

Metropolitan Housing Trust Limited

Woodvale

Inspection report

315 Wollaton Vale
Nottingham
Nottinghamshire
NG8 2PX

Website: www.metropolitan.org.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

People live in their own self-contained flats within a purpose built complex. There are 48 self-contained flats and five bungalows. Managers and staff have access to two offices in the complex. There were 16 people living in their own flats who received personal care at the time of the inspection.

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

The service was working to an action plan to ensure improvements were made in the service. Some improvements were still needed, including completeness of records, staff training and ways to seek people's and staffs' views for the development of the service. The service had a registered manager in place and they demonstrated a commitment to delivering high quality care for people. The registered manager led with an open and approachable management style.

Systems and processes were in place to promote people's safety and protect them from abuse and avoidable harm. Actions were taken in response to known risks to help reduce the risk of harm. Accidents and incidents were reported and reviewed to identify any improvements.

There were sufficient staff to meet people's needs, however, some people told us morning calls could sometimes run late and some agency staff were used. The registered manager was recruiting additional staff to ensure people's needs continued to be met. Recruitment processes were in place and followed to ensure staffs' suitability for their job role had been checked.

People received their medicines as prescribed and steps were taken to help prevent and control infection.

Assessments covered people's healthcare and well-being needs and informed people's care plans. Advice and guidance from other healthcare professionals was used to ensure people's needs were met effectively. People had access to a range of health and social care professionals as required.

Staff were trained in areas relevant to people's needs and staff we spoke to were confident in their job roles.

People were supported to receive balanced meals and sufficient amounts to drink. Where people had specific dietary requirements, this was known and included in people's care plans and risk assessments.

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 told us staff were kind. People were involved in the assessments of their care needs. People's views

and preferences for their care were known and respected by staff. People's privacy, dignity was respected, and their independence promoted.

Care plans enabled people to receive personalised and responsive care. Staff took an interest in supporting people to socialise and enjoy their hobbies and interests. The service assessed any communication needs people may have to ensure their communication was effective.

There was a complaints process in place to ensure all complaints received would be investigated and managed.

The service understood the value of planning for any end of life care and had taken steps to understand people's wishes and preferences in this area.

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

Rating at last inspection

This is the first inspection of this provider since they registered on 7 December 2018.

Why we inspected

This was a scheduled inspection based on the provider's registration date.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Requires Improvement ●

The service was well-led.

Details are in our well-led findings below.

Woodvale

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. This inspection was planned to check 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 team included one inspector and one assistant inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that the registered manager and 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 as we needed to ensure key staff were available for us to speak with.

What we did before the inspection

We reviewed information we had received about the service from the provider and other agencies 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 (PIR). 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. We used this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided and one relative. We spoke with the registered manager, the provider's operational manager, two care staff and a well-being co-ordinator.

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

After the inspection

We continued to seek clarification from the provider to corroborate our findings.

Is the service safe?

Our findings

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

This is the first inspection of this location since the provider registered. At this inspection this key question has been rated as Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe using the service. One person told us, "Yes, staff leave my door locked." Some people told us they used pendant alarms so they could call for help in an emergency; they told us this helped them feel safe.
- Staff told us, and records confirmed they had completed safeguarding training and had access to information and guidance about safeguarding people. Staff understood their responsibilities for protecting people from abuse and knew how to report any concerns.

Assessing risk, safety monitoring and management

- Risks to health and safety were assessed and actions identified to control known risks. Staff understood the actions required to reduce risks to people. For example, staff helped to ensure people's homes were kept free of obstacles to reduce the risk of falls.
- Risk assessments were in place for people's health care needs and identified how risks could be managed. For example, where people were at risk of choking, risk assessments were in place to guide staff on the texture and preparation of their food to ensure any risk was reduced.
- Plans were in place for staff to follow in the event of any emergency such as a fire. Each person had a personal emergency evacuation plan (PEEP) in place that provided guidance for staff to follow.

Staffing and recruitment

- Sufficient staff were deployed to meet people's needs. People told us staff arrived mostly on time and most people told us staff stayed for the full duration of their care call. Some people told us they felt staff sometimes had too much to do and sometimes morning calls could run late; however, care calls were never missed.
- People told us they preferred regular staff to agency staff. The registered manager told us they did occasionally use agency staff to cover staff sickness. The registered manager told us they were currently recruiting an additional care staff member and team leader and told us once recruited, these posts should reduce the occasional use of agency staff.
- The provider had staff recruitment procedures in place to ensure staff had pre-employment checks completed to ensure they were suitable to work at the service.

Using medicines safely

- Procedures were in place to ensure the safe management and administration of medicines. The registered manager checked to ensure these were followed.

- Medicines were stored safely and administered by trained staff.
- Records of medicines administration showed people received their medicines as prescribed; in addition, people were offered pain relief when required.

Preventing and controlling infection

- Staff completed training in infection prevention and control and policies and procedures were in place for them to follow.
- Staff followed safe practice; they told us they used gloves and aprons when assisting people with personal care.

Learning lessons when things go wrong

- Staff understood how to report any accidents and incidents and records confirmed this was completed.
- Systems were in place for the review of any accidents and incidents and to identify any learning or improvements. For example, this had led to some changes being discussed with a person that they could consider and which had the potential to reduce risks to them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this location since the provider registered. At this inspection this key question has been rated as 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 needs were assessed before they received care. Assessments covered all of people's health care and well-being needs. These were reviewed regularly and updated if people's needs changed.
- People's choices were promoted in assessments completed. This ensured people's views and preferences were known and respected.
- Assessments included reference to advice and guidance provided by other healthcare professionals involved in people's care.

Staff support: induction, training, skills and experience

- People received care from staff who had been trained in areas relevant to people's needs. For example, we saw staff completed training in safeguarding, medicines management, infection prevention and control, assisting people to move and various areas of health and safety practice. However, staff required further training in food hygiene and the registered manager took steps to arrange this.
- Staff we spoke with were positive about the training and support they received to enable them to complete their job role.
- Staff had regular meetings with their manager to reflect on their job role and performance. This enabled staff to review any training and development needs they had with their manager. Staff told us they felt well supported.

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

- People told us staff prepared their choice of food and drink. Most, but not all people were satisfied with how staff did this.
- If people required care to help them with their meals and drinks this was provided. This care helped to ensure people received enough to drink and to maintain a balanced diet. For example, we saw staff left drinks and snacks available for people in between care calls.
- The type and level of support people needed, along with any special dietary requirements had been set out in their care plan. This included advice and guidance from any relevant healthcare professionals, such as speech and language therapists.
- People had the option to eat their meals with other people in a communal area of the extra care housing facility, or in their own room. This helped to provide a sociable dining experience for people, if they so wished.

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

- People told us they had access to their GP if needed. People used other healthcare services as and when needed, for example chiropody.
- Information on people's needs and preferences had been used to prepare an easy to reference 'grab sheet'. This would be used in the event of a person being admitted to hospital, and would help ensure important information about the person's needs was shared effectively with other healthcare providers.
- Care plans included details of the support people needed with their healthcare needs.
- Staff had a good understanding of people's healthcare needs and told us how they would work other health and social care professionals when needed.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- At the time of the inspection no person using the service had any restrictions placed on their liberty.
- Where people required support, for example with their finances, we saw relevant assessments and best interest decisions had been recorded. Where a person had a financial deputy appointed, this was known and they were involved as required.
- Staff had been training in the MCA and understood the principles of the Act and when they should be applied.
- We observed staff sought people's involvement and consent in day to day decision making during our inspection.

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 of this location since the provider registered. At this inspection this key question has been rated as 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.

- We saw staff interacted with people warmly and records showed how staff regularly asked people how they felt. People told us staff were kind.
- Staff told us they knew people's preferences and life history, including any faith needs. This was included in people's care records and helped to promote positive relationships between people and staff.
- Staff had been trained in equality and diversity and the provider had policies in place to promote good practice in this area.
- We saw staff had helped a person celebrate their birthday and later gave them the photographs of the event to help them remember it. This is an example of a caring service.

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

- Assessments of people's needs were completed with people, and when appropriate, with the involvement of relatives that knew people well. Records showed where people had signed their consent to their care plan.
- Daily records were made by staff and kept in people's homes. Where people had shared these with their relatives, relatives had been able to comment and leave messages for staff. We saw this communication helped relatives to be involved in people's care and contribute regularly to their care.
- The registered manager knew of what agencies to contact should a person require the use of an advocate. Advocacy services provide help to people to represent their views and opinions.

Respecting and promoting people's privacy, dignity and independence.

- People's personal records were kept secure.
- Care plans promoted people's independence and included what people could do as well as what care they required.
- We observed staff treated people respectfully on the day of our inspection and knocked on people's doors before entering. Records showed staff had been reminded to ensure they closed all doors around the service quietly so as to minimise any noise for people. This was an example of the service being considerate.

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 of this location since the provider registered. At this inspection this key question has been rated as Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised and responsive care that met their needs and preferences. Care plans were reflective of people's views and preferences. This helped to ensure they received the care they needed.
- Information on people's hobbies, interests and life experiences was known and included in people's care records. People told us, and records showed people spent time pursuing their interests. For example, people enjoyed doing a variety of games with staff.
- Staff provided opportunities for people to have social time together by supporting and promoting a variety of activities held in communal areas. In addition, we saw people enjoyed spending time with their neighbours and friends. Care records showed that having the opportunity for these social interactions had positive impacts on people's well-being.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us how they could access information in alternative formats for people should this be required. Assessments were in place to identify any communication needs people may have.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place to ensure any complaints would be investigated and responded to.
- We received a written complaint about various aspects of the service on the day of the inspection. CQC do not investigate complaints and the person agreed for their complaint to be shared with the registered manager. The registered manager told us they would investigate the complaint in line with the complaints process.
- People told us they knew how to make a complaint and they were confident about complaining should they need to.
- The registered manager told us they were available to speak with people if they had any concerns and worries. They told us they had not previously recorded any issues they had resolved through these informal

conversations. They told us, that going forward they intended to do so. This would help the service have a more comprehensive record of any issues to help them better identify any trends and improvements.

- We saw compliments had been received by the service.

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care. However, the registered manager told us they would work with other healthcare professionals should a person require care at the end of their life.
- Where people had been happy to discuss any end of life care plans, this had been recorded and was known by staff. Having any advance wishes known helps staff to plan personalised and responsive care for people at the end of their lives.

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 of this location since the provider registered. At this inspection this key question has been rated as Requires Improvement.

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

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

- The registered manager had audited the service and implemented an action plan since the date of registration. This had set timescales for actions to be taken and showed the improvements that the registered manager had made to the service.
- However, not all improvements required were reflected in this action plan. For example, the registered manager told us staff had been trained in food hygiene. However, they later found this training had not been completed and although staff had covered aspects of food hygiene in their health and safety training they had not completed full training in this area; the registered manager told us they had taken steps to book staff onto this training over the next three months.
- The registered manager had completed some audits on care plans. However, some care plans had not yet been audited and we found some shortfalls with those records. We discussed this with the registered manager who took action to update the records at the inspection. Audits were not yet fully effective as not all care plans had been audited for shortfalls.
- There was a registered manager in post at the time of the inspection. The registered manager demonstrated a commitment to ensuring the service was safe and provided high quality care.
- The service had notified CQC of all relevant incident and events as required.

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

- The provider did not have any formal way to seek the views of people and staff to use in the development of the service. The registered manager told us they were working to develop more ways for people and staff to contribute their ideas and for them to be involved in the development of the service. They told us they were considering meetings as well as survey type questionnaires.
- The registered manager told us she was happy to discuss any issues people had with their care. People told us they knew the registered manager and found them to be approachable. We saw the registered manager responding to a person who was upset during our inspection and offered them reassurance.
- Staff told us they were able to raise any issues or concerns directly with the registered manager. Staff told us, and records showed they had regular staff meeting as well as individual meetings with the registered manager.

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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager and staff demonstrated a commitment to provide person-centred, high-quality care.
- Staff told us they felt the registered manager was approachable and supportive.
- The provider had policies in place on the duty of candour and demonstrated a commitment to deal with any issue raised in an open and transparent manner. This helped to ensure any improvements could be identified when something went wrong.
- Staff told us, and records showed where they had worked with other health and social care professionals to ensure the best outcomes for people's care.