

# Metropolitan Housing Trust Limited

# Ewart House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Ewart House is an extra care housing service providing personal care to people. Ewart House is a purpose built block of flats containing 47 flats. The service provides support to older people to remain independent and live in their own flat within their community. A separate housing association is responsible for the running and maintenance of the building. The provision of personal care and the housing association are managed separately.

At the time of inspection, the service was providing personal care to 30 people.

Not everyone who used the service received personal care. The Care Quality Commission (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.

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

Appropriate risk assessments were not always in place and some lacked detail. This could result in people receiving unsafe care. Improvements were needed in relation to risk assessments and we found a breach of regulation.

Recruitment checks were carried out prior to care staff being employed by the service. However, some references lacked information and there was a lack of evidence that some of these had been verified to check their authenticity. We have made a recommendation in respect of this.

The service had various systems in place to monitor the quality of the service being provided to people. However, they had failed to identify deficiencies we found in relation to medicines and staff recruitment.

People were protected from abuse. Staff we spoke were confident that if they raised any concerns with the registered manager, appropriate action would be taken.

Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

Staff supported people to eat and drink in line with their preferences.

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.

Feedback we obtained about the service was mixed. Some people and family members spoke positively about the care provided. However, some feedback indicated that people and family members were not satisfied with the care and support received. We raised this with the management team. They advised they

would act on this and arrange conversations with people and family members to try and ensure their concerns were resolved.

People had an initial assessment prior to them receiving a service. This captured their needs, abilities and preferences.

Care plans included information about people's interests and important things in their life. Information documented was specific to each person. However, there was a lack of information about people's cultural needs. We raised this with the operations manager.

Staff told us they were well supported by the registered manager. They were confident that the registered manager would listen and address any concerns if they raised them.

The operations manager was receptive to the feedback we provided and said that they would use this to drive improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 28 July 2022 and this is the first inspection.

#### Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

#### Enforcement and recommendations

We have identified one breach in relation to safe care and treatment during this inspection. We have also made recommendations in relation to staff recruitment.

We will continue to monitor the service and will take further action if needed.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ewart House

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience who made phone calls to people and family members. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection as we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 July 2023 and ended on 31 July 2023. We visited the location office on 17 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We used all this information to plan our inspection.

#### The inspection

On the day of the site visit, the registered manager was not available. Instead, the operations manager was present. We also met and spoke with the wellbeing coordinator and team leader. We also met and spoke with the housing manager.

We reviewed a range of records which included 8 people's care records, a sample of Medicines Administration Records (MARs) and records relating to the running of the service.

We spoke with 3 people who use the service and 8 family members to gather their feedback on the quality of care provided. We also spoke with 5 care staff.

The provider sent us further documentation we had requested following the site visit including information regarding training, medicines and quality assurance.



# 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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Potential risks to people's safety were not always assessed appropriately. Care plans identified people's individual risks. However, risk assessments did not always detail these risks and the measures in place to reduce risks. For example, one person's care plan detailed that they had type 2 diabetes and a history of stroke. However, their risk assessment did not detail this. Another person had a risk assessment which detailed that they had a history of falls and stroke. However, detail recorded under 'measures to reduce the risk' was limited.
- There were instances where risks were not always assessed effectively; this meant people were at risk of receiving unsafe care and treatment. The lack of detail in risk assessments meant that staff had not always been provided with suitable guidance to minimise the risk of people receiving unsafe care and lacked guidance on what to do in response to symptoms of these conditions.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with operations manager who explained that this had been identified by their checks and they were in the process of reviewing these. They assured us that they would take action to ensure risk assessments identified potential risks and included the appropriate level of detail. We will follow this up at the next inspection.
- Housing services carried out a fire alarm/emergency checks and advised these were carried out on a 6 monthly basis.
- Personal Emergency Evacuation Plans (PEEPS) were in place for each person. These provided details about people's mobility and medical conditions that could impact on their ability to leave the premises in the event of an emergency. These also included detailed information about how staff should support people in the event of a fire or other emergencies.

### Using medicines safely

- Medicines management systems were in place. At the time of this inspection, the service assisted 19 people with medicines support. People's medicine support needs were clearly documented in their care plan along with details of why they needed the medicines and potential side effects.
- The service recorded medicine administration on paper Medicine Administration Records (MARs). We looked at a sample of these and found that the majority of these were completed fully. However, there were occasions where staff were not always accurately recording medicines administration. We discussed this with the operations manager who advised that they would review the format of MARs and update these so

that staff were able to complete these fully. Following the inspection, the operations manager confirmed they had amended their MARs accordingly and staff were due to attend a training session the week of 4 August 2023 to ensure they understood how to complete these.

- Staff received training to administer medicines to help ensure they had the appropriate knowledge and skills.
- Management carried out weekly and monthly MARs audits. We looked at a sample of these and found that some issues with the completion of MARs had not been identified by these audits. We raised this with the operations manager who advised that they would investigate this and review their MARs audits systems.
- Medicines in extra care settings should be stored in people's own flats in accordance with guidance. We found that medicines were stored in this way at the services we visited. Each person had lockable cabinet in their flat where they stored their medicines.
- Where people were prescribed medicines on a when required basis (PRN), there were appropriate protocols in place to advise staff on what circumstances and how to give these medicines.

#### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help ensure people were appropriately protected from the risks of avoidable harm or abuse.
- The majority of feedback we obtained indicated that people and their family members thought they were safe when in the presence of care staff. One person told us, "Yes, majority of staff are nice, have had a few issues with some who were just not up to standard." One family member said, "Safe? Yeah, yeah, absolutely safe." Another family member said, "Yes, I would say relative is safe, but would honestly say care is very picky. Some carers are good, some not so good."
- Staff we spoke with understood how to protect people from abuse and were confident about raising concerns if needed.

#### Staffing and recruitment

- Systems were in place for the recruitment of new staff. Checks were undertaken. This included Disclosure and Barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Other employment checks, such as right to work in the UK had been completed. References were obtained. However, we found instances where it was not always clear who had provided these as referee details were limited. There was a lack of evidence to confirm how references had been verified to check their authenticity.

We recommend the provider reviews their recruitment process specifically in relation to reference checks to ensure people were supported by suitable staff.

- There were mixed reviews about staffing levels, punctuality and the consistency of care staff. When asked about staff punctuality, one person told us, "Not always on time, and always so rushed." One family member said, "In general terms, yes, they are on time." Another family member said, "No, and every time you make a comment about food or medication being late, they [staff] respond by saying 'We are so short staffed, we cannot be there on time'." We discussed this with the operations manager who advised that they would arrange further meetings with people and their family members so that they could discuss their concerns further and management could take appropriate action.
- Management told us there were sufficient numbers of staff to safely meet the needs of people and this was confirmed by care staff we spoke with. Management determined the appropriate level of staffing using a dependency tool which was reviewed daily to help ensure it accurately reflected people's needs. The operations manager explained that they were in the process of recruiting further bank staff so that they



would not need to use agency staff to cover shifts.

#### Preventing and controlling infection

- There were systems in place to help keep people and staff safe and protected from the spread of infection. Policies on infection prevention and control and COVID-19 were in place.
- Personal protective equipment (PPE) such as gloves, masks, aprons and shoe covers were provided for them. Staff we spoke with said there was always enough PPE available to ensure people were protected from infection, and management always ensured sufficient supplies were in place.

#### Learning lessons when things go wrong

- A system was in place to report, record and monitor incidents and accidents to help support people safely. The registered manager recorded incidents and accidents on a spreadsheet and documented the action taken in response. We however noted that there was no information about lessons learnt. We raised this with the operations manager who advised that they would update the record to ensure this information was included in future.
- Staff were encouraged to discuss any safety concerns and review these at staff meetings. This aim of this was to share this information openly.
- Management were aware of their responsibility to notify the CQC appropriately of incidents that had occurred.

# 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 of this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- There was a system in place to monitor staff training. We looked at the staff training records and noted that there were some gaps in staff training. We discussed this with management who acknowledged this and said that staff were in the process of completing refresher training and a deadline for November 2023 had been set.
- Documentation we viewed indicated supervisions took place regularly and this was confirmed by care staff we spoke with. These enabled them to discuss their concerns, progress at work and share their ideas for improvements.
- Staff spoke positively about working at the service and told us that they felt supported by the registered manager and management generally. They told us that since the provider had taken over Ewart House, the support they received had improved. When speaking about management, one staff member told us, "The management under Metropolitan Housing Trust Limited is much better. There is management presence. They are around. They listen and respect our needs and what we say. [The registered manager] is helpful and very responsive. You contact [the registered manager] and [the registered manager] gets back to you straight away." Another member of staff told us, "The manager and operations manager are helpful. There is a good working environment."

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

- People's care and support records showed that the provider had assessed their individual needs with their involvement and when applicable their family members' participation.
- Care support plans were personalised. Details of people's individual preferences were recorded. This helped ensure that their individual needs could be met by staff supporting them.
- People's care and support needs were regularly reviewed with their involvement and were updated when there were changes in their requirements and wishes.
- Systems were in place to gather feedback and carry out reviews at regular intervals, and reassessments at yearly frequencies unless required sooner, determined by people's needs and wishes.

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

- People received support to eat and drink in line with their needs and preferences. These were clearly documented in their care support plans.
- Staff supported people to prepare meals in line with their preferences.

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

- People were supported to have maximum control over their lives.
- People were involved in decisions about aspects of their care and support wherever possible, so their human and legal rights were upheld. Assumptions were not made about people's capacity. Staff assessed whether people had capacity to make particular decisions and involved relevant others when required such as health professionals and family members.

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

- People were supported by staff to access healthcare services and seek out support if they needed it. Where required, staff helped people to attend appointments with health care professionals to support their wellbeing and help them to live healthy lives.
- There was information recorded in care documentation to show staff had contacted other healthcare professionals on people's behalf when they required further advice and support.
- Where appropriate, people's representatives were updated about people's health and wellbeing.

# 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

- There was mixed feedback about the care people received from care staff. One person said, "[Care staff] who come on a regular basis are lovely, always try to help me." One family member told us, "[Care staff] are very kind and caring." However, one family member told us, "I don't like to criticise but they don't come over as being very kind at all." We raised the mixed feedback with the operations manager who advised that they would conduct further reviews with people and family members and take action to resolve these issues.
- People's cultural and religious needs were not always clearly documented in care plans. We noted that this issue was raised by an internal audit carried out by the head office quality assurance team in June 2023. We discussed this with the operations manager who advised that they were in the process of reviewing care plans and updating these to ensure this information was clearly documented.
- The service respected people's diversity. Staff we spoke with understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This ensured people's individual needs were understood and reflected in the delivery of their care.

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

- Details of people's interests and important things in their life was included in their care plans. Information documented was specific to each person and this helped care staff understand people's needs.
- The service involved people and their support network where applicable, in making decisions to ensure their needs were met.
- Management obtained feedback from people and family members at regular intervals to help ensure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- The information in people's care plans guided care workers about how to support people to be as independent as possible. This included reference to what people were able to do for themselves and how staff should support them.
- Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- People's care records were stored securely in the office so only staff could access them.

# 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

- People received personalised care and were treated as an individual. Care plans included clear tasks for staff to complete so they met people's needs.
- People's care files included information about their personal histories, what was important to them and how they wished to be supported.
- Care staff we spoke with told us management communicated with them regularly about people's changing needs and the support they required. There were daily handovers which gave staff an opportunity to share updates and important information.
- Daily visit records were in place and detailed how staff had supported people. This enabled the service to monitor people's progress.
- New staff spent time shadowing with more experienced staff. This meant staff could gain knowledge about people's needs and wishes prior to supporting them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records included some information about how people communicated and how staff should communicate with them.
- The provider was aware of the importance of information being as accessible as possible to people and told us they would make sure information was always provided in a way people understood, such as in large print, different language and/or pictures.

Improving care quality in response to complaints or concerns

- There was a system in place to record and monitor complaints.
- We looked at a sample of complaints recently received and noted that the registered manager had recorded the actions taken to resolve the complaint. However, we noted that the detail documented was limited and the lessons learnt were not recorded. We raised this with the operations manager who advised that this would be reviewed to ensure such information was recorded.

End of life care and support

- At the time of the inspection, no one was receiving end of life care from the service.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Management carried out various checks and audits. These included a monthly walkaround audit carried out by the registered manager. This audit checked areas such as infection control, medicines management, safeguarding and feedback from people who received care and support. The operations manager carried out a further audit as a countercheck on a quarterly basis.
- The head office quality assurance team carried out an in-depth audit looking at various aspects of the running of the service. This was last conducted in June 2023. The audit did identify areas for improvement such as training, risk assessments and lack of cultural details in care plans. However, it failed to identify issues we found during this inspection in relation to medicines management and recruitment checks.
- Management understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- There was evidence staff meetings took place monthly. This enabled staff to share ideas and discuss updates and important information. The operations manager told us they encouraged staff to speak to them if they had any concerns or suggestions. This was confirmed by care staff we spoke with.
- There was an organisational structure in place. Staff were provided with information on what was expected from them and this was detailed in job descriptions.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- During this inspection, the operations manager was open and receptive to our feedback and indicated a willingness to make improvements. The operations manager assured us that they were compiling an improvement plan detailing the action they would take to address deficiencies we identified and timeframes to make these improvements.
- Care staff we spoke with told us that staff morale was positive. They told us they felt well supported and valued working at Ewart House. They also commended the provider saying that things had improved in the last year. One member of staff told us, "It is very good working here. We work well together. This company care about staff." Another member of staff told us, "There is a good working environment."
- Management understood their responsibilities relating to duty of candour and the importance of having open and honest discussions and learning from errors.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- When asked about management of the service, there were mixed reviews about how the service was operating. One person said, "I feel management is trying to squeeze as much as they can from staff and residents but standards are going down." One family member told us, "It's a constant battle with management." Another family member said, "We're very grateful for the way [person] is treated at Ewart House." Another family member told us, "[Ewart House] seems to be well managed."
- When asked if people and family members felt able to approach management if they had any concerns, there were mixed responses. One family member said, "Yes, I know two at least of the managers are very good, very approachable." Another family member told us, "Have approached management on many occasions about food and medication being late, but all you get is the 'we are short staffed' reply." We spoke with the operations manager about the feedback received. They told us that they would have further conversations with people and family members and take appropriate action to address their individual concerns.
- Staff spoke enthusiastically about their work for the provider and expressed a commitment to people's wellbeing. They informed us that there was good communication and they worked well together. They also told us that there were career progression opportunities working at Ewart House.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service obtained feedback from people and family members about the service through individual surveys and questionnaires.
- Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks to people were not always assessed effectively and appropriate risk assessments were not always in place. |