Metropolitan Housing Trust Limited

Old Hospital Close (21)

Inspection report

21 Old Hospital Close
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London
SW12 8SS

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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
Old Hospital Close (21) is a care home, located in Balham, where up to five people with learning disabilities can live. It shares staff with a sister home based at number 12. At the time of the inspection there were three people using the service. People lived in an adapted building in individual bedrooms, with a shared kitchen and dining space, a lounge and a garden.

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 and what we found
People and their relatives told us they felt safe living at Old Hospital Close (21). Safe recruitment procedures were in place which meant that only suitable staff were recruited to support people. There were enough staff employed to meet people's needs, while they were at home or out in the community. Staff were aware of the risk to people and what steps they would take to keep them safe from harm, there were suitable risk assessments in place to support this practice. People were kept safe as possible from the risk of infection as the provider followed appropriate infection control guidelines. Staff completed incident forms if any unforeseen accidents happened.

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. 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. Staff received regular training and supervision which helped them to support people in the most appropriate manner. People's healthcare needs were assessed and referrals made to healthcare professionals if needed.

People were cared for by staff who were caring and compassionate. People told us they enjoyed being in the company of staff and it was evident that there was an easy-going relationship between people and the staff team. The service anticipated people's needs and recognised when they were distressed, it worked with teams of professionals to provide appropriate support and care. Staff supported people to maintain their independent and provided the right level of support according to their level of need. People led active lives and attended a number of day centres throughout the week. Staff supported them to access local amenities and maintain contact with family.

Support plans for people focussed on both short and long term targets and were based around improving people's independent living skills. People had key workers who helped them to access a range of health and social care services and who met with them on a regular basis to ensure their needs were being met and they were happy with their current living arrangement. People were supported to raise concerns through individual key worker meetings or through regular 'house' meetings. Staff acted upon these. Where formal complaints were raised, the provider investigated and took appropriate action in response.

There was a long-standing registered manager who was well respected by people, relatives and the staff. Staff demonstrated that they supported people in line with the provider's vision and values. The quality of the service was measured through audits, external monitoring and regular feedback with people and the staff team.

Rating at last inspection
The last rating for this service was Good (published 18 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.

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

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?

Good

The service was well-led.

Details are in our well-led findings below.

Old Hospital Close (21)

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.

Inspection team
This inspection was conducted by one inspector.

Service and service type
Old Hospital Close (21) is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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
The inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, team leader and care workers.

We reviewed a range of records. This included two people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection
We spoke with relatives of two people who used the service. We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Good

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.

Staffing and recruitment

● There were enough staff employed to meet people's needs and these were adapted to people's changing needs. For example, there were more care workers on shift in the morning when people needed support with personal care and in the afternoon when they came back from their day centres or other daily activities.

● Although some recruitment records were kept in head office, staff files kept at the service included confirmation that all pre-employment checks had been completed satisfactorily such as evidence of ID, right to work and Disclosure and Barring service (DBS) checks for staff. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

Using medicines safely

● The provider supported people to take their medicines on time and in a safe manner. People told us they were happy with the way they were given their medicines. One person said, "The staff give medicines to us." We observed care workers asking people for their consent before giving their medicines.
● Records showed that all support workers had received medicines training recently.
● People had medicines profiles in place that included a list of their current medicines, medicines policies and any risks in relation to medicines support. Medicines administration record (MAR) charts were in place and were completed by staff in a timely manner.
● Medicines were stored appropriately at the correct temperature. The temperature of the medicines cabinet was checked daily. Loose medicines and those that were to be disposed of were counted at every handover.

Learning lessons when things go wrong

● Staff recorded any incidents or accidents which included details of the incident, if they had been reported, and what action had been taken in response.
● These were subsequently uploaded onto an electronic system so that any underlying themes or trends could be identified.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us they were happy living at Old Hospital Close and felt they were kept safe from harm. Comments included, "I feel safe, staff are nice", "No concerns whatsoever, I know [family member] is safe there and staff look out for him."
● Staff knew what action to take if they had concerns about the welfare of people using the service and records showed they received regular training in safeguarding.

● The provider worked with the local authority safeguarding teams to ensure people were kept safe from harm when concerns were raised. There was no current safeguarding activity.

Assessing risk, safety monitoring and management

● The provider had appropriate procedures and records in place to monitor and manage risk to people and the environment.

● Care records included a simple, but effective overview of the risks to people. This gave staff a summary of the risks such as epilepsy, diabetes or risks out in the community. A more detailed risk assessment included any identified hazards and the measures that needed to be taken to minimise the risks so they could lead independent lives without unnecessary restrictions.

● Each person also had a Personal Emergency Evacuation Plan (PEEP). This is a bespoke 'escape plan' for people who may not be able to reach an ultimate place of safety unaided and includes method of assistance, equipment needed and a personalised evacuation procedure.

● A fire action notice plan was displayed by the front door and was visible to staff.

● Environmental checks included weekly testing of fire alarm call points, monthly emergency lighting checks and six monthly fire drills. Weekly hot water temperature checks were undertaken and every time people took a shower.

● Details of all current first aiders were on display in the dining room.

Preventing and controlling infection

● The environment was clean and free from malodours. A full clean took place every week of all communal entrances, stairs, floors.

● The provider had appropriate procedures in place to manage the risk in relation to food preparation and handling. Colour coded food preparation boards were used, cooked food was checked that it had been cooked to the correct temperature before service and food in the fridge was labelled with date. Perishable food was all within date. Weekly food safety checks took place.

● Staff flushed all taps weekly to prevent the build-up of legionella bacteria.

Good

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff started on a learning pathway when they first started their employment. This included an individual training programme tailored to meet the needs of people using the service.
- Training was a mixture of e-learning and classroom based training with varying frequency. Some training was delivered once, whilst others were renewed yearly or every two or three years.
- All staff training was recorded on the provider's online system. The registered manager told us he monitored this on a regular basis and used it to identify any gaps in training or where training was expiring. Records showed that these were followed up in individual supervision meetings.
- Records showed that staff received regular supervision every six weeks. These provided staff with an opportunity to discuss relevant areas of work and to identify where they needed more support. Topics included any outstanding actions from previous supervisions, concerns, any new developments, people, teamwork, personal development and new actions.

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

- Support plans were outcome focussed and were written in a way that supported people to maintain their independent living skills. These were reviewed on a regular basis which helped to ensure people were receiving the most appropriate level of support.
- Staff were given training which met the needs of people using the service and applied their learning when supporting people leading to good outcomes for people.

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

- People were happy with the food that was available. Comments included, "I like porridge and I have coffee [for breakfast]." We observed staff supporting people during breakfast, encouraging them to do things independently where possible and supporting them when needed.
- The dining environment was pleasant and spacious. The kitchen was well stocked with plentiful food to make snacks and meals for people.
- People felt actively involved in this aspect of the service and were supported to give feedback about food and menu planning through key worker and house meetings. Weekly menus were on display in the dining room, these were displayed in a pictorial format to help people's understanding.
- Staff were knowledgeable about people's dietary preferences. A section of people's care plans included eating and drinking preferences and things they did and did not enjoy.

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

- People were supported to maintain their health through staff intervention and support. Healthy eating

guidelines were on display for staff and people to refer to if needed.
● Details of community learning disability and mental health teams were on display. There was evidence that appropriate referrals were made to external healthcare professionals. We saw correspondence from an epilepsy service and diabetic eye screening service who were involved in people's care.
● Care plans included input from health professionals with record sheets where visiting professionals recorded their visits.
● People's health support needs were documented in Health Action Plans (HAPS). Health Action Plans are documents that state what is needed for people to remain healthy, including the support they may require.

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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● We observed care workers asking people for consent before supporting them with personal care, medicines and their breakfast.
● The provider had applied for DoLS authorisations for people where there were restrictions on people's liberty and they were not free to leave.
● People were able to access the community and attend day centres which they did so independently. Staff supported people when they wanted to go out to local amenities.

Staff working with other agencies to provide consistent, effective, timely care
● There was evidence that the provider worked well with other professionals when supporting people. This included working with local day centres and community teams to ensure people's needs were met.
● People's care plans included a front cover sheet with details of all the professionals involved in people's support networks such as the physiotherapist, psychiatrist, social worker. They also included details of important people who were important to the person, including their family members and their key worker and professional contacts.
● People had current hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Adapting service, design, decoration to meet people's needs
● People lived in individual bedrooms that were furnished with their personal effects and decorated to their liking.
● There was ample space for socialising with a shared kitchen and dining room and a lounge with enough seating for everyone. There was an accessible garden that was accessible from the main lounge.

● One person with mobility support needs lived on the ground floor and their bedroom had an en-suite bathroom with a walk-in shower/wet room which met their mobility needs.

Good

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 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; respecting equality and diversity

- People told us they were really well cared for and they treated with care and respect. Comments included, "I like living here. It's nice", "The staff look after me" and "The staff are good." Relatives were equally praiseworthy about the staff and the living environment, telling us "Staff are brilliant, absolute amazing", "I couldn't ask for a better place for [Family member], "[Family member] loves it there, they are very comfortable."
- There was a really pleasant and friendly living arrangement. People spoke with ease and freely in front of staff, joking with them and telling them about their plans for the day and week.
- Care records included details of people's background and details of their childhood, previous living arrangements and their social background such as family contact and friends networks. There was also a section which considered their religious and cultural needs. Care records were completed with the help and input of people and their family members, where appropriate. The service used this information to plan activities for people that were relevant to them.

Respecting and promoting people's privacy, dignity and independence

- The service anticipated people's needs and recognised distress and discomfort at the earliest stage and, using a multi-disciplinary approach, produced positive outcomes for people. For example, the provider provided extensive support to one person with who had behaviours that were seen as challenging. Following a multidisciplinary meeting consisting of range of professionals including a consultant psychiatrist, a behavioural therapist, other healthcare professionals and staff and staff at Old Hospital Close, a plan that included both behavioural and medical intervention was put in place.
- This intervention produced very positive results and as a result, the person's behaviours had reduced over time and they were now leading an active home and social life, accessing community services with no episodes of behaviours that can be seen as challenging.
- Interactions between people and care workers was natural and easy going. It was obvious that they had a good relationship based on mutual understanding. Many of the people and the care workers had lived at the service and been employed for a number of years and this meant that caring relationships had been established. One relative said, "[Family member] has been living there for such a long time, they are settled there. The staff all know and treat them well." Another said, "They all know and look after [Family member], I don't need to worry about anything."
- We heard care workers supporting people with personal care in a way that promoted their independence, encouraging them to wash their hair and use soap. They did so in a gentle manner, speaking to them in a way that respected their dignity. We observed people eating and drinking independently with the

appropriate level of support.
● A section of the care records included people's personal care preferences, their level of dependency and the level of support needed. One person said, "I have my own shower in my room, somebody helps me to get washed and dressed" and "All of them are nice here. [Staff] is my key worker, she helps me to get ready."

Supporting people to express their views and be involved in making decisions about their care
● The service encouraged people to explore their care options and supported them to explore sources of additional help and advice. The registered manager told us they used independent advocates in review meetings to provide an independent voice. They said this was because, although people's families were involved in their care this was sometimes limited so they wanted an independent voice to ensure people's voices were heard.
● Care records included a 'one page profile' and a section called 'About me', these gave staff information about people's wishes on how best to support them, what's important to them, what they enjoyed doing and their likes and dislikes. They also included things that were important to people currently and in the future. This information was used by the provider to develop support plans for people based on their current and future wishes.
●For example, one person said they liked 'to feel part of the community I live in my taking part in community activities', 'maintaining family contacts', 'doing things for myself and building my independent living skills', 'to continue acting at the theatre' and 'maintaining my health and wellbeing' and 'visit new places in or outside the UK'. It was evident from speaking to the person and from looking at their care plans that they were being supporting to do the things they wanted, for example they regularly attended a day centre where they had the opportunity to meet other people and take part in theatre, life skills, music and holidays.
● People using the service spoke to us about their plans for the week with a lot of enthusiasm. One person was really happy when the bus came to take them to the day centre.
● Regular house meetings took place where people were supported to raise issues that were important to them as group of people. People also had monthly keyworker meetings where they were able to raise any issues in confidence with their key worker.
● During the inspection we observed people making everyday decisions about their support, such as what they wanted for breakfast and their plans for the week.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Care plans were person centred and written from the perspective of people using the service. People's wishes and support needs were clearly identified.
- Support plans were based around developing people's independent living skills and achieving good outcomes for them such as leading and active social life and maintaining a healthy lifestyle. All support plans had short and long term goals for staff to support people to achieve and these were all evaluated on a monthly basis by the key worker.
- Key workers completed monthly key worker review reports, these were comprehensive in scope and included any feedback since previous report and details of any recent reviews and upcoming appointments with health and social care professionals. They also included any updates with regards to any family contact/social, health issues, activities, daily living skills, finances, incidents/accidents and behavioural observations.

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.

- Support plans included a section called My communication which were completed from the perspective of the person, this included their verbal and literacy skills and tips to help staff communicate with the person more effectively. This included the specific communication need and the ways in which the need could be met.
- We observed staff speaking with people in a way that reflected their identified communication needs. People responded to them in a way that indicated they understood them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had family and friends who they liked to keep in touch with and staff supported them to do so. One person said, "I go to my [family] at the weekend." A relative said, "We visit regularly and [Family member], is always happy and smiling."
- People told us they enjoyed fulfilling, independent lives. They said, "I go day centre, I go on the bus", "I'm going to a party on Thursday" and "I went to Isle of white."
- People were supported to follow their interests and take part in activities that were socially relevant and appropriate to them. An activities board on display showed that people attended different day centres

throughout the week, some based around teaching new and independent living skills. Weekends were spent visiting family, going out for meals together and any personal shopping.

End of life care and support

● At the time of the inspection, no one was receiving end of life care.

● There were no end of life care plans in place or any records to indicate discussions around end of life care preferences had taken place. We raised this with the registered manager on the day of the inspection who told us they would speak with people and their family members regarding any end of life wishes and document these in future. We will follow this up at the next planned inspection.

Improving care quality in response to complaints or concerns

● There was evidence that the provider acted on concerns raised, staff recorded any concerns during individual key worker meetings and also asked people if they were unhappy about anything during house meetings which took place every month.

● People told us they would speak to their key worker or the registered manager if they were worried or unhappy about anything. One person said, "If I'm worried I will speak with [my KW]." There was a complaints/suggestions/compliments notice on display

● Only one formal, written complaint had been received. The provider had acted appropriately in response and had investigated the concerns raised, inviting the complainant to attend a multi-disciplinary meeting to investigate the complaint.

Good

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; 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 service's latest CQC inspection report and ratings were clearly displayed on a noticeboard near the front door in the care home and were also available to view on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The provider's vision, values and behaviours were on display. These were based around providing people with the opportunities to live well in and helping them to feel part of their communities. These values were shared by the registered manager and the staff team and the care and support plans reflected this.

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

- The registered manager understood their legal their responsibilities with regard to the Health and Social Care Act 2008 and their obligation to send CQC notifications of significant events or incidents that occurred.
- The registered manager told us he was well supported and kept up to date with the latest sector news and developments. He said, "[The provider's registered managers] meet on a regular basis and we are aware of the latest developments. This gives us the confidence to perform our roles and provides me with a platform for networking" and "We have a designated safeguarding lead and they keep us up to date with the latest developments."

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

- The registered manager was well liked and respected by people, relatives and the staff team. They told us he listened to them, helped them and gave them advice when needed.
- We observed people speaking with the registered manager and staff in a relaxed, informal manner discussing their day and their plans for the week. It was evident that they enjoyed a good relationship based on mutual trust.
- House meetings were held every month where people discussed issues that were important to them such

as holiday ideas, menu plans, birthday parties/upcoming activities and maintenance issues. People were asked if they were happy or sad and the feedback was positive.

● People were asked for their views of the service through two recent surveys, one was arranged by the provider with the help of an independent external organisation. The results from this had not been received at the time of the inspection. An internal feedback survey was completed in February 2019, the service worked closely with the day centre to help people to complete these. The feedback received showed that people were happy and satisfied with the care they received

● Staff meetings were held every month, these were an opportunity to do some reflective practice and discuss any new developments with service and people using the service.

Continuous learning and improving care

● The provider had systems in place to monitor the quality of service This included checks on medicines records and health and safety checks.

● The operations manager completed quality walks, the last one in February 2019. This included checking the home environment, equipment, infection control practice, feedback from people, and any incidents that had occurred. Other checks included mock inspections based on CQC methodology.

● The risk and quality team for the provider completed an audit and action plan. The registered manager told us, "We have a designated risk and quality team who are thorough and provide a fresh pair of eyes."

Working in partnership with others

● The service worked well with community healthcare professional and day services to provider which helped to ensure people received the most appropriate support.