

# Metropolitan Housing Trust Limited

## Hadleigh

### 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

The inspection took place on 01 March 2016 and was unannounced.

Hadleigh is a supported living service and supports people with a Learning Disability in one housing project. The support includes support with personal care, shopping, domestic and social activities. On the day of our visit there were four people using the service.

There was a registered manager in post at the time of the inspection. 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.

People told us they felt safe in the service. Staff understood the need to protect people from harm and were clear about the safeguarding processes.

Risks were identified and steps taken to minimise the impact on individuals. People were involved in decision making about risks and there were clear arrangements in place for emergencies.

People told us they received support from a stable staff team who knew them well. The systems in place to recruit staff were thorough and protected people. The service was fully staffed and staff told us that they worked in a flexible way to meet people's needs. Staff received ongoing training to ensure that they kept up to date with good practice and refresh their skills and knowledge. Consent was well understood and people were supported in line with the legislation. People had access to advocacy services.

Support was provided to promote healthy eating and access to health care services.

Staff were caring and compassionate and promoted people's independence. People were involved in making decisions about how they were supported and encouraged to lead a full life.

The culture of the service was open. Staff were motivated and clear about the objectives of the service. There were systems in place to drive improvement including inspections by representatives of the provider. There were plans to expand the range of audits undertaken.

## 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

Staff had been trained and knew how to respond to concerns.

Risks were identified and plans put into place to minimise the risks to individuals.

People needs were met by staff who were recruited in a safe way and worked in a flexible way to support them.

There were systems in place to manage medicines in a safe way.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who had received induction and training for their role.

Staff had a good awareness of the principles of consent, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.

People were supported with meal preparation and to access health care support.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and promoted their rights to choice and independence.

People were supported to have a say and make decisions about how they were supported.

### Is the service responsive?

Good ●

The service was responsive.

People contributed to their support plans which ensured that the care was responsive to their needs

People were supported to access the community.

Complaints procedures were in place.

**Is the service well-led?**

**Good** ●

The service was well led

Staff understood their roles and were supported by the management team through regular supervision, appraisals and meetings.

The provider carried out quality and safety monitoring of the service

# Hadleigh

## **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 inspection took place on the 01 March 2016 and was unannounced.

The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included any statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR) which they completed and sent back to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Following receipt of the PIR we sent questionnaires to people and professionals to ask them for their views on the quality of care provided. The comments are included in this report.

On the day of the inspection we spoke with three people who used the service, three staff and the manager.

We reviewed three care and support plans, medication administration records, three recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service.

# Is the service safe?

## Our findings

People told us that they liked living in the service and felt safe. One person told us, "I like everyone here." Staff had undertaken training in recognising abuse and they were aware of the provider's whistleblowing policy and procedures to follow if they had concerns. Staff demonstrated their understanding of types of abuse and told us they would not hesitate to report safeguarding concerns. One member of staff gave us an example of where they had raised concerns and told us that they had confidence in the system. Bullying, personal safety and ways of keeping safe were discussed at tenants meetings to highlight the issues and what actions people could take to keep themselves safe. The provider told us that weekly checks were undertaken on customer's moneys and anomalies reported. These processes offered protection to people from financial abuse.

People were supported to take informed risks. Risks were identified and steps taken to manage them and enable people to lead a full life. We saw that risk assessments had been undertaken for a range of situations. For example being independent with money, cooking and going out independently. Risk assessments outlined the safeguards in place and what was the individual's responsibility and how staff should support them. We saw that the risk assessments were regularly reviewed and updated.

The provider provided us with details of a range of safety checks that they undertook to ensure that the building was maintained and risks managed. This included fire safety and we observed fire safety equipment such as a fire blanket and extinguishes were in place. Staff were clear about the arrangements in place for dealing with an untoward event and told us that there was an emergency plan which set out the actions that they should take. People described completing weekly health and safety checks of their bedrooms and we saw that at one of the tenants meetings people had been shown how the fire system worked.

People told us that there was sufficient staff to support them. The service was fully staffed and had a stable staff team with the majority of staff having worked at the service for some years. We spoke to staff about the levels and availability of staffing and they told us that staffing was used flexibly to meet people's individual needs. Staff were clear about peoples assessed hours and when individuals had one to one support. We reviewed rotas for the last four weeks and these corresponded with what staff told us people needed. Shortfalls in staffing through, for example sickness, were covered in the main by existing staff or by bank staff, although there was occasional agency use.

The provider's recruitment procedures demonstrated that they operated a designed for the safe and effective recruitment of suitable staff. The provider told us that they undertake Disclosure and Barring Checks (DBS) on a rolling three yearly basis although these were not available on the day of our visit. However we did view the recruitment files for the staff members who had most recently been appointed. This included completion of an application form, a formal interview, previous employer references obtained, identification and criminal records checks.

People's medicines were managed safely. Staff who handled medicines told us that they had been provided with training and it was planned that competency assessments would be undertaken once the new

manager had completed the training on undertaking assessments. This training was booked to take place in the days following the inspection. We looked at a sample of medicines and saw that staff maintained appropriate records of administration and that the amounts tallied with the records. Where individuals were prescribed "as required" (PRN) medicines there was a protocol as to when the medicine should be administered. There were clear arrangements in place for the administration of topical creams and lotions. Where individuals managed their own medicines a risk assessment had been undertaken. Staff told us that regular audits had been carried out on medicines and these checked to make sure they were being administered as prescribed on a weekly and monthly basis.

# Is the service effective?

## Our findings

People were complimentary about the staff who supported them and we saw that staff received training which provided them with the skills they needed to carry out their role. We looked at the records of induction and saw that there was a system in place to ensure that staff were adequately prepared for the role. Staff told us that they had undertaken a range of training and showed us the provider's computerised record which listed the subjects covered and when refresher training was due. The training included areas such as food hygiene, autism awareness, mental health and fire safety.

One member of staff spoke positively about attending a care planning course and two other members of staff were observed booking on this training. We saw that additional training was organised at a local level to meet the needs of the individuals they were supporting. Training had recently been provided by the speech and language therapist as part of a plan to support an individual with their communication needs.

Staff received support through one to one supervision support meetings with their manager and annual appraisals. These provided opportunities to monitor staff performance and support planning for staff development and identify training needs. Handover meetings were held on a daily basis to ensure that key information was handed over. Regular staff meetings provided an opportunity for staff to reflect on people's needs and any changes required. Clear action points were set which were signed by staff to confirm understanding.

Staff had a good understanding of the Mental Capacity (MCA) 2005 and Deprivation of Liberty Safeguards (DOLS). They understood about best interest decisions and that people's capacity could fluctuate and we saw that best interest decisions were in place for example on medicines .

One member of staff spoke passionately about advocating for people and told us, "We offer choice, promote independence, personalisation and support our customers to lead the lives they choose. "

We observed staff obtaining peoples consent as they went about their duties and before any support was provided. One member of staff was in the process of supporting an individual with a decision about a medical procedure. We saw that they were looking at different ways to provide information to assist the individual with their understanding of what was involved.

People were supported to eat and drink according to their dietary needs, choices and preferences. People were supported to maintain as much independence as possible in the purchase of food, the preparation and cooking. All the individuals in the service operate independently with cooking and shopping. We saw that there were a range of cookery books available to support people and we observed one individual preparing a shopping list and returning with items which they were supported to prepare. Individuals were proud of the meals they cooked and the food prepared looked appetising. Dietary requirements were noted within people's care and support plans and there was a focus on healthy eating. For example we noted in one care plan that the individual was being supported to use less processed foods due to the high salt and sugar content.

People were supported with their health. Care plans identified people's health needs and we saw evidence of ongoing monitoring such as the recording of peoples weight. Referrals were made to health professionals when an issue was identified.

Health action plans were in place and records were maintained of when people had been supported to attend appointments or screening services. For example, with their GP, dentist, optician. The outcome was recorded along with any action and follow up appointments.

Where individual had conditions such as epilepsy, there were plans in place outlining how best to support the individual. These had recently been reviewed and updated.

Health passports were in place to ensure that other health professionals had up to date information on the individual needs and how best to support them should they have to attend hospital. These were informative and included key details of for example how the individual preferred to take their medication.

## Is the service caring?

### Our findings

People told us that they were happy with the support they received and told us that staff were kind and caring. Our observations on the day of our visit were that people were comfortable and at ease in the company of staff. Staff had good relationships with the people living in the service. People and staff greeted each other warmly and laughed together. Staff were interested in talking with people and what they had been doing. Their approach was respectful, encouraging and guiding people.

Staff knew the history and needs of the people they were supporting. They were clear about the how best to communicate and ascertain their preferences. We observed that staff took time to explain things and gave people the time they needed to respond. People told us they had a keyworker and were clear about who they were. These were members of staff assigned to each person, who coordinated their care, liaised with family members and worked with people to update care plans to ensure they reflected current care needs.

People told us that they were able to express their views and make decisions about how they were supported. They had support plans which belonged to them and outlined their preferences about how they wished to be supported. Some people had written in their plans and set out what goals they wanted to achieve. People told us that they were supported to be independent and we saw that staff worked hard with people to overcome potential obstacles. One person told us that they were working towards moving into their own flat and staff were supporting them with the process. They told us that they were being supported to identify repairs and report them to the housing association. People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promoted their rights.

People were supported to maintain contact with family and friends. People told us that they had good links in the local community and we observed people coming and going throughout the day accessing local facilities and services.

Staff had a good understanding of issues around privacy and confidentiality. They were able to outline how they ensured this when supporting individuals. We observed that records were securely stored.

People told us that they were asked for their views. Tenant meetings were held on a regular basis and the minutes of the meeting evidenced that people were asked for their views about the service. One person said, "We are asked about how things could be better."

We saw that satisfaction surveys had been completed and people who use the service, relatives and professionals had been asked for their views. One person said, "I like the service I get, there is always someone to listen and help." A professional had responded "...Excellent respect for clients...excellent supportive staff."

## Is the service responsive?

### Our findings

Care and support plans documented the support people needed and how they wished it to be provided. People told us that they received good levels of support. One professional told us "I found this agency to have extensive knowledge of the person, to provide a very person-centred service and I was impressed at how strongly they advocated for the person's future care needs to be fully met."

Plans were informative and detailed and some sections had been written by people who used the service. Plans provided staff with guidance about people's preferences and how support should be provided. For example there were plans in place about personal grooming and communication. One person had a plan in place with regard to the use of inhalers. We saw that this was provided in a pictorial format to support the individual with their independence. Information was included about people's aspirations and goals, such as for example travelling to London by train.

We saw that the information was amended as people's needs changed and that the plans were reviewed on a regular basis. We saw that as a result of one individual changing need they had been supported to move accommodation within the building.

An individual had recently moved into the supported living service and the manager acknowledged that the assessment had not been as comprehensive as it could have been. They had planned a period of transition which had included a series of visits to the service and the development of a care plan but due to other factors outside their control this had been curtailed. A support plan was in the process of being developed with the individual and other agencies. Staff spoke knowledgeably about the individual and their progress since moving in.

There were effective systems in place to ensure that staff were kept up to date with changes in people's needs. Staff told us that the communication was good and that the staff worked well together. We saw that handovers took place and these were supplemented by handovers sheets and a communication book.

People told us they were involved in planning their own care, one person told us that they went to work and people did different things in their leisure time such as using the laptop, going to church, attending the gateway club and doing activities such as bowling. We saw that how people spent their time was different for each individual and reflected their interests and friendships. One person worked in a shop and another attended a local recycling project. One individual told us that they had been on holiday with their family but also with the people living in the service. People were able to tell us about their aspirations and how staff were supporting them to work towards achieving them.

Complaints procedures were in place including an easy to read version. People had an individual copy of the complaints procedure in their support plan and told us that the management of the service dealt effectively with concerns. Staff told us that they had undertaken training on responding to complaints. The service told us that they had not received any complaints but had a number of compliments.

## Is the service well-led?

### Our findings

People told us that the service was well led and that they liked living in the service. Observations of how staff interacted with each other and the people using the service demonstrated to us that there was a positive culture and people were encouraged to be open.

Staff were motivated and positive about their role. They were clear about the objectives of the service. One member of staff spoke about the "Importance of getting things right" and of "Not being negative when faced with challenges." They were clear about their roles and responsibilities as well as the structure of the organisation and who they would go to for support if needed. Staff told us the management team were supportive and approachable and that the new manager had settled in well. Staff were encouraged to take pride in the service and develop specialisms such as in healthy eating, medication and activities.

The manager was based in the service and the staff told us that they were visible although they had been undertaking significant training as they were new to the organisation. The manager told us they were part way through their induction and were being supported by the previous manager as well colleagues in human resources, training and the senior management team. Outside working hours there were on call arrangements and staff told us that these worked effectively. We saw there were systems to support staff and monitor performance such as supervision and staff meetings. Staff told us that they had yearly appraisals and staff meetings were held on a monthly basis. Staff told us that there were opportunities to reflect on incidents and look at how they could improve practice. We saw that when issues had occurred they were investigated and action taken to improve practice.

We saw that there was documentation to evidence that the manager had oversight of areas such as incidents and accidents Medication audits were undertaken.

The provider has its own quality assurance framework which included audits of key themes such as support and safeguarding. We saw that a recent audit had been undertaken by the development lead; although prior to this they had not always been undertaken regularly. We saw that when areas were identified as requiring attention, actions were made to take forward. The manager told us that further audits were planned including, 'Hands off my home' which was an audit developed for people in supported living settings which looks at freedoms and impact on individuals.