

# Metropolitan Housing Trust Limited

# Richmond Community

# Support

## Inspection report

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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

Richmond Community Support is a supported living service providing personal care to people with learning disabilities or autistic spectrum disorders and physical disabilities. The service provides support to up to 12 people across two residential sites. At the time of our inspection there were 10 people using the service.

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

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 CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

**Right support:** Staff supported people to maximise their choices, including what they liked to do and how they liked to be cared for. People were supported to be as independent as possible in their day to day tasks and where they wished to do so.

**Right care:** Staff treated people with dignity and respect, with relatives feeling their loved ones were well cared for. People received personalised care which had a positive impact on their lives and was responsive to their individual needs.

**Right culture:** The service had a positive, open culture that was led by a responsive and knowledgeable registered manager. This supported people to make choices as to how they wished to live their lives.

We identified that updates were required to some risk assessments and PRN [as required] medicines protocols. The provider submitted updates to us immediately after the inspection.

People were supported in a safe environment, by staff that were able to manage any potential risks well. Staff were safely recruited, and the provider responded to any incidents or accidents as they occurred. Staff recognised the signs of abuse and knew how to report any concerns. Infection control measures were effective in reducing the risk of infection and the premises were clean and well kept.

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.

Staff received regular training that was relevant to their role. They were supported through supervision and

appraisal. People were well supported to access other healthcare professionals when they needed to. Where people needed supported to eat and drink this was done so in line with their presenting needs.

People were supported to be as independent as they could be and were supported to live their day to day lives as they chose to. Complaints and concerns were appropriately responded to. Where appropriate, people were supported to express their end of life wishes.

The registered manager led by example and supported an open culture at the home, that enabled an inclusive environment for all. Quality checks were consistent and the registered manager was clear on their responsibilities. Relatives, staff and other professionals were positive about the impact management had on the service.

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 and update

The last rating for this service was good (published 22 August 2019). This previous inspection was carried out at the location's previous address.

#### Why we inspected

This inspection was the providers first, since they re-registered with the Care Quality Commission.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Richmond Community Support on our website at [www.cqc.org.uk](http://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?

The service was safe.

Good ●

### Is the service effective?

The service was effective.

Good ●

### Is the service caring?

The service was caring.

Good ●

### Is the service responsive?

The service was responsive.

Good ●

### Is the service well-led?

The service was well-led.

Good ●

# Richmond Community Support

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by two inspectors.

An Expert by Experience made calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the location's office/service on 07 February; as well as one of the supported living sites.

#### What we did before the inspection

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. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, the team leader and four care workers. We reviewed four people's care files and other records relating to the management of the service.

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.

#### After the inspection

We received feedback from three professionals that worked with the service. We also reviewed evidence that the provider had submitted to us electronically, such as policies, staff files and audits.

# 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 of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- On the first day of the inspection we identified risk assessments were not always in place. For example, one person who engaged in behaviours that may challenge the service did not have a risk assessment to guide staff on how to support them safely.
- Despite our findings, staff were able to tell us the steps they would take to keep someone safe when in a state of heightened anxiety.
- We raised our concerns with the registered manager who after the inspection sent us updated risk assessments for the person. In addition, they showed us they were reviewing all people's risk assessments to ensure they were clear and concise in their guidance. We were satisfied with the providers prompt response.
- Personal Emergency Evacuation Plans (PEEPs) were in place and reviewed regularly.
- Risk management plans covered, for example, personal hygiene, pressure sores, communication, medicines and eating and drinking. The management team ensured risk management plans were reviewed and updated regularly.

### Using medicines safely

- People's medicines were administered as intended by the prescribing G.P.
- During the inspection we identified PRN (as and when required) medicines protocols were not always in place. After the inspection the provider immediately sent us updated protocols for each person we identified.
- Staff were aware of the importance of reporting any medicines errors swiftly to minimise the impact on people's health and well-being. Staff received on-going medicines training and had their competency assessed.
- Medicines Administration Records (MARs) were clear and indicated the name of the medicine, dose, route and frequency.
- Medicines were stored safely and only those with authorisation were permitted to administer medicines.

### Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse as staff had a clear understanding of the provider's safeguarding policy and could identify, report and escalate suspected abuse.
- One staff member told us, "I would report to my manager, let them know about it, leave it for them to take action and inform the resident. If not, I would go to head office or go to CQC and whistle blow."
- Records showed the registered manager notified the relevant authorities of safeguarding occurrences in a timely manner.

### Staffing and recruitment

- There were sufficient numbers of staff deployed to keep people safe.
- Recruitment process ensured only appropriate staff were employed. Staff personnel files contained photographic evidence, proof of address, application forms, satisfactory references and a record of their Disclosure and Barring Services (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff members told us there were adequate numbers of the team to ensure all shifts were covered and enabled them to spend time with the people they supported.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visitors were well supported to visit the home, with checks to ensure professionals were vaccinated and that all visitors provided a negative COVID-19 test prior to entry.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

### Learning lessons when things go wrong

- The provider ensured that incidents and accidents were responded to in a timely manner. Where incidents or accidents occurred, a full investigation was carried out.
- Measures were put in place to reduce the likelihood of the incident reoccurring.



# 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 good.

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

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

- People's needs were regularly assessed to ensure the care provided met their needs.
- Prior to moving into the service, a pre-admission assessment was carried out in conjunction with the funding local authority. Pre-admission assessments covered for example, the reason for the referral, background, diagnosis, physical health, behaviour, communication and medical needs.
- A pre-admission assessment detailed the level of support people required and formed the basis of a care plan.

Staff support: induction, training, skills and experience

- People were supported by staff that had the skills and experience to meet their needs.
- Staff told us they found the training provided beneficial to their role. Training covered both mandatory and person specific training. For example, medicines management, safeguarding, infection prevention, epilepsy and dementia awareness.
- The training matrix showed that 85.6% of training at the service had been completed. After the inspection the provider sent us confirmation that all training would be updated within the next fortnight.
- Staff received regular supervisions and gained feedback to improve the service delivery.

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

- People told us they had sufficient food and drink and the food available was enjoyable.
- Records showed where people had specific dietary requirements these were catered for. For example, in relation to people's health and faith needs.
- The service had a two weekly menu plan which was flexible should someone wish to eat something that wasn't on the menu. Where possible, people were supported to prepare their own meals to enhance their daily living skills.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were regularly assessed and monitored. Staff understood the importance of identifying any changes to people's presentation quickly and healthcare support sought.
- People had up-to-date hospital passports and health action plans in their care plan. A hospital passport is a document detailing people's medical, social and health needs and is often shared with healthcare professionals to ensure reasonable adjustments are made when accessing health services. A health action

plan details what people need to remain healthy.

- These documents were regularly reviewed to ensure they reflected people's current needs.
- Records showed people had access to a wide range of healthcare services, for example, the dentist, G.P, psychiatrist and district nurse.
- A healthcare professional told us, "There is good engagement and compliance from staff teams in terms of recommendations and interventions including for complex and chronic presentations."

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 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 MCA.

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's consent to care and treatment was sought prior to being delivered. This included records of any best interest meetings.
- Staff had a clear understanding of their responsibilities in line with legislation.
- Records showed that they had liaised appropriately with the local authority to request community Deprivations of Liberty Safeguards (DoLS) so that people were safely supported when accessing the community.

# 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

- People were treated with respect and kindness from staff that knew them well.
- Relatives told us, "[Loved one] is thriving with the care [they] get", "It was traumatic [the pandemic] for the family not visiting, explaining or keeping in touch, but they [staff] were so caring and kind [person] wasn't bothered for us" and "I have no worries, [person] is cared for professionally, and with fondness."
- Where people had any religious needs staff were able to tell us how they supported people to practise their faith, such as trips to their place of worship.

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

- People were able to express their views and decisions in a manner they chose which was understood by the staff supporting them.
- Not everyone at the service was able to communicate verbally. However, staff knew the people well and told us they used PECs, gestures and body language to express themselves. PECs is a Picture Exchange Communication System that allows people with little or no communication abilities to communicate using pictures.
- Staff gave examples of how they supported people and told us they would respect people's decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A staff member told us, "When we support, we close the door, windows. Talk to [the person], tell them what we're doing, when taking off their clothes make sure we cover them."
- The service placed great importance on supporting and encouraging people to maintain their independence and have control over their lives wherever safe to do so. Through supporting people to prepare food and drink, get dressed and communicate this enhanced their independence and minimised the risk of de-skilling people.

# 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

- People received personalised care that was regularly reviewed to reflect their changing needs.
- Care plans were central in ensuring people's needs were met in line with their preferences. Care plans detailed people's needs, in relation to health, wellbeing, medical and social needs and how their desired outcomes would be achieved.
- Care plans also included comprehensive information about people's background, which further enabled staff to understand the people they supported.
- Staff told us, should they identify a person's needs had changed, they would inform management immediately to ensure the care plan was updated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly documented, and staff gave us examples of the different communication methods used by people. For example, verbal communication, gestures, eye movements and sounds.

Improving care quality in response to complaints or concerns

- People had access to a keyworker who carried out regular one-to-one meetings with people to review the care provided and any issues or concerns that may be identified and subsequently actioned.
- We reviewed the providers complaints records, which showed they had responded to complaints in a timely and professional manner to address any issues raised.

End of life care and support

- People or their relatives were provided with the option to discuss their end of life wishes. These were clearly recorded within people's care plans. These included people's preferences such as their favourite song and colour, to help inform what people may wish for at their funeral service.

# 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 good.

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

- A relative told us the registered manager was, "On the ball, excellent". Staff said, "You know you have a good manager when they listen" and "I don't have any problems, she's [registered manager] brilliant, even if out of hours. I can always call or send a message."
- The atmosphere within the service and amongst the staff members was positive, supportive and inclusive. People were at the centre of the service. Staff told us they worked as a team and felt they really pulled together to ensure they met people's needs and improved their quality of life.
- People's goals and aspirations were continually sought and strived for. People received regular keyworker meetings, whereby they discussed what had taken place the previous month, things people could do now that they couldn't do the previous month; what they were working towards in coming months and how this could be achieved.

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 registered manager had a clear understanding of their responsibilities under the duty of candour. The registered manager told us, "I'd let them know we'd investigate, let them know we've done something wrong. I would say sorry, and apologise, and follow any direction."

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

- The provider carried out regular audits in order to have oversight of the day to day running of the service and improvements that could be needed.
- Regular quality walks were conducted by the registered manager and regional management; to identify any improvements required across the service. We reviewed any action plans and found that any matters arising were dealt with in a timely manner.
- The registered manager knew of their responsibility to ensure the service complied with the regulations, and ensured any statutory notifications were submitted in a timely manner.

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

- Monthly keyworker meetings enabled staff to review the previous months goals and ascertain people's

views.

- Relatives were asked for feedback and told us that whenever they raised any issues this was always actioned and managed appropriately.

Working in partnership with others

- The provider worked alongside a variety of external agencies to ensure they met people's needs and supported them to access other services they required in a timely manner.
- Other professionals told us, "My experience of these services and the care and support people living in them receive, has been very positive" and "[Registered manager] ensures overall management of this home with the support of her deputies; who are also very devoted staff for the client group they are supporting."