ideas to be able to make the decision. This showed the service was aware of and working within the principles of the MCA.

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. The MCA requires providers to be aware of restrictions in people's care and to take appropriate action. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Although, the service provided people support and care in domestic environments (supported living), we saw evidence the registered manager had sought advice from the local DoLS team, regarding one person using the service. The registered manager explained the person did not have the capacity to make complex decisions relating to their care and accommodation. They told us, although the person was not actively trying to leave their home unaccompanied, there were a number of systems in place, which could be seen as restrictive. We saw best interests decisions and risk assessments had been completed, and the registered manager was awaiting further guidance. This showed us people's care was being provided in the least restrictive manner by the staff.

People told us the staff supported them to prepare and eat meals and drinks of their choosing. One person said, "Staff support me food shopping and cooking." They went on to say, "Staff make sure I am safe in the kitchen." Another person said, "I go shopping with the staff and they cook for me; I don't have a special diet." Another person said, "The staff cook for me; they are good at cooking." They went on to tell us, the staff prepared whatever meals they chose. Staff told us they supported people to have a varied and balanced diet; they were able to tell us of any special requests people had around their diet. For example, we saw one person's care plan detailed they did not like to eat breakfast, although did like a drink. During our inspection visit, we saw staff ensure the person had a fresh drink taken to them when they awoke. This helped to show staff understood any specific requests from people and ensured they were followed through.

We saw, when required, people were accompanied by staff to attend appointments with health professionals. People were also supported and included in discussions with other professionals. On the day of our inspection one person told us they were being visited by professionals regarding a piece of equipment to assist in their moving and transferring. The person told me the staff had arranged for the professionals to visit as they had recognised replacement equipment was required. A relative told us they supported their family member for some healthcare appointments and staff supported for others. They said, "The staff know [relative] and know what they are doing," when they attend for appointments.

Staff told us how they worked with external professionals, such as health and social care professionals, to ensure people's individual needs were met. Staff understood the need to report and respond to changes to people's health needs. A health professional told us staff made timely referrals to them for advice and guidance when people's needs changed. We saw referrals were made when necessary for people to health professionals for specialist support and guidance. For example appointments with an occupational therapist and physiotherapists.

People's health needs had been recorded within a 'hospital passport', which is designed to be used should a person be admitted to hospital. This document is considered by the National Health Service to be good practice to ensure people's needs are understood and met when they are away from their home. We saw these documents were kept up-to-date and available in case of a hospital admission. This showed people's health needs were recognised and up-to-date information was available in emergencies.

# Is the service caring?

## Our findings

People were supported by compassionate and attentive staff. People thought staff were kind and caring; relationships between people and staff were positive and respectful. One person said, "Staff are helpful and caring." They went on to say, "They know me and they help me." A relative said, "The staff are very caring." A visiting social care professional told us the staff were, "Helpful and attentive."

Staff were able to tell us how they promoted people's choices in all aspects of their care, for example what they liked to wear, when they wanted to retire to bed, or how they preferred to occupy themselves. People were involved in their care and care planning; decisions relating to people's care included the individual concerned. For example, one person told us they enjoyed going on holiday and the staff supported them to fulfil this wish.

Staff used people's preferred name when chatting with them; people's individuality was respected by staff. Staff directed their attention to the person they engaged with and were mindful of not talking over a person when they were attending to their needs. Care staff spoke with people calmly, used positive words of encouragement, and their good humoured yet purposeful manner was in keeping with maintaining a relaxed atmosphere.

People's personal care support was discreetly supported by staff whenever such assistance was required. People and relatives felt involved in their care and support, and confirmed they had been consulted and actively involved in their care. One person told us they had been involved in staff interviews and saw this as a positive step; they felt meeting prospective staff meant they felt valued.

People's relatives told us they were consulted regarding any changes to the family member's care; they said they were involved in care reviews. People and relatives were confident their views were listened to, valued and acted upon. This helped people to feel valued and involved in their care.

One person told us they visited family and friends and staff supported them to make the arrangements. Staff understood the need to promote and respect people's right to dignity and privacy; people's right to a family and private life was promoted and respected. Staff were knowledgeable and showed a sound understanding of the individual preferences of people they supported. One staff member said, "I always ring people's doorbell; I always ask if it's ok to go in." They went on to say, "I ask if I'm doing things right." Another member of staff said, "At the end of the day I'm here for the service users." They went on to say, "If it was me family member, I would want the best for them."

We saw the service had participated in the 'National Dignity Action Day'. This is an annual dignity event, where there is an opportunity for health and social care workers, and members of the public to show they uphold people's rights to dignity. As part of this event services can choose to take part in a 'Digni-Tea.' The service had photographs of people who used the service, family and friends, joining in with members of staff at the event. The registered manager told us they hoped to take part again. We were also made aware, the staff and registered manager were in the process of gathering evidence to apply for the Derbyshire County

Council Award for Dignity and Respect. We also saw there was a dignity tree located at the service. A dignity tree is recognised as a way for anyone to share their views and opinions about what dignity means to them. It is a reminder of what was important to individuals. This showed the staff and registered manager were aware of promoting and respecting people's dignity; there was also a culture of promoting best practice at the service.

## Is the service responsive?

### Our findings

People received care which was personalised and responsive to their needs. People told us the staff supported and responded to requests for care and assistance when it was required. People were supported by staff who knew them well. One person said, "The staff know what they are doing."

People were supported to participate in activities of their choosing. People told us there were times when staff assisted and accompanied them to participate in activities. One person told us staff had supported them to go on a, "Holiday of a lifetime." The person told us they had aspired to visit a theme park abroad and staff had worked with the person to fulfil their dream. The person said the holiday was, "Amazing," and the hoped to be supported to visit again. Another person told us the staff supported them to take part in activities of their choice. A relative described the service as, "Independence with support." They went on to tell us their relative had their independence and space with the opportunity of company from friends, peers, neighbours and staff.

People's care plans; their needs and abilities were reviewed on a regular basis. Changes to people's care plan were made in their best interest and with the appropriate involvement of significant others. Where people had capacity they were actively encouraged and supported to be involved in their care planning. People's care plans were reflective of their need, choice and preferences; care plans gave staff the information needed to provide them with timely care. People's preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them.

We saw care plans were person centred and reflected people's wants, needs and aspirations. For example, we saw it written in one person's care plan, they liked the staff to help make a special coffee after their lunch. We asked a staff if they knew of any special requests made by people and staff were able to tell us about the person's specific requests. We saw people who required them had 'posture passports' in place to inform staff of particular and specific requests regarding individuals seating positioning any specialist equipment. This showed people's care and care plans were centred around people's individual needs.

There was a complaints procedure to be followed should anyone raise a concern. Information relating to making a complaint was available and people knew they were able to raise any worries or concerns about the services they received; although no complaints had been received. One person said, "I have no complaints; if I did I would go to [registered manager]." They followed this and said, "If I had anything, I would go straight to [registered manager]; they would sort it." Another person said, "[Registered manager] visits to check we are ok." We were made aware that relatives were provided with information relating to reporting compliments and complaints, however none had been returned. A relative told us they were aware they could raise any concerns or complaints should they have the need to. They went on to say, "If I had any concerns I would speak to [registered manager]." They went on to tell us they had no concerns or complaints, and felt assured if they had the registered manager would take appropriate action. This showed people and relatives were aware of how to make a complaint and were assured concerns would be listened to and action taken.

## Is the service well-led?

### Our findings

People and their relatives were asked for feedback about the care and service they received. The provider used a questionnaire; as some people were unable to complete the form themselves, support was provided by an advocate or family member, to ensure people's voice was heard. An advocate ensures people's views and wishes are heard and considered when decisions are being made about their lives. We saw results of the questionnaire showed people were happy with the service and care they received. We also saw meetings took place with the people who used the service, to ensure they were given the opportunity to voice any worries, concerns or requests. This meant, people and their relatives views were sought about the service being provided.

People and relatives told us the service was well managed. One person told us the registered manager visited them to, "Check we're all ok." A relative said the registered manager was, "Approachable." We were made aware by a member of staff that the registered manager had been nominated for a nationally recognised award in care, 'The Great British Care Award'. The staff member said, "Anytime I contact [registered manager], she is so supportive; she's great." The staff member went on to say, "[Registered manager] always makes time for people; the customers know her well and she knows them." Another staff member said, "[Registered manager] is very approachable; she's all for the service users." They went on to say, "[Registered manager] and [team leader] has the service and service users best interests at heart. They treat people and staff evenly." A third staff member said, "[Registered manager] is lovely; she really is. She's a good example to us all." They went on to say, "She's knowledgeable and visible; her door really is always open." A health care professional described the registered manager as, "Helpful, knowledgeable and capable." This showed the registered manager was respected for their managerial approach.

The registered manager was familiar with the processes and responsibilities required in relation to statutory notifications. They knew written notifications, which they are required by law to tell us about, needed to be submitted at the earliest opportunity. For example, notifications of a potential safeguarding or an event which may affect the service. We also saw evidence of the registered manager ensuring other social care professionals, for example, the local authority had been kept informed when necessary. The registered manager described themselves as a, "Belt and braces sort of person." When asked what they meant by this the registered manager told us they managed the service in an open and transparent manner. They told us the systems and processes in place were there for a reason, and they ensured they were followed to, "Protect the people we support." They went on to say, "I see my duty is to my customers [people] first; I'm proud of the service we deliver."

We saw arrangements were in place for the effective day-to-day management and running of the service. The registered manager told us they felt supported by the whole staff team. They felt the team worked well together, to ensure people were provided with an effective service. One member of staff said, "Teamwork is very good; we all 'muck in'. We all work well together."

Staff told us and records showed staff meetings and supervisions took place. Supervision is a recognised process where staff meet with their line manager to discuss their work performance and any training and

development needs. When asked about supervisions, one staff member said, "They're brilliant." They went on to say, "I can discuss any training or personal issues. The process is really useful and gives opportunity for feedback." This showed staff felt supported.

We saw auditing and monitoring systems were in place to assess the quality of the service provided to people. Audits included the monitoring of medicines records, care plans and risk assessments, which were evaluated and updated on a regular basis. The results of the audits were used to recognise any areas to improve the service; the audits were also used to ensure the service ran smoothly and met people's needs. We saw records were kept regarding accidents and untoward incidents at the service. We saw each reported was reviewed and actions noted and followed. This showed effective monitoring systems were in place to monitor the service; accidents were reported and learning took place.