

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

About the service

Wood Court provides a support and care service 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 tenants. On the day of our inspection there were 29 people receiving a personal care service.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; 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

People told us people they were very happy living at the scheme because they felt safe and all their needs were met by kind and caring staff.

People praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. Staff managed the risks to people's health and welfare.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained detailed information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Staffing levels were enough to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

Medicines were managed safely.

People continued to receive a service that was responsive to their individual needs and preferences. Some people had complex needs and staff involved other professionals, to ensure they gained a full understanding of the factors influencing each person and further developed an individualised approach to

their care. They had access to a range of activities and were encouraged to participate in events in the local community.

The managers of the service actively sought the views of people and their relatives about the running of the scheme and they dealt promptly with any concerns that people raised.

The provider had a number of systems in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 21 December 2016.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Wood Court

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an assistant inspector 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.

Service and service type

Wood court is registered to provide domiciliary care and an extra care sheltered housing service. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for sheltered housing; 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

We carried out the inspection visit on 11 June 2019. It 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.

What we did

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home service that the provider is required by law to let us know about. We also reviewed the provider information return (PIR). A PIR is a form that asks the provider to give some

key information about the service, what the service does well and the improvements they plan to make.

During our inspection we spoke with the registered manager, the health and well-being officer, the team leader, the operations manager and two care staff. We looked at four peoples care records and four staff files as well as other records relating to the management of the service.

After the inspection we spoke to five people who used the service and three relatives by telephone.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person told us, "Yes I do feel safe. They all speak my language which does have a way of making me feel safe; I can communicate with them and we understand each other."
- A member of staff told us "We check on people regularly to see if they are safe and happy."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.

Assessing risk, safety monitoring and management

- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life
- Risk assessments had been completed in a number of areas including self-neglect, skin integrity and falls.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately
- Equipment such as hoists, and wheelchairs were regular checked to ensure they were safe to use.

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Staffing and recruitment

- The registered manager followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- There were enough staff to meet people's needs and keep people safe.

Using medicines safely

- Records and discussions with care staff evidenced that care staff had been trained in the administration of Medicines and their competency assessed
- We looked at a file of MAR sheets that had been returned to the office from people's homes and saw that there were no gaps and entries had been signed by care staff and audited by managers.
- Medicines were kept in a locked cabinet in individual flats
- A person told us, "They give me my meds three times a day; meds are all prepared by pharmacy. Given on time and in the correct manner."

Preventing and controlling infection

- The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to

protect people from the spread of infection. They followed good practice guidelines, including encouraging people to wash their hands thoroughly.

- Staff had access to personal protective equipment, for example, gloves and aprons. This helped to minimise the risk of infections spreading

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.

- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

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

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 confirmed that they had their needs assessed before they offered them a place at the service.
- The registered manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- The registered manager had specifically employed a carer who spoke Hindi to work with a number of tenants who were from Indian origin
- The registered manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Some staff were working towards achieving nationally recognised qualifications in care.
- New staff completed an induction which included completing mandatory training and working alongside experienced members of staff before working alone.
- The registered manager told us they had requested that all staff complete the Care Certificate workbook. This is a set of fundamental standards health care professionals are expected to complete when supporting people in health and social care settings. □
- Staff felt very well supported. They had supervisions and appraisals and told us, "We are really well supported here, we have regular staff meetings and supervision."

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink. Some people received support to maintain independence and prepare their own meals.
- 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.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to maintain their health and wellbeing through regular appointments with healthcare professionals. Contact with GPs was made when needed and people attended their hospital appointments with the support of staff.
- Staff worked closely with other agencies such as social workers, GPs and psychiatrists to make sure that

people's needs were met.

- Ensuring consent to care and treatment in line with law and guidance

We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA. In community settings any restrictions placed on people are known as community DoLS.

- At the time of our inspection the registered manager had made a number of applications for community DoLS but had not yet received authorisation from the court of protection.
- The registered manager sought appropriate consent to care. They visited people to go through their care plans to ensure they understood and consented to care.
- Staff continued to have a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment and gave their consent.
- A staff member told us, " We always give people options, for example we show them clothes from the wardrobe or ask people if they prefer a bath or a shower."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and caring. Comments included, "He's happy with the carers and he looks forward to seeing the carers' they spend time with him. When the carers have finished, and they still have some time left, they sit and spend time with him" and "I think they're kind and caring; I can't complain."
- Staff spoke about people with respect and compassion. It was clear they had good relationships with people. One staff member told us, "We treat people like family and show respect."
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- People and their relatives told us their individual needs and wishes in respect of their values, culture and religion were respected.

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

- People and their representatives were regularly asked for their views on their care and their plans. • Staff told us that they had enough time to engage with people to make sure that each person had everything they needed.
- Staff told us that they had worked with people for a long time, this demonstrated consistency and continuity of care.

Respecting and promoting people's privacy, dignity and independence

- The service demonstrated respect for people by having an ethos of supporting people to remain as independent as possible within their own homes. The registered manager told us, "We are here to ensure that people live as long as possible and be as independent as possible and prevent people from having to go into care homes."
- Respect for privacy and dignity was at the heart of the service's culture and values
- People were enabled to be as independent as possible and staff knew where they needed to encourage people or remind them. A person told us "They are supportive; they encourage me to get out into the community."
- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and closing the curtains.
- A person using the service told us "Yes they respect my privacy; they don't touch things they're not supposed to."
- The service recognised people's rights to confidentiality. Care records were stored securely in locked cabinets in the office. There was a confidentiality policy in place, which complied with General Data Protection Regulation (GDPR) law, which came into effect on 25 May 2018.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us they were happy with the care and support provided and felt involved in the care planning process. A relative told us, "Yesterday we went through the care package and my views were taken on board."
- People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- People received personalised care and support specific to their needs and preferences. Each person was an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes.
- When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected.
- There were activities available for those who wished to join in, for example, art, bingo and exercise classes. A hairdresser visited on a weekly basis.

Improving care quality in response to complaints or concerns

- We looked at the complaints records held at the office and noted that the service had received three in the last year and these had been dealt with effectively and in line with the providers policy.
- People told us that they had never had to formally complain. They were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly.
- A person told us, "I would complain to the office. Never really had to make a complaint as I deal with things as they arise; I don't let things escalate."

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us that the managers at the service were visible and known to them and approachable. We saw them to be kind, caring and that they knew everyone well including their relatives. A person using the service told us, "I know who the Manager is; generally speaking the service is well managed."
- Staff were fully aware of their responsibility to provide a high-quality, person-centred service
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "The managers are always available, approachable and they know the tenants well." The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- The registered manager provided strong leadership and everyone we spoke with said 'they liked and respected them.'
- Staff were happy, and proud to be working at the service. One member of staff told us, "It's good here, I really enjoy my job, the manager is always there to guide us in a good way."
- The registered manager understood their legal duties and submitted notifications to CQC as required.
- Regular audits were completed and covered areas such as people's care records, safeguarding, medicines, risk assessments, health and safety and infection control. This was so any patterns or areas requiring improvement could be identified. Completed audits fed information into action plans.
- Regular spot checks took place to ensure that the service was providing high quality care.

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve. A member of staff said, "We can always voice our opinions; we have regular team meetings."
- The provider sent surveys to people each year and regular tenants' meetings were held.
- A person told us, "We have residents' meetings; they do try and make things better."

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve. They discussed any issues with staff and put action plans in place to monitor and drive improvement.
- The registered manager attending regular 'provider forums' in the local authority and senior leadership team briefings and managers meetings organised by the by the providers head office.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, district nurses and the local authority social work teams to ensure that people received joined-up care.
- The service ensured that they worked proactively with the building provider of the organisation that people rented their home from. People held their own tenancy and managed their own affairs relating to their housing needs. When required staff supported them to ensure repairs were carried out and essential safety checks were undertaken.□□□□□□□□□□

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