

Metropolitan Housing Trust Limited

Rushcliffe Extra Care Hilton Grange

Inspection report

Hilton Crescent
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Tel: 01159286862

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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

Rushcliffe Extra Care Hilton Grange is a supported living service providing personal care to 25 people aged 65 and over at the time of the inspection. The service is spread over three different sites all in the Rushcliffe area of South Nottingham.

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

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

People felt safe when receiving support, they felt staff were knowledgeable and knew them well. People were supported to take their medicines safely. Risk to people's health and welfare were being documented however, we have made a recommendation about assessing risk.

People's needs were assessed when they started receiving support from the service. People were supported to access appropriate healthcare when required. People were happy with the support they received around their eating and drinking needs.

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.

People said staff were kind and caring and treated them with dignity and respect. People were involved in their care and were supported to make choices and decisions.

People's plans of care were personalised and contained details of people's individual preferences. People didn't have any complaints but knew how to raise concerns if they did. We saw previously raised complaints had been addressed and action taken to improve the quality of care.

The service had a dedicated and passionate registered manager whose priority was providing personalised care. People were happy with the service they received.

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 the service under the previous provider was good, published on 9 June 2016.

Why we inspected

This was the first inspection under the new provider. New services are assessed to check they are likely to be

safe, effective, caring, responsive and well-led. The service was registered by CQC on 10 October 2019.

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.

Rushcliffe Extra Care Hilton Grange

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 two inspectors.

Service and service type

This service provides care and support to people living in three '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 needed to be sure that the provider or registered manager would be in the office to support the inspection and to get advanced consent to visit people in their homes on the day of inspection. Inspection activity started on 16 June 2021 and ended on 9 July 2021. We visited the office location on 16 June 2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback

from the local authority. 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 one relative about their experience of the care provided. We spoke with six members of staff including the operations manager, registered manager, deputy manager, wellbeing coordinator and support workers. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 under this provider, it was previously rated good. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's individual risks were being managed well.
- Staff were given guidance in care plans on what people's risks were, how to monitor them and how to manage them, however some required more detail.

We recommend the provider review the documentation around assessing risk to further strengthen their risk assessment and management.

- Staff were prompted in plans to ensure people had their lifelines/pendants (these are for people to summon help in an emergency) on them.
- Risks around people's safety both inside and outside their homes were being considered and mitigated against where possible. For example, ensuring people's homes were clutter free to minimise the risk of falls.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with all said they felt they were kept safe.
- There were processes in place to help protect people from abuse.
- Staff understood how to recognise signs of abuse and who to report these too.
- The service worked with outside agencies to help support people from the risk of harm, for example the service utilised the Herbert Protocol. This protocol is a national scheme which is used in the event of a vulnerable person going missing.

Using medicines safely

- People were supported to take their medicines in safe way.
- People's preferences on how they preferred to take their medicines were included in plans for staff. For example, "[Person] likes their medication with water from the fridge."
- Some people were independent with their medicines, however staff still had guidance in place to support them to prompt or check people had taken their medicines. A person explained, "They [staff] always ask me if I have taken my tablets which is nice."
- There was a comprehensive medicines policy and procedure in place.

Staffing and recruitment

- Staffing and recruitment was carried out safely.
- There were currently a number of vacancies which meant management had been picking up a high number of calls, however they had ensured it did not negatively impact people or staff. They did not just recruit to fill vacancies but ensured the staff with correct skills were being recruited.

- People said new staff were introduced to them and if staff were ever running late, which was rare, they were informed in advance.

Preventing and controlling infection

- People were prevented from the risk of infection by processes in place.
- People told us staff always wore the appropriate personal protective equipment (PPE).
- The service followed current COVID-19 guidance, including regular staff testing.

Learning lessons when things go wrong

- The provider acted in a transparent way and ensured when anything went wrong events were investigated and action taken to prevent them reoccurring.
- Staff were informed about any learning via handover shift reports, communication book and in supervisions.

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 under this provider, it was previously rated good. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's diverse needs were assessed and documented to ensure staff had the information to deliver care in line with the law. For example, details of people's religious needs.
- People told us their needs were assessed when they joined the service. A person explained, "When I first came, the manager spoke with me to discuss what care I wanted and what they could do for me. They have put together a care plan. I'm happy with what they have agreed to do for me."
- Whilst care was being delivered inline with standards, nationally recognised tools were not being utilised to assess needs, such as MUST to assess nutritional needs. We spoke with the registered manager who said they would implement these straight away.

Staff support: induction, training, skills and experience

- Staff were supported and provided with training to be able to meet people's needs.
- Staff said they felt supported by management and they were kept up to date with training.
- When training went online during the COVID-19 pandemic, management enabled staff to be able to access it, this sometimes meant sitting down and training staff in IT.
- People told us, "They [staff] seem very experienced."
- Management were in the process of arranging more face to face training to take place.

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

- People were supported with their hydration and nutritional needs.
- Information about people's likes and dislikes were detailed in care plans. Staff were guided on how to support people with their eating and drinking needs in a way that encouraged people be as independent as possible. Plans also prompted staff to make sure people had drinks accessible to them after they left.
- People said, "They make my meals for me, I struggle to do that myself."

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 to access relevant healthcare in a timely way.
- People's care plans contained information on their individual physical health needs and contained details for staff of healthcare professionals to contact if and when required, such as district nurses.
- Staff also had clear guidance on how to support with their mental wellbeing and oral health.
- People said, "They [staff] know what to do to help me if I'm ill," and, "They [staff] help ensure the doctor comes here once a month."

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.

- People's mental capacity was considered in their care plans, if required MCA assessments were carried out and best interest meetings were held. These involved relevant people and were decision specific.
- Staff and management had a good understanding of people's capacity and the importance of supporting people to make their own decisions.

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 under this provider, it was previously rated good. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke highly of the staff and said they were supported well.
- People said, "They are lovely. You never get perfection, but they are close," "The carers I love every one of them," and "They [staff] are very kind to me. They do really seem to care."
- Plans were written in a dignified and respectful way taking into consideration people's diversity.

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

- People felt involved in the care and could choose how they wanted to receive their support.
- A person explained, "I can decide what I want." People were able to talk to staff about their views and these were reflected in their care plans.
- Where people had advocate's their details were recorded in the care plans. This meant where people may have been unable to speak for themselves an advocate would be able to speak on their behalf.
- Staff told us how they always ensure they ask people about their choices, for example what they would like to wear or eat.

Respecting and promoting people's privacy, dignity and independence

- People's care plans were written in a way to promote privacy and independence.
- People said staff treated them with dignity. A person explained, "[Staff] are always respectful, I get a bit embarrassed, but they are always so nice."
- Staff told us how they maintained people's dignity and privacy, for example by making sure doors were closed.

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 under this provider, it was previously rated good. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People had their care planned in a personalised way. Plans detailed people's individual needs and preferences.
- People said they had been involved in their care planning and helped to decide what the plan included.
- The service had employed a well-being coordinator to support people to maintain social connections and avoid loneliness. There were activities organised in communal areas which people were supported to attend if they wished to do so.

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.

- The registered manager understood her duty to follow the AIS. At the time of the inspection no one using the service required information in alternate formats such as braille.
- People had communication care plans in place to assist staff on how best to speak with them. For example, they prompted staff to "Speak clearly and ensure there isn't any background noise."

Improving care quality in response to complaints or concerns

- People we spoke with did not have any concerns or complaints but said they knew how to raise them if they did.
- The service had a complaints policy in place which detailed how to raise a complaint, the expected process and who to contact for further support, such as external agencies.
- We saw complaints were investigated appropriately, responded to and action taken to improve care where necessary. For example, implementing new procedures for staff to follow to ensure mistakes did not reoccur.

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care.
- The registered manager had a good understanding of advanced decisions and respect forms and had included in plans where people had expressed specific end of life wishes.

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 under this provider, it was previously rated good. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection a new provider had taken over the service, however the registered manager remained the same and so had most of the staff team.
- The staff and management team spoke positively about the new provider and how they had maintained consistency for people receiving support.
- The registered manager acknowledged they were behind on some auditing and quality monitoring as they had been prioritising providing care for people whilst they were having difficulty recruiting to vacancies and combating the pressures of the COVID-19 pandemic.
- The management team had maintained oversight of the service and had worked together to ensure the quality of care delivered.
- The registered manager regularly reviewed call records checking for timings, care delivered and medicine administration, this was then fed back to the team via supervision, or if needed in their shift handover, to share learning and improve care. There was also an action plan in place that was continually reviewed to ensure a culture of continuous improvement.
- Following the inspection site visit we received information from the local authority regarding areas of concern. We spoke with the registered manager about this and they will provide an action plan as to how they will make the improvements required.

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

- People spoke positively about the approach staff and management.
- The registered manager was focussed on delivering person-centred support that empowered people to maintain and, where possible, increase their independence. This was reflected in documentation and in what both staff and people told us.
- Meetings took place on a monthly basis for all residents who lived in each of the sites to ensure people were involved in the service.
- Staff felt supported and listened to by management, they felt they could approach them at any time. The service was to reinstate team meetings soon, following a pause during the pandemic period.

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; Working in partnership with others

- The registered manager understood their legal responsibility to be open with both people, relatives and relevant agencies. They communicated in a candid and transparent way. We saw evidence of them following the duty of candour after incidents had occurred.
- Statutory notifications were submitted, these are a legally required to be submitted to CQC when certain events, such as injuries, occur.
- The service worked closely with other teams, such as healthcare professionals, social workers and safeguarding, to ensure the safety of people they were supporting.