

Metropolitan Housing Trust Limited

128 Suez Road

Inspection report

128 Suez Road
Cambridge
Cambridgeshire
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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

128 Suez Road is registered to provide accommodation and personal care for up to eight people. There were six people living at the home when we visited.

At our last comprehensive inspection on 25 November 2015 we found two breaches of the regulations. These concerned the inadequate assessment of and action to reduce identified risks for people and the lack of arrangements regarding the assessment of people's mental capacity and deprivation of liberty. The provider wrote and told us what they would do to meet the legal requirements in relation to the breaches.

We undertook this unannounced comprehensive inspection on 21 October 2016 and found the provider had followed their plan and had made improvements.

At the time of our inspection a registered manager was in place. A registered manager is a person who has registered with CQC 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. However, the registered manager was not available on the day of our inspection but we were assisted by the team leader and care staff.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that people's rights were being protected as DoLS applications were in progress where required and had been submitted to the relevant local authorities.

People who lived in the home were assisted by staff in a way that supported their safety and that they were treated respectfully. There were healthcare and support plans in place to ensure that staff had guidance to meet people's individual care needs. The care and support plans recorded people's individual choices, their likes and dislikes and the assistance they required. Risks to people who lived in the home were identified and assessed to enable people to live as safely and independently as possible.

Staff cared for people in a kind, cheerful and sensitive way. Staff assisted people with personal care, activities/hobbies, cooking meals and domestic tasks throughout our visit to the home. Arrangements were in place to safely assist people with their medicines and nutritional needs. People were supported to have access to external health and social care professionals.

Members of staff were trained to provide care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported by the registered manager and team leader to maintain and develop their skills and knowledge through regular supervision and ongoing training.

People were able to raise any suggestions or concerns they might have with the team leader and staff and

people's way of communicating was understood by staff providing support. We observed that people were listened to and staff responded to them in an understanding and attentive way

The team leader and members of staff communicated well to ensure that people's needs, activities and appointments for people were responded to in a timely manner. Arrangements were in place to ensure that the quality of the service provided for people were regularly monitored by the registered manager, team leader and staff.

People who lived in the home were encouraged to share their views and arrangements were in place so that people could have their say about the care and services provided.

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.

Risk assessments were in place 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 was sufficient numbers of staff available to meet people's needs.

Medicines were stored securely and were administered as prescribed.

Is the service effective?

Good ●

The service was effective.

The registered manager and staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and appropriate procedures were in place to ensure that people's rights were protected.

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

Arrangements were in place for people to receive appropriate healthcare whenever they needed it. People had access to a nutritious diet and were able to prepare meals and drinks for themselves where possible, with assistance from staff.

Is the service caring?

Good ●

The service was caring.

Staff were caring and supported people to be as independent as possible. People received care in a way that respected their right to dignity and privacy.

Staff had a good knowledge and understanding of people's

support needs and what was important to them.

People were involved in making decisions about their care. There were regular meetings held with healthcare professionals to discuss people's progress and any additional support that they required.

Is the service responsive?

Good ●

The service was responsive.

People's health and care needs were assessed, planned for and reviewed to ensure that they were met.

There was a procedure in place to appropriately respond to people's concerns and complaints.

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

Is the service well-led?

Good ●

The service was well-led.

There were arrangements in place to monitor and improve, where necessary, the quality of the service people received.

People using the service were able to raise any issues or concerns with the team leader and staff when they wished

Members of staff felt supported by the management team and were able to discuss any issues and concerns. Staff enjoyed working at the home.

128 Suez Road

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 one inspector on 21 October 2016.

Before the inspection we looked at information that we held about the service including notifications. Notifications are information regarding important events that happen in the home that the provider is required to notify us about by law. We also spoke with a care manager from the local authority, a learning disability nurse and two contract monitoring officers with the local authority.

During the inspection we observed people's care and support to help us understand the experience of people who could not talk with us.

We spoke with three people living in the home, the team leader and four members of staff. We looked at three people's care records. We also looked at other documentation including accidents and incidents forms, documents regarding MCA and DoLS, complaints and compliments, medicines administration records, quality monitoring information and health and safety records.

Is the service safe?

Our findings

At our last inspection on 25 November 2015 we found that there was inadequate assessment of and action taken to reduce identified risks to people. During this inspection we saw that there had been improvements made in this area and that there were detailed risk assessments in place to reflect people's current needs.

There was an improved risk assessment process in place to ensure that people remained safe so that care and support could be appropriately delivered. Examples included assistance with, eating and drinking, with medicines, mobility and safety when out in the community. We saw that risk assessments were regularly reviewed every six months or more often as required when people's needs changed.

People that we met told us that they were very happy living at the home. One person said, "I have lived here for a long time and it is my home." Another person told us, "I like living here and I get help from staff whenever I need it." Some people were unable to tell us about the care and support they received whilst living in the home, due to their complex needs. However observations we made showed that staff were knowledgeable and reacted to people's non-verbal cues to ensure their support needs were being met.

Staff we spoke with demonstrated to us their knowledge on how to recognise and report any suspicions of 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 and of the whistle blowing policy. One member of staff said, "I have received safeguarding training and I would report any concerns to my team leader." We saw that there was a pictorial flowchart available to people and staff which described the safeguarding guidelines and procedures including key contact numbers for the local authority safeguarding team.

Our observations showed and staff confirmed to us that people were supported by sufficient numbers of staff. We saw that staff who provided care and support during our visit undertook this in a cheerful, unhurried and safe manner. The team leader told us that staffing levels were monitored on an ongoing basis and additional members of staff were made available to meet people's individual changing needs. We were told by the team leader that additional staffing had been arranged to support a person's increased level of need and this was being monitored on an ongoing basis in conjunction with the local authority.

One member of staff told us that staffing levels usually allowed them to have individual time with people living at the home. We saw that there were sufficient numbers of staff to respond for people's personal and social care needs. We saw the staff roster and saw that shifts had been covered by agency staff via the provider's personnel department who booked bank/agency staff on the home's behalf.

During our inspection we saw that there was an issue regarding staffing in the afternoon shift. The team leader from the provider's adjacent service promptly and efficiently dealt with the situation and ensured that there were sufficient numbers of staff on duty to ensure people's safety.

We saw that there were sufficient numbers of staff during the day to meet people's personal and social care

needs. Members of agency staff told us that they that they had received an induction which covered a variety of topics including; care and support issues, health and safety and orientation to the premises. They also said that they had been assisted and shadowed more experienced staff when they first started work in the home to ensure that they understood and felt comfortable in their job role and responsibilities. The agency staff we met had worked in the home on a number of shifts and knew the people well. Observations we made showed that the bank and agency staff were aware of people's individual needs and people were seen to be comfortable and relaxed with them.

Staff told us they had commenced work in the home when all the required recruitment checks had been completed. Bank and agency staff were recruited and trained via the organisation's personnel department.

We observed staff safely administer people's medicines. Medicines 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. We saw that there were medicines administration competency checks for staff to ensure their practice was safe and monitored. Where any concerns were identified staff would receive additional training to improve their competency where required. Medicines were stored safely and the team leader carried out audits of stock and records of administration. We checked a sample of stocks of medicines and found them to be accurate.

We saw that there were individual documents in place detailing people's medicines. There were protocols in place with guidelines for staff regarding the use of 'as required' medicines [PRN] such as pain relief medicines. This demonstrated that people were protected from harm because the staff followed safe medicines management procedures.

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 safety assessments, fire alarm checks, emergency lighting checks and water temperature checks had also been carried out to ensure people's safety.

Is the service effective?

Our findings

At our last inspection on 25 November 2015 we found that people's mental capacity to make decisions about their care had not been assessed and that DoLS applications, where required, had not been made as a result. During this inspection we saw that there had been improvements made in this area.

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.

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 were being met. We found that people's rights were being protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place and training for staff regarding the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw that mental capacity assessments had been appropriately completed. The team leader told us and documentation showed that DoLS applications, for two people living at the home, had been submitted to the relevant authorising agencies and that they were waiting for these assessments to be completed. Best interest meetings were held in conjunction with healthcare professionals, which included care team managers. Examples of this included assisting people with their finances, prompting with personal care and safety in the community. These assessments had been completed in conjunction with the person's care manager and or learning disability specialist nurse.

Staff had undertaken training MCA and DoLS and this was confirmed via the staff training records we looked at. Observations made during the inspection showed that staff were keen to promote people's independence and choices and worked in line with the underpinning principles regarding MCA. One member of staff said, "We should always assume people have the capacity to make decisions for themselves and provide assistance only when it is needed. This is people's home and they should always have a choice in what they want to do and how they want to be supported." A member of agency staff told us "I am here to help people be as independent as possible and to respect the choices they make."

Each person had a 'Hospital Passport'. This is a document giving essential medical and care information which is sent with the person if they required admission to hospital. We saw that people had regular appointments with healthcare professionals. This was confirmed in the care records we saw which showed that people had attended appointments with a GP, optician, dentist and occupational therapy appointments.

We spoke with a care manager and a specialist learning disability nurse who had regular contact with the service. They told us that the staff had responded to any advice given and that they were proactive in

reporting/seeking advice regarding any changes to people's support needs. This demonstrated to us that people were being effectively supported to access a range of healthcare professionals which ensured their general wellbeing was maintained.

Staff told us they received ongoing training in a number of topics such as safeguarding, infection control, mental capacity and deprivation of liberty and medicines administration training sessions. Staff told us that they had also received training regarding; dementia awareness and in responding to people with challenging behaviours. Staff we spoke with told us they felt supported by the registered manager and team leader and received regular supervision sessions where they could discuss any issues and personal development.

We observed people being assisted at lunchtime and during the evening meal. We saw that these were social occasions where people were offered a choice of meals choices and drinks. People could also make themselves drinks and snacks at other times during the day with assistance from the staff when required. We saw that there was a weekly menu plan in place where people had chosen meals they would like. Staff told us that people could have something different if they did not wish to have the planned menu choice.

People assisted, where possible, with the preparation of meals and they were involved in food shopping trips during the week. People were consulted about their meals and we saw that this was also discussed during the resident's meetings. The team leader told us that people had access to appointments with dieticians if there were any issues or concerns about nutrition or dietary needs.

Is the service caring?

Our findings

There was a friendly atmosphere in the home with a good deal of good natured banter between staff and people living at the home. People were seen to be very comfortable, smiling and at ease with the staff who were supporting them in a friendly and attentive way. People were assisted by staff with domestic tasks such as putting laundry away and to help people organise their activities during the day. One person was busily carrying out domestic tasks during the day. We saw that assistance was given in a fun, caring and supportive way at all times during the day. One person said, "I am going to an appointment later today and [name of staff] is helping me with this which is good."

People were supported by staff to remain as independent as possible. This included supporting people with everyday tasks. One person said, "I like to make sure that the bins are emptied and it's my job to make sure they are done – I also like to spend time tidying the garden too." Another person told us, "I like to go out each day and enjoy going to the local shops and the staff help me sometimes to go and see my GP." We saw that people had been able to discuss their plans for forthcoming holidays and Christmas events and these had been recorded in the minutes of the monthly 'resident's meetings'.

One person we spoke with said, "I have lived here for many years and I am very happy and the staff help me with whatever I need." We saw that staff responded to people's support needs in a kind manner and knew people's daily routines and preferences. One person was encouraged to go out on their own to visit local shops which helped to improve their confidence and independence.

Staff talked with affection about the people they were supporting and one staff member told us that, "People are cared for very well - this is their home and it's like one big family here." We saw staff speaking with people in a kind, caring and attentive way whilst providing them with assistance. We saw that staff knocked on people's bedroom doors before entering. Whenever people were being assisted with personal care we saw that staff closed the bedroom/bathroom door to ensure the person's privacy. 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. One person told us that they liked their bedroom which they had been able to personalise with their own furnishings, choose preferred colours and belongings to suit their preferences and interests. They told us that they were going out to buy some more furnishings and they were especially keen to purchase other items of furniture for their room.

Staff members were enthusiastic about the care and support that they provided and talked with warmth and affection about the people using the service. One staff member told us, "I really enjoy my job and working here and it is a very supportive team." We saw staff speaking with people in a kind and caring manner and explaining what they were doing whilst providing assistance. We saw that members of staff included people in conversations, such as talking about forthcoming events and going on a shopping trip. We saw that people responded positively to conversations and interactions with staff this. Staff were aware of people's communication style/abilities and responded to their body language and key words where

verbal communication was limited. People responded by smiling, laughing and being, or becoming, calm and relaxed.

Each person had an assigned key worker whose role was to evaluate and monitor a person's care and support needs on a regular basis. There were also regular meetings held with health care professionals to discuss people's progress and any additional support that they required. Healthcare professionals we spoke with confirmed that they regularly met with the staff to monitor people's ongoing/ changing care needs.

Daily records were completed to ensure that people's needs were checked including any appointments or events that had occurred during the person's day. We saw that other documents such as, support plans and aims and goals were written in a pictorial/easy read format where required. This showed us that people had information about the service in appropriate formats to their understanding.

The team leader told us that no one living at the home currently had a formal advocate in place but that local services were available when required. We saw that contacts for advocacy services were available to people to use when they wished. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

This showed that people's choices and preferences were valued and met and dignity was being respected and addressed by the staff throughout our inspection.

Is the service responsive?

Our findings

There was a homely and calm atmosphere in the home and people were being assisted by members of staff in a cheerful, attentive and unhurried way. We observed that there were sufficient numbers of staff on duty to be able to provide both support to people whilst at the home and to be able to accompany them to attend appointments and pursue their hobbies and interests and to access the local community. Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. One member of staff told us how they were assisting a person who had recently come to live at the home and that they were getting to know them more and more each day and sorting out their daily routines and support needs with them.

We saw that three people visited a local day service during the day and that three other people pursued chosen activities either at home or in the local community. We saw that people were assisted by staff to go out during the day and to attend an appointment such as with a GP at the local surgery. We saw that some people enjoyed attending local religious services held. We also saw that people were involved in looking at reminiscence books, listening to music and spending time in the garden and in their room. This meant that people were able to participate in and choose activities and interests that were important to them

Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. They said 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. We saw that there were details in place regarding people's preferred day time and nighttime routines.

We looked at three care plans during our inspection. There were a variety of care and support documentation in place covering aspects of the person's assessed needs. Care plans were written in a 'person centred' style to show the person's care and support preferences. Examples included people's physical, social and healthcare needs. Care plans showed how people liked to be supported regarding their preferences and dislikes, assistance/prompting with personal care, personal history, important people in their lives, communication needs, daytime and evening routines, eating and drinking protocols and guidelines for staff when managing behaviours that challenge.

People's care and support plans were regularly reviewed with monthly updates regarding any events to ensure that care needs remained up to date and staff were responsive to any changes to people's care and support requirements.

We spoke with a care manager who had contact with the home. They told us that they worked closely with the team leader and staff team and regularly met to review and discuss changes and strategies regarding people's care and challenging needs. They also told us that communication was good and information provided by the registered manager, team leader and staff was professional and detailed. We also spoke with a learning disability nurse who was in contact with the home and they were positive and

complimentary about the care and support that was provided.

We saw that there was a communications book in place where staff could record significant issues to inform and leave messages for their colleagues. Staff told us that they always checked this book and the diary to ensure they were aware of any issues, appointments and updates to people's support needs. We saw that there was a handover meetings during each shift change to ensure any updates and issues were passed on to staff coming on shift.

One person told us they could always talk to the staff if they ever had any concerns. We saw there was a complaints policy and procedure in the home which was also available in an easy read format so people could access it and use it themselves if they wanted to. There was a complaints log in place and we saw examples of correspondence regarding concerns which had been responded to and resolved to the complainant's satisfaction. We saw that there were pictorial aids available for staff to assist them in communicating with people with limited communication skills.

Is the service well-led?

Our findings

There was a registered manager in place. Staff told us that they felt supported by the registered manager and team leader and also by their staff colleagues.

We saw that representatives of the provider had made visits to the home to monitor quality assurance procedures such as, finances and the care and the support being provided. However, the team leader said that these visits previously had been infrequent but that recent support visits from a seconded area team leader had been positive and very helpful in driving the quality of the service provided forward.

Throughout our inspection we observed that the staff interacted well with people living at the home. Observations made during this inspection showed that staff were attentive to people who lived in the home and assisted them with whatever was needed.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. We saw the 2016 surveys that had been received from people in the home and they were positive about the care and support provided. We also saw surveys returned from relatives which contained positive comments about the registered manager and staff team regarding the support provided to their family members. One relative commented that, "Staff are very helpful and support [family member] very well."

Staff told us that they could make any suggestions or raise concerns that they might have. One member of staff told us, "The team work well together and I feel supported." An agency member told us that, "The team leader and staff are knowledgeable and were supportive and helpful when I started working here." We saw minutes of staff meetings where a range of care, support and service development issues had been discussed.

Staff told us that they were confident that if ever they identified or suspected poor care standards or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of. Staff said that they felt confident that they would be supported by the registered manager to raise their concerns. A staff member told us, "Our manager is very supportive and helpful and I can speak with them any time I need to." Staff we spoke with were aware of the whistleblowing policy and told us that they would not hesitate in reporting any poor practices, they had witnessed, to the registered manager and team leader.

We spoke with a quality assurance officer from the local authority and they were positive about the changes that the registered manager and team leader had made in improving the quality of care and support in the home.

We saw that there were regular discussions and checks made with the registered manager, team leader and staff to audit key areas including; health and safety, medicines, care and support issues and staffing issues. This meant that the safety and effectiveness of the services provided were regularly checked and action was

taken where any shortfalls were identified.

We saw that where the need for improvement had been highlighted action had been taken to improve services for people. An example included the use of sensors mats to monitor a person, who needed regular supervision, during the day. This demonstrated that the registered manager, team leader and staff had a positive approach towards a culture of responding to people's needs and the quality of care being provided.

Any accidents and Incidents were recorded and monitored by the registered manager and team leader and any actions taken as a result incidents were documented as part of the homes on-going quality monitoring process to reduce the risk of the incident reoccurring.