

Metropolitan Housing Trust Limited

Cedars Road

Inspection report

5 Cedars Road
Hampton Wick
Kingston Upon Thames
Surrey
KT1 4BG

Tel: 02089432668

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26 June 2019

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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:

5 Cedars Road is registered to provide accommodation and personal care for up to eight people with a learning disability. At the time of our visit seven people were living in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People received safe care and support by staff who had been appropriately recruited and who had been trained to recognise signs of abuse or risk and understood what to do to safely support people. A positive approach to risk taking was followed to ensure people's independence was maintained. People received safe support with their medicines by staff who had received training and who had been assessed as competent.

The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. People received the support of health and social care professionals when required. 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 received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them. There was regular involvement by families and relatives and external services such as community nursing and social work services were consulted with regard to the support and care of people.

People received a personalised service and were involved in developing their care plans. Staff knew people's life histories, preferences and routines. Activities were based around people's choices and people were supported to take part in the running of their home.

There was a positive culture where people, staff and relatives felt listened to. Relatives told us that the addition of new staff and manager had led to improvements in having consistent activities and better communication. The manager had applied to the Care Quality Commission for registration and felt supported by the senior management team.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection:

The last rating for this service, under a different provider, was good (published 28 February 2017.)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Cedars Road

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One inspector carried out this inspection.

Service and service type.

5 Cedars Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service at 5 Cedars Road was previously provided by Richmond Homes and Lifestyle Trust. Since 21 May 2018 the service has been provided by Metropolitan Housing Trust Limited. This is the first inspection of the service under the management of the new provider.

The service had a manager who had applied to be 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 site visit took place on 26 June 2019 and was announced. An unannounced inspection had taken place in April 2019. However, the inspector was taken ill afterwards and unable to complete the report. In order to be proportionate and fair, we arranged a further visit to the home in order to ensure our findings reflected the current state of the service.

What we did:

Before our inspection visit, the provider completed a Provider Information Return (PIR). This 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 held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We spoke with four people living at 5 Cedars Road. We also spent time in the communal areas observing the care and support people received to understand the experiences of people. In addition, we spoke with the manager and three care staff. Following the inspection site visit we spoke with four relatives by telephone to ask for their views and experiences of the service.

We reviewed a range of records. This included four care records, three staff files, and policies and procedures relating to the care of people living in the home.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. This was confirmed by conversations with staff and records seen.
- Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer incidents to the local authority safeguarding team.
- Notifications were sent to us of events and incidents the provider was legally required to send us.
- People told us they felt safe. One person told us, "I Like where I am. I feel very safe here."
- A relative told us, "I'm happy. [My relative] is in a good home with good people."

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their support needs. These plans included details about people's individual medical conditions and how they were safely supported by staff.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there. These included checks to ensure the firefighting equipment was maintained and in working order.
- There were good arrangements in place to support people who might be at risk, for example, while outside or in using public transport. Where required, people would receive individual support on those occasions.
- People told us they felt they got enough help with assessing risk. One person said, "If I can't do something on my own, staff help me."
- Relatives told us they felt confident that people were safe in the home. One relative told us, "I see [my relative] when they come to visit me. I can tell they are happy to be going back to their home, which makes me feel reassured. They are also clean, with a good shave and haircut, which tells me they are being well looked after."

Staffing and recruitment

- People were supported by enough staff who were available to safely support them.
- We saw people were promptly supported when they needed assistance, for example if they wished to make something to eat or attend an outside appointment.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.
- One person told us, "I think the staff are good." Another said, "I really like the staff. They are helpful."
- Relatives told us that they felt the staffing was good and that the recruitment procedure ensured that staff with appropriate skills were employed. One relative said, "During the transition from the old provider to the new one there were problems with some staff leaving and a use of agency staff. But it has all worked itself

out now."

Using medicines safely

- People were safely supported with their medicines by a trained and competent staff team.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and, if needed, retraining of staff members.
- Medicines were safely stored in accordance with the recommended storage instructions.

Preventing and controlling infection

- The provider had effective infection prevention and control systems and practices in place which included regular checks to minimise the risks of communicable illnesses and which followed recognised best practice.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. The manager had oversight of any incidents, accidents or dangerous occurrences like trips or falls. They analysed such incidents to see if any additional actions were required. For example, referrals for additional healthcare assessment.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

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

- People had a comprehensive assessment of their needs carried out. This included assessments of their healthcare and social support needs, and considered individual preferences based on culture, faith and other characteristics protected under the Equalities Act 2010.
- People's rights were respected. People were supported in a way that made sure they were not discriminated against. For example, where someone required support outside of the home, this was provided in as ordinary way as possible, as simply two people going out together, rather than one of these people being obviously a "staff" person.
- People's environment was assessed and reviewed where necessary to ensure it was suitable.
- A relative told us, "It is good to see the improvements over the last few months. Activities and staffing are good and they carry out their work well."

Staff support: induction, training, skills and experience

- People were supported by staff who had completed relevant training and qualifications to carry out their roles. Staff completed an induction and received supervision and an annual check of their performance.
- Staff confirmed the training they completed in conversations with us and we saw records to back up training and supervision was monitored, reviewed and documented.
- Staff we spoke with told us they felt very satisfied with the training and support they received. One staff member told us, "The manager is really supportive in making sure you can do any training you want. If you show an interest, the manager and senior team support you." Another staff member said, "I really enjoyed the training in challenging behaviour and the organisation recognises when you have done good work, such as giving a bonus at the end of the year."

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

- People were encouraged to assist with food planning and preparation and making healthy choices with their nutritional needs. People were supported to make independent decisions and choices about what to eat and when. People and staff made use of pictorial images and feedback from relatives in order to understand people's individual choices.
- People's food and fluid intake was monitored as part of their overall health and well-being.
- One person told us, "I like the meals they cook here. I help sometimes."
- The manager ensured that any special health or dietary requirements were taken into consideration, such as the need for soft foods, or diets based on religious observance.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective communication systems in place to share appropriate and relevant information with those involved in the continued care and support of people living at 5 Cedars Road. For example, people had separate health records and "hospital passports" – a short summary of the person's support needs and medicines whilst in other services.
- The manager ensured that appropriate professionals were consulted as necessary, such as community nurses and social services teams, when reviewing the care of people.

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

- People had access to healthcare services when they needed it. This included access to nurses, GP and dentists. People were referred for healthcare assessments promptly if required.
- Staff knew how to support people in the best way to meet their personal health outcomes.

Adapting service, design, decoration to meet people's needs

- The physical environment, within which people lived, was accessible and suitable to their individual needs, including mobility and orientation around their home.
- People confirmed that they had personalised their own rooms and we were invited to have a look at people's rooms.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- We found people were only restricted with their liberty to make sure they were safe, following appropriate authorisations and 'best interest' 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received the care and support they needed from caring staff. One person said, "I like it here. I like my room." Another told us, "I've lived here a long time and I don't want to move."
- A relative told us, "I am very happy that [my relative is happy]." Another relative said, "[My relative] phones me and I phone them, and they are always looking happy and contented when they visit with me."
- Staff had taken time to get to know people and their preferences or wishes. This included learning to understand people's life histories and diagnoses they had received. It helped staff to effectively engage and interact with people to improve their abilities and lifestyles.
- Each person had an individual support plan which contained details of their preferred activities and a keyworker. A keyworker is a care worker who monitors and oversees the care of an individual and ensures the care plan is adhered to.

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

- We observed people leading the way in how they wanted their care and support delivered. They made choices about what they wanted to eat and when, or how long they wished to spend on a chosen activity.
- People could express their likes or dislikes for foods, conversation and occupation and staff respected these. For example, short sentences were used, or people expressed this through body language. Pictorial images were also used.
- We observed that people felt comfortable approaching staff and the manager and were confident when they entered the office to ask for something or to seek out particular members of care staff. Staff behaved in a relaxed and friendly manner around people and actively welcomed their input into discussions and conversations, such as sharing ideas about trips, or what they needed for food shopping.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People were encouraged to receive support, especially personal care in the privacy of their bedroom or the bathroom. Independence was fully encouraged. For example, each person had an individual programme based on their preferences.
- People's relatives confirmed people were encouraged to be as independent as possible and their privacy and dignity were maintained. One relative said, "They are all treated as individuals, and that is what makes me feel happy."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people'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 those close to them were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. One relative said, "Yes, I have been involved in care plan reviews and I discuss [my relative's] needs with the manager and staff. Another relative told us, "The new manager and team leader have made a good effort to introduce themselves and get to know us. They are very good."
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included what was important to them. This included people's individual preferences, health and welfare issues and the things they found important to them.
- We saw people's care and support plans were reviewed to account for any personal or health changes.
- People told us they enjoyed the activities that they did which they also found interesting and stimulating. One person told us, "I enjoy going out and I enjoy going to the day centre."
- People had individual weekly timetables which suited their needs and preferences. Activities included trips to leisure centres and places of interest, visits to family and occasional employment. For example, one person had employment as a gardener and worked part time in the local medical centre as part of the admin team.

Meeting people's communication needs

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

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend. For example, there were photos of staff on duty and menus were easy to read with picture prompts. Staff members knew how to effectively communicate with people. The approach by the service met the principles of the Accessible Information Standards.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record, investigate and respond to any complaints raised with them.
- There had been no formal complaints about the service since the last inspection.

End of life care and support

- At the time of this inspection 5 Cedars Road was not supporting anyone who was receiving end of life care.

Where known, people's end of life wishes were recorded in their personal files.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Everyone was aware of who the manager was. We saw the manager supporting people and staff members throughout this inspection.
- Staff members found the manager supportive and approachable. There were systems in place for staff members to make their views and opinions known and staff felt their input was valued. One staff member told us, "The support we get here is really good. It is a great team to work with."
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.

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

- At this inspection a manager was in post and present throughout this inspection. The manager understood the requirements of registration with the Care Quality Commission and was in the process of applying for registration.
- Staff were clear about their roles, having been given information on induction and through training and were introduced to other staff and people who used the home while shadowing other staff members. Staff ensured people were empowered to maintain independence and lead as normal a life as possible.
- The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

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

- Management and staff demonstrated a commitment to provide high quality, person-centred care through the culture they created among the workforce. This was dedicated, friendly, open and transparent. Staff demonstrated the values through the support they gave to people and how they worked as a team. Staff spoke very positively about the team culture as being "good", "like a family", "great support".
- People and their relatives were involved in discussions about their care. Relatives told us that the communication between the home and family was regular and frequent. One relative told us, "Initially there were some communication issues when the previous provider handed over to the new provider. However, the management team are lovely and things have really improved." Another relative said, "The staff team at the home are wonderful, each and every one of them. They keep you informed, are ready to talk and work so

well with the people."

Continuous learning and improving care

- The management team and provider had systems in place to monitor the quality of the service that they provided. These included, but were not limited to, checks on the environment the care and support people received.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular attendance at in-service meetings, local forums as well as receiving regular updates regarding developments in health and social care practice.

Working in partnership with others

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.