

Metropolitan Housing Trust Limited

Old Hospital Close (12)

Inspection report

12 Old Hospital Close
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London
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

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

Old Hospital Close (12) is a residential care home providing personal care. Five people lived there at the time of our inspection.

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

Right culture

Staff did not feel that management were always visible or approachable in the service. Staff put people's needs and wishes at the heart of everything they did. People personalised their rooms and were included in decisions relating to the interior decoration and design of their home

Right support

Governance processes were not always effective in providing good quality care and support. Staff had training on how to recognise and report abuse and they knew how to apply it. People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

Right Care

Staff were patient and used appropriate styles of interaction with people. Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities. People had the opportunity to try new experiences, develop new skills and gain independence. People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 September 2018)

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

For enforcement decisions taken during the period that the 'COVID-19 – Enforcement principles and decision-making framework' applies, add the following paragraph: 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 a breach in relation to good governance at this inspection.

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 safe.

Details are in our safe findings below.

Good 

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 

Old Hospital Close (12)

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection.

Service and service type

Old Hospital Close (12) 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. Old Hospital Close (12) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

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 not 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 the last 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

People who used the service were unable to speak with us on the day of inspection. Following the inspection, we spoke with one relative about their experience of the care provided.

We spoke with six members of staff including the acting manager, operations manager, head of care and support, the team leader and two care workers.

We used the Short Observational Framework for Inspection (SOFI)/ spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and three medication records. 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 looked at quality assurance and other records in relation to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines at the times they needed them. However, we identified that one person did not have clear guidance for the administration of one of their 'as needed' [PRN] medications.
- We found that the medicine had not been administered to the person, so there had not been a risk of it being given at a time it wasn't needed. We raised this with the management team who told us they would take action to ensure the PRN protocol was up to date. We will review this at our next inspection.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Where incidents or accidents occurred lessons were learned and shared. The provider ensured that incidents were fully recorded and reported.
- We identified that one recent incident had not included prompt sign off by management. We raised this with the management team who took action to ensure this was addressed.

Systems and processes to safeguard people from the risk of abuse

- Measures were in place to minimise the risk of abuse. There were clear processes for staff to follow to ensure they could raise any safeguarding concerns.
- Staff said, "We protect people to live free from harassment, abuse, neglect" and "Report it [suspected abuse] to our line manager, we can report it to their manager, the Care Quality Commission, the local authority."
- Records showed that at the time of our inspection there was an open safeguarding investigation. The provider was in appropriate liaison with the local authority.

Assessing risk, safety monitoring and management

- Potential risks to people were assessed and recorded. Clear management plans highlighted the steps staff needed to take to mitigate the likelihood of risk occurrence.
- Where a person could display behaviours that might cause anxiety and distress, there was a clear management plan so that staff could respond appropriately, and in line with the person's needs.
- The premises were reviewed and maintained to ensure they were kept safe for the people that lived there.

Staffing and recruitment

- Staff were safely recruited to ensure they were suitable to work with people. This included suitable references, previous employment history, proof of identity and Disclosure & 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.

- There were enough staff to meet the needs of people living at the home, and to enable to them to engage in house and in community activities.

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 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.

Visiting in care homes

Any visitors were safely supported to access the home when visiting. People would often meet with family and friends within the community.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always supported through regular supervision. Comments included, "We don't have supervision anymore. None since [previous registered manager] gone" and "Yes, we need it [supervision]. No, don't think could ask for it."
- Records confirmed that staff did not always receive regular supervision. Staff did not always receive appropriate support to help them reflect on their practice. After the inspection, the provider sent us detailed records demonstrating that supervision meetings had been planned and booked for all staff.
- Staff did not always receive the necessary training to carry out their roles. We reviewed the providers training matrix and found that staff did not receive training in supporting those who could present behaviours that could cause anxiety or distress.
- We raised this with the management team who ensured this training was booked for the week following inspection.
- Staff told us they received other regular trainings, usually through an online platform to refresh their knowledge.

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

- People's needs were assessed prior to their placement at the service to ensure that the provider was able to meet their presenting needs. This included liaison with the placing local authority to review suitability.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People received good support in order to meet their nutritional needs. Where one person required adaptive equipment the service accommodated this, and staff were clear on how to support the person.
- Care records detailed people's meal preferences, which staff followed as well as foods they were not able to consume due to allergies or dislikes. A relative said, "The food my relative gets is what he likes. The G.P comes in and sometimes he has to be on a special diet, but the staff will cook the right food for him."
- People were well supported to access care from healthcare professionals. Records showed that staff liaised with Speech and Language Therapy, dentists, psychology and psychiatrists. Where people required medical attention, this was actioned promptly.

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

- The service was designed to meet the needs of people that lived there, and allowed for their privacy. People were able to choose when and whether they accessed communal areas.

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.

- The provider adhered to the principles of the MCA. The provider had applied for DoLS where necessary, with any conditions recorded within people's care files and responded to as appropriate.
- Where people required best interests decisions these were completed alongside the relevant professionals and clearly detailed the least restrictive options.
- Staff had a good understanding of the need to obtain consent before providing care. A staff member said, "The Mental Capacity Act, to assess someone to see if they have mental capacity to make a decision."

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.

At the last inspection this key question was rated as caring. At this inspection this key question has now remained the same.

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 supported by caring staff. A relative said, "The staff are very compassionate." We saw that staff knew people well and responded to people's presenting needs in a considerate manner.
- Staff respected people's diverse needs with one staff member telling us, "We support people with [cultural needs] we cook specific cultural foods on a Monday."
- Staff told us, "I've developed rapport with my residents" and "We are so close, the staff support each other."

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

- People were involved in decision making around their care needs. A relative told us they were consulted by staff at the home.
- Regular keyworker sessions were held with people to ensure staff could review any changes in their needs. A staff member said, "The care plan is a routine document that you have to follow to meet people's needs. The manager updates the care plans and if we notice people change then we tell the manager and they will reassess."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people and supporting them to be independent. A staff member said, "When giving personal care, we ask them to choose their clothes, make sure we knock [on the door] and respect their rights."
- Care records were clear in defining the tasks people were able to complete for themselves. This included in areas such as their household chores, their personal care and participation in activities.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

End of life care and support

- People were supported to express their end of life wishes, however some people's records were lacking in detail about their preferences.
- We raised this with the provider who told us they would review these needs as part of their review of all people's care records. We will review this at our next inspection.

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

- People received personalised care. The provider was in the process of updating people's care records to ensure they included further detailed personalisation. We will review their progress at our next inspection; however we were satisfied that people were receiving personalised care.
- Each person had a person-centre plan that detailed their goals and how they could be supported to achieve these. Where one person had specific nutritional needs a clear and concise best interests discussion had taken place with relevant professionals. The outcome of which resulted in a care plan that clearly met that person's specific preferences, whilst keeping them safe and healthy.

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's communication needs were met. Important information such as the complaints procedure and reporting any safeguarding concerns, were available to people in easy read formats. Pictorial guides highlighted people's needs and activity choices so that they were able to view their care records.

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 engage in activities that benefitted them. We observed one person exploring sensory items, and this was also detailed in their care plan.
- Care records clearly detailed the things people liked to do. This included their favourite music artists, outings and activities such as boat rides, the theatre or pub. On the day of our inspection, three people were attending classes and activities at the local day centre.

Improving care quality in response to complaints or concerns

- Complaints were addressed. The provider took appropriate action to respond to any complaints that were raised. One relative told us, "I would go to the home and make a complaint. I would then speak to someone, there is a system to follow. We have always been happy where my relative is and there has never been a problem."
- We reviewed the provider's complaints records and saw that when raised any issues had been responded to promptly and that outcomes reached from each issue were clearly recorded

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service amongst staff needed improvement. At the time of inspection there was a culture of poor morale within the service; due to the lack of management consistency since the departure of the previous registered manager. Staff told us they did not feel able to approach management team and did not always feel supported.
- Staff did not receive regular supervision or feel they were able to raise any concerns or reflections in relation to their practice or roles. Management action was needed to ensure that there was a healthy working environment and that staff morale was improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a lack of consistency in management support. Staff did not always receive appropriate training to meet the needs of the individuals they were caring for. Staff told us they had not received training addressing behaviours that could cause distress or anxiety. The provider had not taken action to identify or remedy this gap prior our inspection.
- Management did not always ensure that incidents recorded their oversight and required action to minimise the likelihood of reoccurrence. They had not identified that people did not always have full PRN protocols in place.

The above issues demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider sent us an update of scheduled staff supervisions that were due to take place over the coming months. They also confirmed to us that the appropriate training had been booked.
- Regular quality assurance checks were carried out by senior management to review the development and compliance of the service. Where improvements had been identified an ongoing action plan was being followed to address these developments.

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 management team understood the need to apologise for any wrongdoing. At the time of our inspection there were no outstanding complaint responses to review. We will review this at our next inspection.

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

- People's views were obtained through one to one sessions or meetings. Regular quality assurance checks and surveys were carried out with people, relatives and those important to them.

Continuous learning and improving care; Working in partnership with others

- The provider worked alongside other agencies to meet people's presenting needs. This included GP's, social workers, advocates and other professionals.
- The provider recognised areas that needed addressing to improve the running of the service and we were assured by the providers ability to make the required improvements.