

Metropolitan Housing Trust Limited

Lion Road

Inspection report

59 Lion Road
Twickenham
Middlesex
TW1 4JF

Tel: 02088916025

Date of inspection visit:
22 June 2022
24 June 2022

Date of publication:
18 July 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lion Road is a 'care home' that provides care and support for up to eight people. All the people who live at Lion Road have a learning disability. There were seven people living there at the time of the inspection. The care home is in Twickenham.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People received a service that was safe for them to use and staff to work in. The quality of the service was regularly reviewed, and changes made to improve people's care and support as required, in a manner that best suited people. The service had well-established working partnerships that promoted people's participation and reduced their social isolation.

Right Care

The service had enough well trained and suitably recruited staff that supported people to live safely, whilst enjoying their lives. Risks to both people and staff were assessed, monitored and reviewed. Complaints, concerns, accidents, incidents and safeguarding issues were reported, investigated and recorded. Trained staff safely administered people's medicines.

Right culture

The service had a leadership and management that was transparent with an honest, open and positive culture. The provider had a clearly defined vision and values that staff understood and followed them. Staff were made aware of their responsibilities, accountability and happy to take responsibility and report any concerns they may have.

Rating at last inspection

The last rating for this service was Good (published 31 July 2019).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good rated service to people.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lion Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was exceptionally well-led.

Details are in our well-Led findings below.

Lion 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Lion Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager. We spoke with two people using the service, four relatives or advocates, five staff, and five healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included two people's care plans and risk records. We looked at two staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, training, and service level audits. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

We used the Short Observational Framework for Inspection (SOFI)/ spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People did not comment on their safety. Their body language whilst we were carrying out observations was relaxed and positive indicating that they felt safe. A relative told us, "Very safe service." Another relative said, "I visit once a week and [person using the service] is in really good hands."
- The staff were trained to identify signs of possible abuse and took appropriate action if it was needed. They were aware of how to raise a safeguarding alert. There was no current safeguarding activity. The provider's safeguarding procedure was available to staff and they were required to confirm they had read it.
- Staff advised people how to keep safe and if there were areas of individual concern about people, they were recorded in their care plans.

Assessing risk, safety monitoring and management

- People could take acceptable risks and enjoy their lives safely by staff following risk assessments that included all aspects of people's health, daily living and social activities. People were kept safe by the risk assessments being regularly reviewed and updated as people's needs, interests and pursuits changed.
- The home had a well-established staff team who knew people's preferences, routines, and identified situations where people may be at risk and acted to minimise those risks. A relative said, "They [people using the service] have plenty to do and staff make sure they are safe when going out."
- General risk assessments were regularly reviewed, updated and included equipment used to support people that was regularly serviced and maintained.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. People had personal behavioural plans if required. This was demonstrated by the way staff appropriately dealt with a situation helping a person calm down.

Staffing and recruitment

- The provider had a staff recruitment process that was thorough, and records showed was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a three-month probationary period with reviews that could be extended to six months if circumstances required, so that staff could achieve the required standard of care skills.

- There were enough staff to provide people with flexible care to meet their needs. During our visit, staffing levels matched the rota and enabled people's needs to be met safely. One relative said, "The staff are really good."

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Staff received medicines administration training that was regularly updated.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. A staff member said, "We receive good training."
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

Learning lessons when things go wrong

- There was a whistle-blowing procedure that staff said they would be happy to use and the provider kept accident and incident records.
- Any safeguarding concerns, complaints, accidents and incidents and whistleblowing were reviewed and analysed to ensure emerging themes had been identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.
- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.

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 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture at Lion Road was positive, open, inclusive, empowering, person-centred and achieved good outcomes for people.
- Although people did not directly comment on how well-led the service was their positive, relaxed body language towards the registered manager and staff demonstrated that the service was well-led and met their social as well as health needs. A relative said, "I have no concerns with the very good care [person using the service] receives from staff." A staff member told us, "I'm so happy working here, I get on with the [registered] manager, staff and especially [people using the service]."
- Relatives said the home was well-run and the registered manager and deputy were very good. Staff worked hard to make people's lives enjoyable and meet their needs, reflecting the organisation's vision and values. A relative said, "I struggle to think how [person using the service] could be better treated always with respect." A staff member said, "I look forward to coming to work."

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

- The provider understood their responsibilities of duty of candour and were open and honest with people when things went wrong.
- People and their relatives were told if things went wrong with their care and support and provided with an apology. This was due to the positive attitude and contribution made by the registered manager and staff. A relative told us, "Always keep in touch, even e-mails to see how I am."

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

- The registered manager and staff were clear about and understood their roles, the quality assurance (QA) systems and clear lines of communication and boundaries were in place. Staff knew that they had specific areas of responsibility such as record keeping and medicines management and carried them out. This was reflected in the positive praise from relatives. The (QA) systems contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.
- Audits were thorough, carried out by the provider, registered manager and staff, and regularly reviewed and kept up to date. There was an internal audit that checked specific records and tasks were completed.

These included finances, staff training, staff observations and health and safety. There was also a service development plan. Daily quality walks around the building took place by the registered manager, deputy and staff and quality walks also took place by a service manager from another home in the group, and six-monthly by the provider operations manager. This meant the service people received was focussed on them and efficient.

- The records kept demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. The home also provided hospital information passports for when people had to go into hospital. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

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

- People, relatives, staff and the public were engaged by partnership working.
- People, relatives and staff were listened to and people's wishes acted upon.
- There were close links with services, such as speech and language therapists, physiotherapists, occupational therapist and learning disability nurses. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Staff made sure that people had access to local resources such as a community activity centre where they socialised with friends and a music therapy organisation.
- Relatives told us they visited and had regular contact. They were frequently kept informed, updated and adjustments were made from feedback they gave. One relative told us, "Good communication with staff keeping me informed with what's going on."
- The provider sent out surveys to people, relatives and staff. People's surveys were in pictorial format to making them easier to understand. Suggestions made were acted upon.
- There were regular information updates for people and their relatives informing them of what was happening at the service and what people had been doing.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the registered manager, staff and the provider to learn from and improve the service.
- People and their relatives provided regular feedback to identify if the care and support provided was focussed on their needs and wishes.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.

People, their relatives and staff told us they were given the opportunity to voice their views about the service. One relative said, "They [staff] communicate really well and [person using the service] is well catered for and looked after." A staff member said, "[Registered manager] does listen and we share a lot of information within the staff team."

- Throughout the day the registered manager and staff checked that people were happy and getting the care and support they needed within a friendly family environment.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.

- Staff received annual reviews, six-weekly supervision and monthly staff meetings so that they could have their say and contribute to improvements.
- There was a directory of organisations and useful contacts that was regularly added to and updated.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.