

Metropolitan Housing Trust Limited

Derby and Derbyshire

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

About the service

Derby and Derbyshire Supported Living provides personal care to people with a learning disability or autistic spectrum disorder, who may also be living with physical disability. People received care in their own private single, or multi occupancy living accommodation via individual private tenancy agreements. At the time of our inspection there were 14 people using the service.

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

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 using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

People were supported by staff who had the knowledge and skills to ensure they were safe from harm. Risk assessments had been completed to consider what support was needed in these areas to reduce any risk identified. Staff were recruited in line with best practice and the number of staff were reflective of the package each individual needed. Medicines were managed safely, and staff ensured clear infection control measures were in place. The registered manager had reflected on incidents and lessons had been learned.

People's care was provided by staff, which people and relatives told us were kind and compassionate. People's needs were respected, and individual care was provided in a dignified way. Care plans were reflective of individual needs, and any support required with communication, or with access to any social, cultural or religious practices was clearly identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had received training relevant to their role. Where people required support with their nutritional needs this was documented, and staff accessed additional advice and support when required. Good health care was promoted, and staff worked in partnership with a number of local health and social care professionals.

The registered manager ensured that any complaints, including verbal complaints, had been responded to and people who used the service, their relatives and staff were encouraged to give feedback about the

service. There was a range of improvements ongoing which were being continually updated by people's feedback, from the provider outcomes and in line with the changes in market share.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of the thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Rating at last inspection

The last rating for this service was Good (published 18/02/2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Derby and Derbyshire 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection and as people are often out, we wanted to be sure there would be some people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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 of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service, and two relatives about their experience of the care provided. We spoke with seven members of staff, including the registered manager, team leaders and care workers. We spoke with one visiting healthcare professional during the inspection to gain their opinion of the service.

We reviewed a range of records. This included five people's care records and four medication records. We looked at three staff files, in relation to training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with two further relatives and one professional following the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were safeguarded from abuse, as the provider had effective safeguarding systems in place.
- People were informed of potential risks, supported to keep safe and to report any concerns they had about their own, or others safety. Recent work had been completed individually, to raise awareness of how people could report their concerns to staff.
- Staff understood how to recognise and report any witnessed, or suspected abuse of any person receiving care and support. One staff member told us, "Safeguarding was discussed in supervision and in meetings." This meant staff were continually reminded of best practice in this area.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were assessed when they first moved into the service and had been appropriately reviewed. For example, one person had a risk assessment about the equipment they used to keep them safe on their initial admission. We saw this had been recently reviewed with appropriate healthcare professionals, to check this was still current and no further actions were required.
- Emergency plans were in place to ensure people were individually supported in case of a fire, or any other event which may require evacuation from their home.
- The registered manager completed assessments before people moved in. This ensured any new people would be suitable to the environments, and be compatible with other people who were already living in the service.
- Regular checks were made on the environments to ensure they were safe and fit for purpose. Electrical and gas appliances were maintained in line with company policy.

Staffing and recruitment

- Staffing arrangements were safe and sufficient.
- Staff described, and we saw, the safe procedures which were taken prior to their employment. Before staff were employed, the service carried out checks to determine if staff were of good character and requested criminal records checks. These checks assist employers in making safer recruitment decisions.

Using medicines safely; Learning lessons when things go wrong

- People were supported by staff to take their medicines at the right time. Medicine systems were organised and staff were trained and monitored to ensure they followed safe practice.
- Medicines were stored securely, and staff followed safe protocols for the receipt, storage, administration and disposal of medicines.

- There were clear guidelines when people needed 'as required medicines' and medicines were reviewed with health professionals, to ensure they remained suitable for people to have.
- Staff knew how to respond to incidents and accidents. These were reviewed by the registered manager and team leaders to identify any themes, or causes.
- We saw when things had gone wrong, lessons were learned and investigated fully. For example, a recent change with their medication provider had resulted in a change of processes with medicine administration. Additional safeguards had been put in place, to support and monitor administration during the changeover periods.

Preventing and controlling infection

- People were cared for by staff who used proper personal protective clothing, for example gloves and aprons, to prevent the spread of infection.
- The service managed the control and prevention of infection well, people received support in their own environments to ensure they were clean and well maintained. Any issues were raised with the registered manager if further action needed to be taken.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's needs were assessed before they moved into the service to ensure their needs and life choices could be met. Assessments included people's medical conditions and recorded care needs around areas such as mobility, communication and nutrition.
- People and relatives were very happy with the care they received from the service and felt staff knew and supported them safely. One person said, "Definitely, I feel safe here - the staff are always on hand and the outside door to the property is locked and secure, they check who it is before they let people in."
- People's care plans we looked at, were reflective of nationally recognised care guidance, best practice and showed people's involvement, including in their regular review. For example, the service is working towards achieving the Independent Living Star which is a scheme supporting people to stay living independently in their own homes, for as long as possible.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training and supervision. Staff told us and records showed, they received one to one and group sessions of training and support. In the group sessions they discussed the provider's key themes and outcomes, as well as topic of the month. In other meetings and through a display board they demonstrated the different key areas that CQC inspect and how these could be evidenced through their daily work.
- New staff had a planned induction. This included training and shadowing with more experienced staff members, and competency checks were completed to ensure staff were competent in carrying out their roles and responsibilities.
- New staff were supported to complete a qualification known as the Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge and behaviours which should enable them to provide people with safe, effective compassionate and high-quality care. Two different staff explained about the training, "There is lots of useful training to access, some courses are on line as well as some face to face," and, "The 'Topic of the month' is really useful and makes us think about why we do what we do."

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People told us they were happy with their care and were effectively supported to maintain or improve their health and nutrition when needed. One person told us they were, "Supported to make healthier choices, but I don't feel I am told that I must do."

- Staff we spoke with understood people's individual needs including any disability or health conditions and how these affected them. This information was shown in people's written care files, which staff followed. This included any instructions from relevant external health professionals involved with people's care. For example, to ensure effective movement and nutrition.
- Arrangements were in place to ensure relevant information was shared with external care providers when needed for people's care. For example, in the event of a person needing hospital admission because of ill health. This helped to ensure people always received consistent, timely and informed care, as agreed with them, or their representative.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights under the MCA were respected. People told us staff listened to them and respected their choices. We saw evidence in people's care plans of appropriate and timely best interest decision making.
- The manager and staff understood the principles of the MCA.
- Applications for DoLS were appropriately made.
- One staff member told us, "If it is recorded people do not have capacity about a decision, then of course we act in their best interests, but as a starting point we always assume capacity."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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

- The service ensured that each package of care was reflective of the individuals own needs.
- People we spoke to, were happy with the care they received. Many relationships within the service were longstanding. One person said, "It's like a family, we all know each others likes and dislikes."
- Staff understood the importance of establishing effective relationships with people and knew how to communicate and support people, in a way they understood.
- Key information was provided for people, to help them understand what they could expect from the service. Staff told us they went online to obtain information for pictorial help, and we saw they had spoken with healthcare professionals to obtain specific support, in order to help people to prepare for health interventions.
- Feedback we received from people and their relatives, demonstrated staff ensured people's dignity, rights and inclusion were respected throughout their care.

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

- People were encouraged to maintain their independence. One person who had recently moved to the service told us how they had been supported to increase their skills to manage self-care around certain tasks. Their relative told us, "[Name] tells us they are 'Living the dream' and we have been really surprised how quickly they have settled here."
- People said they felt listened to and had been involved in their care planning. One person told us, "I have a care plan in the office. I can see it anytime I want. I know the staff read this, as they know what needs doing."
- People told us they were happy to share their views with the team leader, or registered manager, and that they had the opportunity to give written feedback using customer satisfaction surveys. Visitors to the service were also encouraged to leave feedback in the comments book. We saw there were lots of supportive comments in the book about the staff.
- People had access to an advocate if they required one, to help them express their views and we saw there was information available about advocacy services displayed. No one was using an advocate at the time of our inspection.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and that staff knew how to maintain confidentiality.
- Throughout the day we observed many examples of kind, friendly and respectful interactions between staff and the people they supported. Staff made eye contact with people they spoke with, explained what

they were going to do and gained consent before carrying out any personal care.

- We saw staff knocked on people's doors and waited for a response before entering. We observed bedroom and bathroom doors were kept closed during the provision of personal care.
- Staff made sure people's confidentiality was maintained and records were kept safe.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The care people received was planned around their needs, and the staff supported this by being flexible within the service. One relative told us, "The staff always provide great care, I have no worries. [Name] is very happy, the communication is good, I can speak to anyone."
- Staff told us the care plans were detailed and provided them with the guidance they required to provide the right care for each individual. One staff member told us, "We know each person, how they like things doing and how they want things to be done - not how staff want to do it."
- Staff we spoke with and observed interactions with people in their care, demonstrated they understood the service's published care values.

Meeting people's communication needs

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

- People had communication books to share information with the staff when starting each shift, this helped to ensure staff were updated with any important changes.
- The staff used a range of communication methods depending on the required need. For example, some people had easy read documents with pictorial support, to assist them in understanding important information.

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 were actively involved to help agree, review and make decisions about their care, in a way they understood.
- People were supported to follow interests and to take part in activities that were socially and culturally relevant to them. Each person had their own arrangements to support their interests. These activities were supported in house, in the local area and further afield.
- Staff used a range of methods to consult with and involve people in making decisions about their care and daily living arrangements. This included individual and shared meetings which were regularly held with people. People, staff we spoke with and related records we looked at, showed this was done in a way that helped to maximise people's independence.
- People were informed and supported to self advocate, or to access independent advocacy services, if they needed someone to speak up on their behalf.

- The staff at one service had arranged a charity coffee morning which people from across the other services attended, and their wider family and friends were invited to. This was a huge success and they raised over £400.00. Other celebrated activities were evidenced during inspection, such as photographs from celebrations of the royal wedding and trips out. More activities and celebrations were planned for the future.

Improving care quality in response to complaints or concerns

- People were informed and supported to raise any concerns they may have about their care and to make complaints. The complaints procedure, and arrangements for regular consultation with people and their relatives helped to ensure this was promoted.
- The registered manager told us any complaints received were listened to and would be acted upon. Regular account was taken of any verbal complaints or concerns, to help inform and make any care, or service improvements when needed.

End of life care and support

- Consideration was given to inform people's end of life care for their choice, comfort and dignity and these were recorded in people's care files.
- People's choices and preferences in relation to end of life were appropriately explored and recorded where agreed with them or their chosen representative. For example, any family and friends they wanted to be with them and choices about the arrangements to be made.
- The service was not supporting anyone with end of life care at the time of the inspection. However, staff were able to tell us about one person who they had recently supported in this way.
- Staff we spoke with, knew about best practices concerned with people's dignity, comfort and choice at their end of life care. This included ensuring people's access to any external health professionals, spiritual or cultural support and access to any equipment needed for their care and treatment.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The manager understood their responsibility for reporting deaths, incidents, injuries and other matters to the relevant authorities when they affected people using the service.
- The ratings from our previous inspection were displayed so that visitors could see and read our report.

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 registered manager understood their duty of candour responsibility by contacting relatives after any incidents, or accidents. This ensured relatives were made aware of any outcomes following a concern. One relative told us, "It's run really well and information is always available, the manager is visible and always approachable."
- The service operated effective systems to continuously monitor, sustain the quality and safety of people's care and ensure targeted improvements when needed.
- Records relating to people's care were accurately maintained and safely stored. The operational policy and ongoing management arrangements, helped ensure the safe handling and storage of people and staffs' confidential personal information in line with national guidance and legal requirements.

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

- The registered manager understood the requirements of their registration.
- All of the staff we spoke with were positive about the leadership and management across the service. Many referred to the effective management, good communication and high levels of support available to them.
- People and relatives knew the senior staff who were responsible for people's care. They were also provided with relevant management and office contact details, which they said were accessible to them when needed.
- There were clear lines of accountability established within the service and both managers and staff understood their roles and responsibilities for people's care. This included related record keeping, information handling, communication and reporting; such as for any health incidents or safety concerns.

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

- People told us of holidays and trips out they had accessed, sometimes with additional staff support to help them attend.
- We found people were supported to access local and wider community events. People supported local shops and services, as well as healthcare appointments with support, as and when required.
- There were opportunities for people and family members to share their views about the quality of the service provided.

Working in partnership with others

- The provider worked with relevant agencies including external health and social care partners, when needed for people's care. For example, people were supported to achieve new life skills and encouraged to maximise their independence and opportunities.
- The registered manager and staff worked in partnership with other agencies, such as GP's and community health services. This ensured people received support from other agencies when required. One visiting healthcare professional told us they, "Regularly visited people in the service due to their health needs, and found the staff really professional in their approach, they respect that it is not a care home, it's the people's own home."