

# Metropolitan Housing Trust Limited

# Cavendish Road

## Inspection report

274a & b Cavendish Road  
Balham  
London  
SW12 0BS

Tel: 02086759957

Website: [www.metropolitan.org.uk](http://www.metropolitan.org.uk)

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14 February 2023

17 February 2023

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## 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 autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

Cavendish Road is a 'care home' that provides care and support for up to 9 people. All the people who live at Cavendish Road have a learning disability. There were 5 people living there at the time of the inspection.

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

The service people received was safe for them to live in and staff to work in. The quality of the service provided was reviewed regularly, and changes were made to improve people's care and support as required. This happened in a way that suited people best. The home had established working partnerships that promoted people's participation and reduced their social isolation.

### Right Care

There were enough well trained and appropriately recruited staff who supported people to live safely, whilst still enjoying their lives. Risks to people and staff were assessed, monitored and reviewed. Complaints, concerns, accidents, incidents and safeguarding issues were reported, investigated and recorded, appropriately. People had their medicines safely administered by trained staff.

### Right culture

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

### Rating at last inspection

The last rating for this service was Good (published 10 November 2018).

### 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 Cavendish Road on our website at [www.cqc.org.uk](http://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 well-led.

Details are in our well-led findings below.

# Cavendish 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

Cavendish 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 12 February 2023 and ended on 8 March 2023. The inspection visits took place on 14 and 17 February 2023.

### 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. People did not comment on the service. We spoke with 3 relatives or advocates, 2 staff, and 2 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 3 people's care plans and risk records. We looked at 3 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). 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 whether the service was safe. Their body language during our visit was relaxed and positive indicating that they felt safe. A relative told us, "No issue with safety." Another relative said, "It is a safe service currently." A staff member told us, "Clients [people using the service] are very safe, although if staffing levels dropped this might not continue."
- The provider gave staff training in how to identify signs of possible abuse and the appropriate action to take if it was required. They also knew how to raise a safeguarding alert. The provider made their safeguarding procedure available to staff and they were required to confirm they had read it.
- People were advised by staff, how to keep safe and if there were areas of individual concern regarding people, they were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- Staff enabled people to take acceptable risks by following their risk assessments. The risk assessments covered all aspects of people's health, daily living and social activities. People were kept safe by risk assessments being regularly reviewed and updated as people's needs, interests and pursuits changed.
- There was a well-established staff team, who knew people's routines, preferences, identified situations where people may be at risk and acted to minimise those risks. A relative said, "I don't think [person using the service] could be in a better place than he already is."
- The general risk assessments were regularly reviewed, updated and included equipment used to support people. The equipment was regularly serviced and maintained.
- Staff received training in de-escalation techniques and appropriately dealt with situations where people displayed behaviour that communicated distress. This was demonstrated by the way staff appropriately dealt with situations patiently helping people to calm down. There were personal behavioural plans if required.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### 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 6 months probationary period with reviews.
- 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. A relative said, "Generally we have a good relationship with staff."

#### 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 refreshed.

#### Preventing and controlling infection

- We were assured that the care home was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the care home 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.
- 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.

#### Visiting in care homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

#### Learning lessons when things go wrong

- Staff said they would be prepared to use the provider whistle-blowing procedure. The provider kept accident and incident records.
- Any safeguarding concerns, complaints, accidents and incidents and whistleblowing was reviewed and analysed to ensure emerging themes were 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 home's culture was positive, open, inclusive, empowering, person-centred and achieved good outcomes for people.
- People did not comment on whether the service was well-led. Their relaxed, positive body language towards the registered manager and staff demonstrated that the service was well-led and met people's social as well as health needs. A relative said, "The [registered] manager responds when I raise things." A staff member told us, "The [registered] manager leads us well and the clients [people using the service] are very happy."
- Relatives said the home was well-run and the registered manager was approachable with people's lives made enjoyable by staff working hard to meet their needs. This reflected the organisation's vision and values. A relative said, "The [registered] manager is okay and most of the time, takes onboard what I'm saying." A staff member said, "My [registered] manager is very supportive."

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 regarding duty of candour and were open and honest with people when things went wrong.
- People and their relatives were informed if things went wrong with their care and support and provided with an apology.

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 there were clear boundaries and lines of communication in place.
- Staff were given specific areas of responsibility such as record keeping and medicines management and carried them out. The QA systems contained indicators that identified how the service was performing, any areas requiring 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.
- The provider, registered manager, and staff carried out thorough audits, regularly reviewed them and they were up to date. There was an internal audit that checked specific records and tasks were completed. These included finances, staff training, customer care and health and safety. There was also a service development

plan. This meant the service people received was focussed on them.

- 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.
- The home maintained close links with services, such as the Richmond and Wandsworth access team, community psychiatric, and learning disability nurses. A policy of relevant information being shared with appropriate services within the community or elsewhere, underpinned this.
- Staff ensured that people had access to local resources such as day centres where they socialised with friends.
- Relatives told us they visited and had regular contact. They were kept informed of what was going on at the home, updated and adjustments were made from feedback they gave. A relative told us, "Person using the service is always tidy and well groomed. Although [person using the service] goes to the day centre 5 days per week, I think they could provide some activities over the weekend."
- 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.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider had policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the provider, registered manager, and staff to learn from and improve the service.
- People's relatives provided regular feedback to identify if the care and support provided was focussed on their needs and wishes. Feedback from people using the service with communication difficulties was taken by interpreting their positive or negative body language to activities and towards staff. A relative said, "Although they [registered manager and staff have upped their game, communication could still be better."
- 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's wishes and needs were identified by staff who had known people using the service for a long time and understood what gestures and other behaviour meant. Relatives and staff said they could voice their views about the service. A relative said, "Staff are nice people and do their best." A staff member said, "We are one big family here."
- During our visit the registered manager and staff checked that people were happy and receiving the care and support they needed within a warm family environment.
- Staff received annual reviews, 4 weekly supervision and monthly staff meetings so that they could have their say and contribute to improvements.
- 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.

