

# Metropolitan Housing Trust Limited

# Kay Hitch Way

## Inspection report

4 Kay Hitch Way  
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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

Kay Hitch Way provides accommodation and personal care for up to four people who have a learning disability. There were four people living at the home when we inspected. Accommodation is provided over one floor. All bedrooms are for single occupancy and there are separate toilets and bathroom/shower facilities. There is a kitchen, communal areas, including a dining room and a lounge, for people and their guests to use. People and their relatives also had access to the rear garden area.

This unannounced inspection was carried out on 14 December 2015. At the time of our inspection a registered manager was in place but was not working at the home. A

registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed and they were going to apply to be registered with the Care Quality Commission.

The CQC is required by law to monitor the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

# Summary of findings

The provider was not acting in accordance with the requirements of the MCA including the DoLS. The provider could not demonstrate how they supported people to make decisions about their care and where they were unable to do so, there were no records showing that decisions were being taken in their best interests. This also meant that people were potentially being deprived of their liberty without the protection of the law.

People's privacy and dignity was respected by staff. People's care was provided with compassion and in a way which people appreciated. People's requests for assistance were responded to promptly.

Staff had been trained in medicines administration and safeguarding people from harm and were knowledgeable about how to ensure people's safety. Medicines were stored correctly and records showed that people had received their medicines as prescribed.

Health care and support plans were in place which gave staff guidance on how to meet people's individual care needs. Risks to people who lived in the home were identified and assessed to enable people to live as safely and independently as possible. However, not all risk assessments and care plans were kept up to date to ensure people were safe and protected from inappropriate care and support.

Staff assisted people with personal care, their medicines, activities/hobbies, cooking and domestic tasks in a kind, cheerful and sensitive way.

Members of staff were trained to provide care which met people's individual needs and wishes with the exception of percutaneous endoscopic gastrostomy (PEG) feeding. Staff understood their roles and responsibilities. They were supported by the manager to maintain and develop their skills and knowledge through supervision, and ongoing training.

Information on how to make a complaint was available for people and staff knew how to respond to any identified concerns or suggestions.

Arrangements were not in place to ensure that the quality of the service provided for people was regularly monitored. People who lived in the home and their relatives were encouraged to share their views about the quality of the care and support provided.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.

Some risk assessments needed to be updated to ensure that people were cared for as safely as possible and that any risks were identified and minimised.

Staff were trained and informed about how to recognise any signs of harm and also how to respond to any concerns appropriately. There were enough staff available to meet people's needs.

Medicines were stored securely and were administered as prescribed.

Requires improvement



### Is the service effective?

The service was not always effective.

Staff were not acting in accordance with the Mental Capacity Act 2005

Including the Deprivation of Liberty Safeguards. This means that people's rights were not being promoted.

People were supported by staff who had received training to carry out their roles.

People had access to adequate food and fluid. People were able to prepare meals and drinks for themselves or with assistance from staff.

Requires improvement



### Is the service caring?

The service was caring.

Staff were very caring and supported people to be as independent as possible.

People received care in a way that respected their right to dignity and privacy. People were involved in making decisions about their care.

Good



### Is the service responsive?

The service was not always responsive.

Some people's care and support needs were not always assessed and reviewed to ensure that they were up to date and met people's needs.

A complaints policy and procedure was in place and people had the opportunity to raise any concerns about their care.

People had access to a range of social activities and were encouraged by staff to pursue their individual hobbies and interests.

Requires improvement



### Is the service well-led?

The service was not always well-led.

Requires improvement



# Summary of findings

The provider did not have effective arrangements in place to monitor and improve, where necessary, the quality of the service people received.

People were able to raise any issues or concerns with the registered manager and staff when they wished.

Members of staff felt well supported and were able to discuss issues and concerns with the manager.

# Kay Hitch Way

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by two inspectors on 14 December 2015.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that

happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

All of the people who used the service had special communication needs. They expressed themselves using a combination of sounds, signs and gestures. We spoke with staff and looked at people's care plans to help us to communicate with the people who used the service. We also observed how people were cared for to help us understand their experience of the care they received. We spoke with four care staff, the area manager and the manager during our inspection.

We looked at two people's care records, staff meeting minutes and medication administration records. We checked records in relation to the management of the service such as quality assurance audits, policies and staff training and recruitment records.

# Is the service safe?

## Our findings

There was a risk assessment process to ensure that people remained safe and that care and support would be appropriately delivered. Risks assessments included risks to the person when they used public transport, risks when getting on and off the vehicle, risks of choking when eating and risks of being in the kitchen. However, we saw that a number of the risk assessments had been completed in 2008 and had not been thoroughly reviewed apart from a signature and 'reviewed' recorded each year. Therefore staff did not have up to date information to always safely assist people.

We observed staff safely administer people's medicines. Medication administration records showed that medicines had been administered as prescribed. We found that staff had been trained so that they could safely administer and manage people's prescribed medicines and that their competency to administer medicines had recently been assessed. However, information contained within people's records was unclear if they had received a yearly medication review as dates were included in the records when the next review was due, however there was no information if these had taken place or if any changes were required. Clear protocols were in place to inform staff of when to administer medicines needed on an 'as required basis'. Where people required their medicines to be crushed to assist them to swallow it, there were clear protocols which had been signed by the GP to allow staff to do this.

Staff demonstrated to us their knowledge on how to recognise and report any suspicions that people may have suffered any harm. They were knowledgeable regarding their responsibilities in safeguarding people and they had received training regarding protecting people from the risk

of harm. They were aware of the safeguarding reporting procedures to follow when required. One member of staff said, "I have received safeguarding training and I would not hesitate in reporting any concerns to my manager." We saw that there were safeguarding reporting guidelines available in the office which included key contact numbers for the local authority safeguarding team.

The manager told us they used bank and agency staff to cover vacancies and short notice staff absences. Where possible they tried to use bank and agency staff that have previously worked at the home to provide consistent care. Our observations showed and staff confirmed to us that people were supported by sufficient numbers of staff. Staff who provided care and support during our inspection undertook this in a cheerful, unhurried and safe manner. Staff told us that staffing levels allowed them to have individual time with people living at the home. We saw that staff assisted people to access the local community.

Staff confirmed that they did not start to work at the home until their pre-employment checks including a satisfactory criminal records check had been completed. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work with people living at the care home.

There were personal fire and emergency evacuation plans in place for each person living in the home and staff confirmed they were aware of the procedures to follow. This demonstrated to us that the provider had a process in place to assist people to be evacuated safely in the event of a fire or emergency. Fire alarm, fire drills and emergency lighting checks had also been carried out to ensure people's safety.

# Is the service effective?

## Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

However, people's mental capacity to make decisions about their care had not been assessed and no DoLS applications had been made as a result. The manager confirmed that all people living at the home may lack capacity to make some decisions for themselves. They advised us that action would be taken to improve the assessment of people's mental capacity. Advice from the local authority had been obtained to improve the provider's mental capacity assessment process.

### **This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

Healthcare records were in place regarding people's appointments with health care professionals, which included GPs, dentists and dieticians. Each person had a 'Hospital Passport'; this was a document that gave essential medical and care information and was sent with the person if they required admission to hospital. This demonstrated to us that people were being effectively supported to access a range of health care professionals which ensured their general wellbeing was maintained. The manager told us that people had access to appointments with dieticians if there were any issues or concerns about nutrition or dietary needs.

Staff told us they had the opportunity to undertake and refresh their training. One member of staff said, "We are

informed about when we need to attend training and it is being made available for us." Staff told us that training was improving and that the manager was booking them on to a number of courses to be completed over the next two-three months. Permanent staff told us that supervision sessions had been held. Bank workers told us that they have no regular formal supervision to discuss their training and development, although they work quite regularly in the home. Staff meetings were held to discuss issues and developments. We saw evidence of a recent staff meeting and a supervision log detailing planned supervisions. As all staff had not received training in percutaneous endoscopic gastrostomy (PEG) feeding. Although this was being arranged, therefore agency nurses were being used to ensure people received the appropriate care and support with their dietary needs.

People were provided with enough to eat and drink. Staff were tactfully checking how much people were eating and drinking to make sure that they had sufficient nutrition and hydration to support their good health. People were being weighed to identify any significant changes in their weight that might need to be referred to a healthcare professional. Although one person we noted had not been weighed since August 2015, when we spoke with staff they had no concerns about the person's diet and the amount that they were eating and drinking.

Staff had consulted with people about the meals they wanted to have and picture cards were being used to support people with making their choices. Records showed that people were provided with a choice of meals that reflected their preferences and we saw that people had a choice of food at each meal time. Staff told us that people were involved as much as possible in all stages of preparing meals including shopping, cooking, laying the table and clearing away afterwards. This helped to engage people in taking care of themselves and contributed to catering being enjoyed as a shared activity. This had been difficult over the last few weeks as they had recently had a new kitchen fitted and were waiting for the final checks to take place. This would then allow them back into the kitchen/ dining room. A meeting showed that people had been involved in the choosing of the colours and furnishings.

# Is the service caring?

## Our findings

Observations and discussion with staff showed that people were encouraged to be involved in the life of the home. When asked people if they were happy with the care and support people smiled and used their own personal signs to indicate a positive response. There was a friendly atmosphere between the staff and people who lived in the home. People were seen to be comfortable, smiling and at ease with the staff who supported them in a sensitive and attentive way.

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans. One staff member told us that, "We all work closely as a team. People are cared for well." We saw staff speaking with people in a kind and caring and attentive way whilst providing people with assistance.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs which was provided in private. We observed that staff positively engaged with people and enquired whether they had everything they needed. This demonstrated that staff respected the rights and privacy needs of people.

People could choose where they spent their time and were able to use the communal areas within the home and spend time in their own bedrooms whenever they wished. One person after their lunch chooses to retire to their bedroom and have a rest. Staff assisted them to lie on their bed.

Each person had an assigned key worker whose role was to evaluate and monitor a person's care needs on a regular basis. There were regular meetings held with health care professionals to discuss people's progress and any additional support that they required. Daily records showed that people's needs were checked and records made to show any events that had occurred during the person's day. We saw that some documents such as, the daily plan was available in a pictorial/easy read format. This provided people with pictures of staff on duty and what plans people had for the day. This showed us that people had information about the service in appropriate formats to their understanding.

The manager told us that no one living at the home currently had a formal advocate in place but that local services were available as and when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.



# Is the service responsive?

## Our findings

We looked at two people's care records during our inspection. People's care records included information which demonstrated how people liked to be supported and information about their social and health care needs. One section of the care plan was titled "How I like staff to support me". There was a day support plan and a night support plan. These both contained comprehensive information about how to care for the person. There was also information about the persons likes and dislikes and their preferred routines. However, it was not clear who had written the care plan and how the person had been involved in the process. We saw that there was a monthly assessment of people's events and achievements but this was not always reflected in the care plan where changes had been identified.

The manager acknowledged that the current care planning process was being redeveloped with clearer guidance to reflect and include the individual person's voice and preferences. The manager also told us that they had been archiving a great deal of historical information so that only current information was available.

We saw a section in care records where staff documented people's daily activities which provided basic details; there was another section which provided more information. The manager told us that as part of the care plan review they would look to condense the number of areas that staff had to write in and make it easier for staff to have details of people's daily care in one place.

Staff told us about the range of activities that people took part in. These included attendance at day services, shopping and accessing local events within the

community. During our inspection one member of staff supported a person to go into Cambridge to do some Christmas shopping. Whilst another person was supported to attend a health appointment.

Activities and day trips took place on a regular basis and photographs of people undertaking different activities were displayed round the home.

Staff asked people about their individual choices and where possible supported people with the choices they make. One person chose not to go out of the home on the morning of our inspection. After lunch, staff became aware that this person did want to go out so they accompanied them on a walk. Staff told us how they engaged with people who were unable to fully communicate verbally to make choices. Staff told us that this was done by listening to a person's answer, key words and understanding the person's body language and facial expressions. Staff were knowledgeable about the people they were supporting and gave examples of how they assisted people both socially and when providing personal care. They told us about the person when they required to go to lie down and where they liked their pillows placing to ensure they were comfortable Staff were also able to say where people liked to go and what activities they liked to take part in

Staff had access to a shift handover sheet, diary and communication book to ensure that any changes to people's care were noted and acted upon.

We saw there was a complaints policy and procedure in the home which was also available in an easy read format. Keyworker meetings took place and people were encouraged to discuss their care and they are asked if they are happy. This showed that people could raise concerns themselves at any time and be confident that they would be responded to promptly and effectively.

# Is the service well-led?

## Our findings

We found that formal quality monitoring visits had been not been undertaken since July 2015. We saw that a number of the risk assessments had not been reviewed and it was unclear if they were up to date. This showed that quality assurance processes were not effective regarding the monitoring of records being kept in the home.

### **This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

The registered manager had recently resigned from their post. A new manager was in post, they were being supported by the area manager and the support staff. Staff told us that they got on well with the manager and throughout our inspection we observed the manager interacted well with members of staff and people living at the home. We saw that staff made themselves available to people who lived in the home and assisted them when needed. On speaking with the manager and staff, we found them to have a good knowledge of people and their care and support needs.

Staff told us that they could make suggestions or raise concerns that they might have. One member of staff told us, "We work well together and are supported by the manager and the area manager." We saw minutes of staff meetings where a range of care and support issues had been discussed.

The provider had a policy and procedure that was available to staff regarding whistle blowing and what staff should do if an incident occurred. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff we spoke with clearly demonstrated an understanding of what they would do if they observed bad practice. Staff told us that they were confident that if ever they identified or

suspected poor care practices or harm they would have no hesitation in whistle blowing. Staff said that they felt confident that they would be supported by the manager to raise their concerns.

We saw that surveys had been completed by people who used the service in November 2014, to gain comments and views about the service. The surveys had been completed by support of the staff working in the home and not by an independent person. There had not been a report produced on the findings to demonstrate that improvements of the service could be made following the views of the people.

The resident meeting minutes discussed areas of the service such as food and entertainment. They described how people reacted to the discussions. This showed that people's opinions were taken into account in the way that the home was run and the service was delivered.

We saw that any repairs and maintenance issues were reported to the organisation's maintenance team for further action. A new kitchen had been installed and the final safety checks were to be undertaken so that people were able to use it.

We saw that there were finance procedures in place to ensure that people's money was safely recorded and dealt with.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. We looked at the records and they showed us that no incidents had been recorded or reported. We were therefore unable to know if such events would be reported in a timely way so we could check that appropriate action had been taken.

The manager and area manager were surprised that no events had been documented and would discuss this at a team meeting to ensure staff were clear about the type of accidents and incidents that should be reported.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider was not acting in accordance with the requirements of the MCA including the DoLS.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who used the service were not protected against the risks associated with unsafe and inadequate monitoring and assessment of the quality of the service provided.