

# Metropolitan Housing Trust Limited

## Wood Court

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 8 November 2016 and was announced. This was the first inspection since the service was registered in December 2014.

Wood Court provides a support and care service run by Metropolitan Housing Trust Limited for up to 39 people over the age of 55 living in self-contained one bedroom flats. The service is delivered within an extra care housing scheme commissioned by the London Borough of Barnet by care staff who are on site 24 hours a day. The Care Quality Commission regulates the personal care service provided to residents by Metropolitan Housing Trust. On the day of our inspection there were 30 people receiving a personal care service

The service had a new manager who was in the process of becoming registered by the Care Quality Commission. 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.

People's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected. People had a copy of their care plan in their home.

People felt safe. Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager. Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. This included environmental risks and any risks due to people's health and support needs. The risk assessments we viewed included information about action to be taken to minimise these risks.

Staff were highly motivated and proud to work for the service; as a result staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

Care staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Care and support workers we spoke with placed a high value on their supervision.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people living at the service.

We saw that regular visits had been made by the office staff to people using the service and their relatives in order to obtain feedback about the staff and the care provided.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working within the principles of the MCA, and there were no authorisations to deprive people of their liberty.

The management team provided good leadership and people using the service, relatives and staff told us they were approachable, visible and supportive. We saw that regular audits were carried out by the provider to monitor the quality of care

People were supported to eat and drink, and there was a lunch club available on the premises. Staff supported people to take their medicines when required and attend healthcare appointments.

The service had a complaints policy. People who used the service told us they knew how to make a complaint if needed.

## 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. People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

We found that medicines were administered safely.

### Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

### Is the service caring?

Good ●

The service was caring. Managers and staff were committed to a strong person centred culture.

People who used the service valued the relationships they had with staff and were very satisfied with the care they received.

People felt staff always treated them with kindness and respect.

### Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a person centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning, decision making and reviews. Staff were approachable and there were regular opportunities to feedback about the service received.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service promoted strong values and a person centred culture.

Staff were supported to understand the values of the organisation.

There were effective systems to assure quality and identify any potential improvements to the service.

# Wood Court

## **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.

The inspection of Wood court took place on the 8 November 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received. This included notifications of incidents that the provider had sent us and how they had been managed.

During our inspection we went to the service's office and spoke with the manager and the team leader. We also spoke to three care and support workers, the senior care and support worker and the risk and quality manager. We looked at four care plans and five staff files, we also looked at various records relating to the management of the service. We spoke with five people using the service and five relatives.

# Is the service safe?

## Our findings

People said they felt safe and that staff understood their needs. Comments from people included, "I always feel safe" and "he's safe, it's completely safe guarded and he looks so much better than where he was before moving into Wood Court."

Staff we spoke with demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. Care workers were able to discuss risks individual people faced and speak confidently about how they maintained their safety. Staff told us that they had time to develop relationships with people who used the service and got to know them well. They were able to quickly identify any concerns.

Staff we spoke with demonstrated an understanding of safeguarding adults and told us the signs they looked out for when they supported a person. One care worker told us how they recognised possible signs of abuse. For example, "if the mood of the person was different or, if they were withdrawn." Another told us, "we have to protect our customers from any kind of abuse, we don't keep quiet we must report everything." Staff we spoke with told us they knew about the whistle blowing policy and they would use it if required.

Staff received safeguarding vulnerable adults training and we saw from the training matrix that there was 100% compliance with this. We looked at the safeguarding audit file. This included details of all reported safeguarding matters. Outcomes and learning were recorded. The manager told us they shared all learning with staff in staff meetings, handovers and in the communication book. We saw some examples of this, for example, there was a note to staff to remove all sharp objects from a person's flat and in another, a safeguarding alert resulted in safe key handling procedures.

People were protected from risks associated with their health and care provision. Each person had a risk assessment and plans of care to review their abilities and the support needed to keep them safe, which also took account of people's wishes to be independent. Risks to people's personal safety had been assessed and plans were in place to minimise these risks and support people to maintain their freedom and choice. The manager told us that these assessments were reviewed every six months or more frequently if required.

We saw on one person's risk assessment that they required their personal care support to be provided by male carers where possible. We subsequently looked at staff rotas for the previous three weeks and saw that there had been a male support worker allocated for most of those shifts. Another risk assessment included guidelines for how staff might support a person at times of severe mental ill health. The person's care record demonstrated that staff had followed these guidelines as required.

Medicines were kept in a locked cabinet in individual flats. The manager told us that all medication was in blister pack form and staff prompted people to take their medication. We saw in date medical competency assessments on those staff records we viewed.

Staff completed Medicine Administration Records (MAR) for each person using the service which was kept in

their flat. These MARs were audited on a weekly basis by a senior carer. There were no unexplained gaps on MARs for the four week cycle we looked at.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The service used bank staff to cover absences and there was no use of agency staff. The manager told us this was something which was welcomed by those who used the service as it meant they knew all those who supported them.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. We looked at five staff files which included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults. In addition, records contained evidence of the right to work in the UK.

We saw a form on people's record which showed that staff did a three monthly health and safety check of individual flats. This included a check of the intercom and pull cord, as well as the door lock. Staff also ensured electrical items were PAT tested and the smoke alarm worked. Repairs were noted and raised with the maintenance team as required. The manager told us that there was a rapid response to any maintenance requests, and there was a good working protocol in place with the housing provider. The communal areas and garden at the service were clean and well maintained.

We were told that staffing levels were determined by the Local Authority and the service would flag any changes in needs and ask for a review of the person's care needs. On the day of our visit we saw that there were four staff on duty and we saw from the rota that there were also two waking staff on duty each night. People using the service also had call pendants that had direct access to staff on duty at any time outside of their allocated care hours. The manager explained that there were a number of additional core hours available which meant that the service could maintain flexibility and accommodate additional requests for support. People told us that there were always enough people on duty to meet their needs.

During our visit we observed staff in attendance in all communal areas and responding promptly to people's calls for assistance. The atmosphere in the service was calm and relaxed and staff did not appear to be rushed. A care worker told us "there is always enough staff, we cover for each other" and "I never feel rushed, we have time to chat to people."



## Is the service effective?

### Our findings

Most people told us that the care support workers went over and above their duties to make sure people were well looked after. One person said, "Oh yes they are very helpful, and never complain." Another person said, "Current staff have been very receptive especially the manager."

The provider had a learning and development team which circulated details of training courses and managed the staff training matrix. Much of the training was done online although safeguarding, medication and manual handling were classroom based. We were told that staff were released to go on training when a shift was quiet and were encouraged to continue with their online training. Staff followed a training pathway, which included core learning to be completed within the first six months of employment. We saw from the matrix that most training was up to date and where a member of staff was due to refresh their training, the matrix turned red 90 days before expiry date. Staff told us that training was easy to access, varied and of good quality. They said the matrix helped them to ensure they were up to date with all required training. A care worker told us "they offer a lot of training and it is of good standard."

We looked at the training matrix which had a wide variety of training listed amongst which included safeguarding, Mental Capacity Act and Deprivation of Liberty, mental and physical health and moving and handling. The manager told us additional training would be provided as required in relation to the specific needs of the people living at the service, for example training in learning disability, compulsive hoarding or drugs and alcohol misuse.

New staff were expected to undertake the Care Certificate and were supported to complete an induction programme before working on their own. We observed a staff hand over where the person leading it confirmed that there was a new employee on shift. When asked what the purpose of this check was, they told us it was to ensure that the new person was assigned to an experienced carer in accordance with their induction.

People were supported by staff who had regular supervision (one to one meetings) with their line manager. We looked at staff records and saw that supervision occurred regularly. We also saw annual staff appraisals on those records where the member of staff had been employed for some time. Staff told us these processes gave them an opportunity to discuss any difficulties they might have with their clients, their performance and identify any further training they required. Care workers placed a high value on their supervision. Staff told us they were well supported by the registered manager and other staff and there was an out of hours on call system in operation that ensured that management support and advice was always available when they needed

People had access to appropriate health and social care professionals, including occupational therapist, district nurse, physiotherapist, GP and psychiatrist. Their health care needs were clearly identified on their care plans which were regularly reviewed. Everyone was registered with the same GP and staff accompanied people to their appointments as required. However, the GP also did home visits when requested. We saw there was good communication with a person's psychiatric nurse, whose advice and support was regularly

sought.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager explained the provider did not currently work with any person who lacked capacity and subsequently placed themselves at risk. However staff we spoke with understood the MCA and the importance of gaining consent from people for them to provide care and support. Staff told us that the MCA was discussed as part of their induction and that additional training had been provided.

Care staff told us they sometimes supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes was in the form of 'ready meals', staff were required to reheat and ensure meals were accessible to people who used the service. Staff were clear about the importance of adequate fluids and nutrition. One told us "we don't do much cooking, but we make sure people eat and drink enough." Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate. There was also a lunch club service in the communal area, run by an external company if people wanted to participate. On the day of our inspection we saw a number of people enjoying their lunch who were supported by care staff from Wood Court.

## Is the service caring?

### Our findings

People who used the service were positive about the attitude and approach of the staff who visited them. Comments included, "Here staff give me the time I need where as my social worker at home was rushing me. I have my privacy. They always ring my bell" and "As far as I'm concerned staff respect my privacy, I've never felt intruded upon."

Everyone we spoke with said they were treated with respect and had their dignity maintained. The team leader told us, "we support people to live in their own home, with good consistent staff."

Staff were very clear that treating people well was a fundamental expectation of the service. One member of staff who we spoke with said that treating people with respect and maintaining their independence was "the most important thing." Staff told us that they would involve people in their day to day tasks according to their ability including light domestic tasks and laundry.

We observed people in the communal dining area and we saw how staff interacted with them in a kind and respectful way. They took time to engage with people and it was clear they understood their preferences when serving them with food. We heard staff asking people how their morning had been and whether there was anything else they required. We later saw a member of staff preparing the dining room for the daily coffee afternoon. They told us, "I like to try to make it as enjoyable as possible for the service users because not all of them can or want to go out to a coffee shop."

People who used the service confirmed that they usually had their care needs met by a small group of staff and that they always knew who was going to be visiting them. Staff told us that they usually had a consistent round so they were supporting the same people. One member of staff said one of the best things about the service was that, "It is important to see regular people, you become fond of them." and another said "We try to encourage people to do as much as possible for themselves, I treat them like they were my own mother or father." Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them. One care worker said, "You must check and listen, what is their preferred time, do they like tea or coffee."

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. One of the care workers described how she had dealt sensitively with a person who was refusing to have personal care. Another told us she would open the person's wardrobe and ask, "would you like to wear a dress or which jumper would you like today."

People using the service told us they had been involved in the care planning process and we saw that they had a copy of their care plan in their home

## Is the service responsive?

### Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

The care and support people received was responsive to people's needs. Care records contained a comprehensive pre-admission assessment, which the manager told us formed the basis of the person's care plan. The plans contained information about the person's likes, dislikes and people important to them and were signed by the person.

We found that care plans were detailed; person centred and provided good information for staff to follow. They included information and guidance to staff about how people's care and support needs should be met. They were retained safely and kept in individual care files. The information was easy to locate, as the files were separated into individual sections for ease of access.

We saw that people who used the service had signed forms to consent to staff supporting them with their medication or money management. There was also evidence on record when a person did not want this support.

We saw a good example of increased support a person received from members of staff around an incident of financial abuse. This was a long and complex process which involved police and fraud officers from the bank. It was apparent from documentation that the person who used the service felt well supported by the staff.

There were activities available for those who wished to join in, for example, art, bingo and massage. A hairdresser visited on a weekly basis and a local community based Afro-Caribbean club used the premises every week which was open for all to attend. In addition, the manager told us they were in discussion with the Alzheimer's Society to run a café on the premises.

There was a three day 'holiday at home' run in August which was open to the local community to attend. This included a running programme of music, craft and food. There was a similar event planned to take place in December. The manager told us they actively encouraged community links and invited the local population to join in, with the agreement of those who used the service.

Discussions with the manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed. We saw that for one person a multi-disciplinary meeting had taken place because the person was refusing to take their medication.

People's needs were assessed and care was planned and delivered in line with their individual care plan.

Care records we looked at contained assessments of people's individual needs and preferences. There were up-to-date and detailed care plans in place arising from these, showing all the tasks that were involved, additional forms such as medicines charts, body maps and weight charts were also available.

We found that the service responded positively to people's views about their own care package, or the service as a whole. One staff member described how following a care review with one person, changes were made immediately to the person's care plan, "we were told about it straight away, during handover." People who used the service were able to contact the office staff at any time.

We found that feedback was encouraged and people we spoke with described the managers as "open and transparent" and 'visible'. Some people confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman. People who used the service told us they knew how to make a complaint if needed.

## Is the service well-led?

### Our findings

The service had a new manager who was in the process of becoming registered by the Care Quality Commission; They told us that they had been given a comprehensive induction that included working alongside the previous registered manager for a two week period, "to ensure a smooth handover".

They told us "I want to build a community hub, so people can enjoy a fulfilling life, and to continue to promote and encourage independence."

Comments from people included "they listen to my views and just sorts things out without any fuss" and 'From our point of view, we feel very lucky we have found this place, Mum's very happy which makes us happy"

It was clear from the feedback we received from people who used the service, their relatives and staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which managers reported as being central to the service, such as compassion, respect and caring, were put into practice on a day-to-day basis. The manager spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership. She also told that she had introduced a number of new initiatives since being in post. This included introducing a consent form for medicines and money management and she had also updated the service user guide.

Our discussions with staff found they were motivated and proud of the service. A senior staff member told us, "We are a good team and everyone is caring." We found that staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service.

Staff were very complimentary about the new manager and comments included, "She is approachable and friendly and doing a good job" and "I feel valued by them, we are not afraid to ask anything."

We noted that most of the care staff had worked in Wood Court for many years. One staff member told us, "they are a very good employer and it's a lovely team." Another told us "I love my job, It's very rewarding the training and support is excellent with this company."

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The also undertook unannounced spot checks to review the quality of the service provided. We saw that there were spot checks undertaken to observe the environment and to ensure that tasks had been undertaken. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes. One person who used the service told us, "[The manager] comes in to see us; just to check." A care worker told us, "they come after we have been in; they have to check up on us, it's a good thing."

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular tenants meetings were held. We saw the minutes of the last tenants meeting where items

discussed included staffing, activities and maintenance issues. Annual surveys were also recently sent out to people using the service and the provider was in the process of collecting the responses.

We spoke with the providers' Risk and Quality Manager who told us that systems were being put in place" for regular internal inspections to ensure compliance with the Key Lines of Enquiry required by the CQC."

Regular audits were carried out covering areas such as staff safety and recruitment, care plans, risk assessments, medicines capacity and safeguarding. This ensured that the service was able to identify any shortfalls and put plans in place for improvement.

The manager told us she had completed the QSF Management diploma level 5 and had previous experience of managing extra care schemes. In addition to this she kept herself updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and senior leadership team briefings and Managers' Meetings organised by the area manager at the providers 'head office.