

# Metropolitan Housing Trust Limited

## Baldock - The Rowans

### Inspection report

2 The Rowans  
Baldock  
SG7 6HJ

Tel: 01462490634

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# 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

Baldock – The Rowans is a residential care home providing personal care to four people with a learning disability at the time of the inspection. The service can support up to five people.

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

#### Right support

People did not always have full access to all information about their care, in an accessible format. We recommend the provider looks at ways to ensure the systems and information is accessible to people they support and consider ways to ensure people are able to understand all the information that is captured about them.

People were encouraged to do what they wanted and to make informed decisions and this was done in a kind and considerate way.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people to play an active role in maintaining their own health and wellbeing

People were supported by staff to have choice of their lives and staff supported them in the least restrictive way possible and in their best interests.

#### Right Care

People were not always supported by a service that had systems were in place to report and respond to accidents and incidents. We found instances where there were allegations of abuse and these were not notified to CQC. Leadership was not always effective and did not identify that people were put at risk or subject to potential abuse.

Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could pursue interests that were tailored to them.

#### Right Culture

People had risk assessments in place, which identified risks which people faced and how staff should manage these. However, staff were not always knowledgeable about the content of these risk assessments. When risks to people were identified actions to mitigate the risk were not always resolved in a timely manner which put people at risk of harm.

Staff turnover was high at the time of the inspection, which meant that at times people did not have the consistency from staff who knew them well.

People and those important to them, including advocates, were involved in planning their care. People's quality of support was not always enhanced by the providers quality assurance system the provider had in place. Actions were not always documented, and it was unclear if actions were completed. This meant improvements that were highlighted were not always implemented to improve the care of people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 17 December 2020 and this is the first inspection.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, safeguarding issues and the lack of clear and effective governance systems in place at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led

Details are in our well-led findings below.

**Requires Improvement** ●

# Baldock - The Rowans

## 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

The inspection was completed by one inspector.

#### Service and service type

Baldock – The Rowans 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. Baldock – The Rowans is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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 their registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually 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 with two people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, team leader, quality monitoring team and support workers.

We reviewed a range of records. This included two people's care records and two medication records. We spoke with one professional. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- When risks to people's safety were identified this was not always resolved in a timely manner. A fire door repair had been outstanding for a number of weeks. Paperwork indicated fire doors were being wedged open which posed a significant fire risk. Following the inspection, the registered manager said the fire doors had been repaired.
- Staff and people spoke about delays in getting repairs and faults fixed. For example, maintenance records showed where urgent and emergency repairs had been reported and these were not resolved. There was a repair needed to the fire alarm and it took five days before this was actioned.
- One person needed to have their food modified due to choking risk. Within their support plan it indicated staff needed to have dysphagia training (Dysphagia is difficulty swallowing, taking more time and effort to move food or liquid from your mouth to your stomach). Staff were not trained in dysphagia and not all staff were aware that people needed to have their food modified. This put the person at risk of harm.

Safety concerns were not consistently identified or addressed. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the registered manager ensured staff were booked on dysphagia training and the risks to the environment were actioned.
- Where risks had been identified these were detailed and offered staff clear guidance how to support people safely.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding processes were not fully embedded in the service. Concerns were not always identified with in the management team or notified to the local authority. We found three incidents that occurred that did not had been reported to the local authority or CQC.
- People had access to a car the provider had purchased. Each person contributed financially to the upkeep of the vehicle. When reviewing records, we found that three out of the four people were not using this vehicle. The management team had said this was something they were in the middle of reviewing, however had not considered this to be a safeguarding issue relating to potential financial abuse.

Safeguarding concerns were either not identified or notified to the appropriate organisations. This placed people at risk of harm. This was a breach of regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where accident and incidents were found, staff reported these to the management team where they investigated these and shared the learning within the service.
- Staff recognised signs when people experienced emotional distress and knew how to support them and keep them safe. Staff had training on how to recognise and report abuse.
- Relatives felt their family members were safe where they lived and if people needed support staff were responsive. One relative said, "I think [Family member] is safe there, [Family member] has been there 4 years. I think they gets on with the other people they live with."
- The service helped keep people informed about safety issues through weekly meetings where they spoke about health and safety issues.

### Staffing and recruitment

- Staff said that morale was low due to staffing pressures. This was due to staffing shortages and the reliance on staff picking up additional shifts. One person said, "[Staff] said I could go on holiday with them, but I would rather go with a lady. I can't go this year because we do not have enough staff."
- The registered manager spoke about their challenges with recruitment and were proactive with looking at ways to improve this. The registered manager and provider were working closely together to drive recruitment by reviewing their selection and induction process, as well as ensuring there was a detailed induction for agency staff.
- Relatives felt that their family member valued consistency with staff to build up relationships. It was felt that temporary staff would not hold the same experience and knowledge of the person they were supporting.
- People's care plans contained a clear one-page profile with essential information and do's and don'ts to help ensure that new or temporary staff could see quickly how best to support them.
- People were supported by staff who had been through a robust recruitment selection process. This included all pre-employment checks, such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- The service ensured people's mood was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received support from staff to make their own decisions about medicines wherever possible.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service was admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.



- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy were up to date.
- The service facilitated visits in line with the current guidance.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's outcomes were not always consistently good, and people's feedback confirmed this.

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

- We found parts of the home in need of repair to maintain people's safety and to meet people's needs. Although, some of these were actioned during the inspection, there were still outstanding repairs and decoration.
- People and staff said there was a lack of responsiveness to the maintenance of the home, which meant people were not always living in a home that was well-maintained. One staff member said, "The maintenance is lacking in its responsiveness to issues within its CQC registered properties and does not appear to understand when a job is urgent due to the needs of the customers."
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. The provider had plans to make changes to people bathrooms to meet their long-term needs. This was consulted with the person and health professionals.

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and preferences. People, those important to them and staff reviewed plans regularly together.
- Staff ensured they applied their learning when supporting people in line with best practice. For example, the management team spoke about how staff attended positive behaviour support (PBS) training. PBS is an approach that puts the person at the centre to make systems work for the person. The aim is to understand the person and what action support should take so that the person's needs can be met in better ways.
- Staff felt that although the service is person centred and people get the opportunity to shape their support, there are times where staff needed to continue to encourage people to build their independence.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have including positive behaviour support. Where staff training had expired the registered manager was in the process of booking staff on refresher training.
- The service checked staff's competency to ensure they understood and applied training and best practice.

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

- People were involved in choosing their food, shopping, and planning their meals.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy

eating.

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

- People were supported to attend annual health checks, screening and primary care services. People were supported to complete any follow up actions from the GP. One person said, "I go to the town and go and pick up my tablets and vitamins from the chemist when I need to."
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One relative said, "[Family member] always go to GP appointments and I am informed."
- Staff worked well with other services and professionals if a person had health conditions. For example, one person was told they may have [health condition]. Staff supported the person with understanding healthy eating and lifestyle which resulted in the person being at less risk of this [health condition].

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.

- People had choice over their lives and staff made all attempts to support people in the least restrictive way. Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this into practice.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and had nobody else to represent their interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff members showed warmth and respect when interacting with people. Where people were not happy with the support provided, they felt comfortable to speak out and the management team listened and took action.
- Relatives felt staff were kind and treated their family member well. One relative said, "[Staff] are very caring. They pay a lot of attention and are thoughtful."
- We observed staff being mindful of individual's support needs and what made them feel upset or angry.

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

- Staff respected people's choices and made sure they were able to shape what they wanted to do with their days. Staff talked about what was important to people and what made a good day for them.
- Staff supported people to maintain links with those that are important to them. One person said they were happy they were going to see their relative.

Respecting and promoting people's privacy, dignity and independence

- People said they were involved in aspects of daily living. One person said, "[Staff] help me. I peel the carrots; I do the vegetables and do as much as I can at home." Although a staff member said that this could be developed further.
- Staff knew when people needed their space and privacy and respected this.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff provided people with co-ordinated support in line with their communication plans and support plans.
- Preferences, for example people's preferred gender of staff supporting them was identified and respected. The registered manager said this is reviewed regularly to see what people were comfortable with and ensuring people felt comfortable with the support they received.
- People said they were able to do things that interested them. One person said, "I like going shopping. Tesco shop for food and clothes. I watch TV. I like living in [town] and I like living here."
- Professionals we spoke with felt people received support that was person centred. "I have observed staff attempt to include service users in advanced care planning when they lack capacity. I do feel that the care provided is person centred at The Rowans, the staff are able to demonstrate each service users' needs and how they prefer to be cared for."

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 individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- The provider had systems in place for accessible information and easy read information was produced for people for subjects such as health intervention and how to report if they were unhappy. However, further consideration was required to ensure people had full access to all information about their care, in an accessible format.

We recommend the provider looks at ways to ensure the systems and information is accessible to people they support and consider ways to ensure people are able to understand all the information that is captured about 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 were supported to participate in their chosen social and leisure interests on a regular basis.

- Staff provided person-centred support with self-care and everyday living skills to people.

#### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

#### End of life care and support

- People were supported by staff who were trained in end of life care. Where appropriate family members were involved in these discussions.
- The provider supported people and staff after a person died. For example, staff attended a resilience session to discuss ways to support people and themselves through these difficult times.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had quality assurance systems in place, however these systems were not always reliable and effective. For example, the registered manager had failed to identify the failings relating to safeguarding and fire risks.
- The management team did not consistently capture actions to introduce improvements. These were either not identified or lacked detail as to if these had been completed. For example, health professional stated staff needed dysphagia training, it was not until the inspector noted this in the speech and language support plan that this was actioned. The registered manager acknowledged this and spoke about steps they were taking to improve the quality audits and action plans.
- Relatives said they were able to speak to staff if they had a concern, however, did not know who the registered manager was. The registered manager confirmed the day to day running of the home is led by the team leader and they would not usually have communication with the relatives. Although acknowledges this is something they will need to do moving forward.

The providers systems and processes for governance and quality assurance were not always effective and failed to monitor and improve the quality of care being provided to people living at the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff reported the morale of the staff team had fluctuated over the past months. This was due to management and staffing changes. One staff member said, "Staff morale is not as good as it could/ should be. A combination of low wages and lockdown conditions over the past year. This puts pressure on the remaining team who are then required to cover shifts."
- The provider and registered manager were alert to the culture within the service and spent time with staff and people. The provider had a quality assurance team, which supported the service by completing mock inspections. Where actions were identified these were captured and they returned to ensure improvements had been made.

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

#### characteristics

- Staff encouraged people to be involved in the development of the service. Staff involved people in weekly discussions to talk about the service and what they needed support with each week.
- Staff had the opportunity to share their views and discuss issues within the service.

#### Working in partnership with others

- The service worked well in partnership with advocacy organisations, other health and social care organisations, one professional said, "I have a good rapport with the staff, they are responsive and have good knowledge of the service users. The service is very responsive with giving information. I would also like to add that staff know the service users in great length, I requested information for a service user to determine care needs, the detail and depth of knowledge of the service user was very impressive."



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Safety concerns were not consistently identified or addressed quick enough. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Safeguarding were either not identified or notified to the appropriate organisations. This placed people at risk of harm. This was a breach of regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers systems and processes for governance and quality assurance were not always effective and failed to monitor and improve the quality of care being provided to people living at the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..</p>

