

# Metropolitan Housing Trust Limited

## Old Hospital Close (21)

### Inspection report

21 Old Hospital Close  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 18 and 23 June 2015. The first day of the inspection was unannounced; the provider knew that we would be returning for a second day. This was the first inspection of the service since its new registration with the CQC.

Old Hospital Close (21) (formerly called St James' Care Home (21)) provides accommodation for up to five people with learning disabilities. It is located in Balham, close to local amenities and transport links. It shares staff with a sister home based at number 12. At the time of our

inspection, there were four people living there, three males and one female. The home is arranged over three floors. People live in single bedrooms, with shared bathroom and kitchen facilities.

There was a registered manager at the service; however she was not managing the service at the time of our inspection. Another manager was in post and they were in the process of registering with the CQC at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

# Summary of findings

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 using the service told us that staff were caring and looked after them. They told us about some of the activities they did throughout the day. They said staff helped them with their medicines and they liked the food at the home.

Although risk assessments were reviewed, staff were not always made aware of changes in risk. Where risks to a person's safety had been identified, control measures were not always in place to minimise the risk. Support plans were not always evaluated so it was difficult to monitor progress people had made towards their identified goals.

Accurate records were not always maintained in respect of care records and also some staff records.

Some areas of the home were in need of care and attention. Some furniture needed to be replaced and more consideration was required to help create an environment more appropriate for people with learning disabilities.

We observed that staff were caring towards people. They supported people to be as independent as possible and

treated them respectfully. However, we found that staff felt undervalued and demoralised. They told us they did not feel supported by management and that their views were not always heard. There was a lack of staff supervision at the home, although staff did receive ongoing training.

The manager had been brought into this service by the provider to try and make improvements. He was experienced in managing a similar sized service with the same provider and was clear about the improvements that he needed to make. Given time and support he felt confident he could turn things around.

Staff were happy with the new manager and told us they felt confident in his abilities to help them to work better as a team.

We found breaches of regulations relating to safe care and treatment, premises and equipment, staffing, person centred care and good governance. You can see the action we have asked the provider to take at the back of the full version of this report.

We have made some recommendations about submitting an authorisation under the mental capacity act 2005 to restrict people of their liberty lawfully and around creating an environment appropriate for people with learning disabilities.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe in some aspects. Risks to individuals were not always managed appropriately to ensure that people were kept safe.

Aspects of the environment needed attention, some furniture needed replacing.

People told us they felt safe and staff were familiar with safeguarding procedures.

People received their medicines safely and on time.

Inadequate



### Is the service effective?

The service was not effective in some aspects. Staff did not receive regular supervision.

Staff were familiar with the Mental Capacity Act and how it was implemented, however authorisation was not sought where people's liberty had been restricted.

People were able to see their GP or community healthcare professionals if needed.

Requires improvement



### Is the service caring?

The service was caring. Staff spoke with people in a caring manner and respected their privacy.

Staff communicated with people in a way that was most appropriate for them.

Good



### Is the service responsive?

The service was not responsive in some aspects. Care plans were disjointed and support plans were not always evaluated in a timely manner to help people reach their individual goals.

People were encouraged to raise complaints.

Requires improvement



### Is the service well-led?

The service was not well led in some aspects. Staff did not feel respected and told us their views were not always taken into consideration.

Record keeping at the home needed to be improved.

Medicines audits and health and safety checks were carried out.

Requires improvement



# Old Hospital Close (21)

## 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 18 and 23 June 2015. The first day of the inspection was unannounced; the provider knew that we would be returning for a second day. The inspection was carried out by a single inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

We spoke with two people using the service during our inspection. We also observed interactions between staff and people during the inspection. We spoke with four staff including the manager. We looked at two care records, three staff files and other records related to the management of the service including, training records, audits and complaints. We contacted health and social care professionals to ask their views about the service following the inspection.

# Is the service safe?

## Our findings

People were not protected from potential harm because risk management was inadequate. We saw examples where incidents of behaviour that challenged resulted in the person's risk assessment being updated. However, we found that staff were not always made aware of changes to identified risks. For example, there had been two incidents of behaviour that challenged which some staff had not been made aware of. We spoke with a member of staff who provided 1:1 support to this person. They had not been working at the service during the period in which the incidents took place and they told us they had not been made aware of them when they returned to work. They were not aware of the possible risks to the person and how they should manage them.

Fire drills were carried out every three months. We saw on the last two occasions, it was noted that one person had chosen to stay in their room and the records stated that another person 'does not seem to understand a fire drill'. There were no actions identified for staff to manage the risks to these people in the event of a real fire and there were no associated support plans for staff to follow if a fire started at the home.

The above issues related to a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments for people considered the likelihood and frequency of exposure to the risk and where a risk was identified a written or verbal contingency plan was in place to manage the risk. For example, one person was identified as being at risk of absconding. The risk assessment identified control measures for staff to minimise the chance of this happening whilst protecting their rights.

Environmental safety checks were carried out by staff. Water temperature checks were taken every week to help ensure they were operating within normal temperature ranges. Fire alarm and extinguisher tests were carried out by an external agency.

We found that the home was in need of attention and repair. Staff members told us they had complained about the environment to management but it did not seem to have any effect. One staff said, "It used to be a nice place but now has gone down."

The laminate flooring in the hallway and the lounge was heavily marked and dirty. The lounge was quite bare and the furniture was tired and worn. A single seat sofa in the lounge was ripped, the two seater sofa had a broken arm rest and the sofas were covered in flicks of paint. There was a broken side table in the kitchen and a broken music system which had not been disposed of. There was a broken chess/draughts board and old photo albums stored in the kitchen which were sticky to touch and dirty. Another set of drawers in the kitchen were full of old junk. Some of the kitchen cabinets were in need of repair and had not been cleaned on the inside. The kitchen bin had a broken lid which meant there was an offensive smell in its vicinity. We looked at two bedrooms and saw that in one, the wardrobe cupboard was broken off and was left on the floor in the room. A chest of drawers also had a drawer missing. One staff said, "If you create a homely environment then people will socialise more."

The above issues related to a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a small 14 inch TV in the lounge, which was not an ideal size for people to watch TV on together. However, this had been replaced with a large 36 inch TV by the time we returned for the second day of the inspection.

The provider had systems in place to manage incidents of behaviour that challenged. Where appropriate, referrals were made for specialist input and guidelines followed. Staff told us they completed charts to record people's behaviour so patterns of behaviour could be monitored and records sent to specialists to provide guidelines where appropriate. These charts allowed professionals to work out potential triggers for behaviour that challenged so they could be managed better in the future.

People were protected from potential abuse. People using the service told us, "I like it here." Staff knew who to contact if they suspected abuse and had received training in safeguarding. There was evidence that the provider acted on safeguarding concerns that had been brought to their attention and reported these to the local authority as required. Protection plans were implemented to safeguard people at risk where necessary.

## Is the service safe?

There were two staff allocated for the early, late and night shift. In addition, three people using the service received additional 1:1 support during the day. This meant that there were enough staff to meet the needs of people.

All of the people using the service needed support with their medicines. One person told us, “Staff help me (with medicines).”

Each person had a medicines profile which identified their medicines, dosage and times that they were to receive their

medicines. When staff administered medicines, they completed medicine administration records (MAR) in a timely manner. Where medicines were given as required, these were accounted for by staff during each handover to ensure they were audited correctly. Medicines were counted when they were delivered and disposed of. Medicine audits were completed which looked at storage, records and stock checks. This helped to ensure that medicines management at the service was safe.

# Is the service effective?

## Our findings

People were not supported by staff who received adequate support and supervision. Staff members told us they did not always feel supported and valued by the service. We found that staff were not sufficiently supervised. One staff member said, “We are supposed to have six weekly supervisions, but I have not had one for a while.” Another said, “It’s been a long time since my last supervision.”

Staff records showed that supervisions were not being carried out in line with the provider’s supervision policy. One person had received their most recent supervision in February 2015 and then prior to that in November 2014. Another staff member’s records indicated their last supervision was in May 2014 and another showed that they had had only two supervision meetings since March 2014. Therefore staff were not adequately supported to carry out their role effectively.

This related to a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said, “The last training I attended was last month and it was about challenging behaviour.” Another said, “We book our own training if we feel that we need to. Or the manager will tell us.” The majority of staff training was delivered online, the manager had access to staff training records and was able to see when a particular topic needed to be refreshed. We looked at a sample of training that was available to staff which included safeguarding, medicines, mental health, moving and handling and infection control.

People received a balanced diet and enjoyed food of their choice. One person said, “I had toast” when we asked what they had for breakfast. We also saw one person having cereal when we first visited the service. Staff were familiar with people’s dietary requirements and the level of support each person needed. They said, “We prepare meals for [person], they need a lot of prompting and encouragement”, “[Person] does not like a lot of meat.”

The menu was on display in the kitchen along with guidelines for healthy eating. There was evidence that people were involved in menu planning and had chosen varied menus for the week ahead, including lamb chops, shepherd’s pie, bolognaise, and fish and chips.

Cooked food was temperature checked to make sure it was cooked thoroughly before serving to people. There was enough food at the home available for people to have snacks such as fresh fruit.

The provider supported people to maintain good health through access to appropriate healthcare services. People using the service told us, “I go to the doctors” and “Staff look after me.” People had health action plans which included evidence of appointments with health professionals, including their GP, dentist, and psychiatric appointments. Staff said, “They get to see a doctor when they need to. A psychiatrist came to see [person] just the other day.”

The service made referrals to specialists when people’s needs changed. For example, the community learning disability team and psychologists were contacted for their input and guidance. People’s care records contained guidelines for staff to follow when managing behaviour. There was also evidence that medicine reviews were sought if there were persistent changes in people’s behaviour.

Where possible, staff supported people to make their own choices about their care. One staff member said, “[Person using the service] is clear about what they want. We offer them choices and they listen.” They said they offered choices to people in relation to meals for the upcoming week by sitting down with them every week and showing them pictures of food that they may like. We observed staff asking people for their consent during the inspection, for example by asking them if they wanted to go out or asking for their choice with regards to breakfast.

Staff were familiar with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). One staff member said, “The MCA is used when someone is unable to make decisions for themselves. You have to involve different agencies and come to a decision based on their best interests.” Another said, “The act that allows family to make decisions for an individual who cannot articulate or take control.” There was evidence that people’s capacity to understand decisions related to their care and support was considered and where it was decided people did not have capacity, best interests meetings were held to ensure any decisions made were in line with the MCA.

## Is the service effective?

Staff were also aware of the need to formally apply for a DoLS authorisation if people needed to be restricted for their own safety. No applications to restrict a person's liberty in line with DoLS had been submitted as none had been necessary. Some people were on 1:1 support and needed to be supervised while out in the community, but not whilst they were at the home.

By providing 1:1 the service had reduced the restrictions to liberty, but not removed them completely.

**We recommend that the service considers submitting applications for DoLS authorisations for people using the service to ensure that any restrictions on people's liberty are lawful and in their best interests.**



# Is the service caring?

## Our findings

People using the service told us, “I’m good”, “Staff are nice”, “My mum and dad come to see me” and “I’m OK.” Staff who we spoke with had built positive relationships with people and were familiar with people’s needs and preferences.

They had been working at the service for a long period, or were familiar with people as they were regular bank staff. They spoke about people in a caring manner and we observed them speaking with people politely and respectfully, for example when asking them how they wanted to spend the day or if they needed help.

People lived in single bedrooms and were given privacy when needed, for example staff knocked before entering their bedrooms. Although the rooms that we saw were bare there was some personalisation in terms of people’s own art and family pictures. People were able to wake up when they wanted and were supported by staff if they wanted to go out during the day.

People’s diversity and independence were respected. Care records considered people’s history, relationships, their support network, their health and well-being and their social plans. These were used by staff when supporting

people. People had a personal care support plan that provided staff with information about the level of support that people required with various aspects of their personal care. These were comprehensive and covered areas including washing, dressing, oral hygiene, skin care and eating and drinking.

People’s level of independence was recorded in their care records and was considered for a range of areas including such as choosing a menu, preparing food, personal care. Support plans were based around people maintaining a good level of independence, such as doing their own laundry, preparing meals and maintaining personal care. Staff said, “We try and promote [person’s] independence, they like to peel potatoes and do the laundry” and “We cook together.” One person told us they really enjoyed knitting and was proud to show us some of the knitting they had done, they said, “My mum taught me. I really like it.”

People’s level of communication was recorded in a communication profile which helped staff to communicate with people more effectively. Staff said, “People have different levels of communication. We use pictures for some, and others we use short, clear language.”

# Is the service responsive?

## Our findings

People using the service told us, “I’m going to the day centre”, “I’ve got my towel. I’m going swimming” and “I really like knitting.” Staff said, “[Person] likes to go to the cinema or bowling on the weekend.”

Staff gave us examples of how they responded to people’s needs. They said, “I support [person] to access the community”, “Take care of their personal care, make appointments for them.” We saw evidence of this in the staff communication book, which was used by staff to pass information to each other about any upcoming appointments or issues that needed to be looked at.

Despite these comments we found, there were inconsistencies in care planning especially where people’s needs changed. Support plans were supposed to be evaluated every month to monitor people’s progress towards their goals. However, we found gaps in these records.

For example, one person had a support plan to maintain a healthy weight. Their support plan stated that they should be weighed weekly and the food monitoring chart be completed daily. However, there were gaps in both of these records. Staff told us that this person was managing their weight well and did not require their weight to be monitored with this level of frequency. They told us this person was eating well and there were no concerns with their weight. However, monthly support plan evaluations which were used to monitor whether support plans were still relevant were not being completed.

There were other instances in which care plan evaluations were not completed, thus making it difficult to ascertain if any progress had been made towards identified goals and if they were still relevant. For example, people had a support plan to access the community with their 1:1 support worker in order to find out what their interests were. However, no evaluation records were completed for this.

Although staff told us they held regular key worker meetings, these were not always in place and therefore we could not be assured that people’s care and treatment was planned in a way that met their needs or reflected their preferences.

The manager acknowledged that the care plans needed looking at and said, “Restructuring the care plans is one of my aims...We need to go over the care plans. They are a little disconnected at the moment.”

The above issues related to a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence of correspondence between social workers and the provider prior to people moving in, exchanging information about people’s care and support needs, their typical behaviours, and potential risks. Care needs assessments were completed before people came to the service, these considered a number of factors and support needs for people including leisure activities, dietary requirements, mental health and wellbeing, physical health, and personal care needs. This enabled the provider to determine if they were able to meet people’s needs before a decision was made for them to move into the home.

Meetings for people using the service were held monthly. These were written in an accessible format and accurately reflected the wishes and concerns of people using the service. People were given an opportunity to discuss a variety of topics including holidays, food, fire drills and social plans. People were asked if they were happy or cross about anything which was an opportunity for them to raise any concerns in a group environment.

Individual key worker meetings were held with people. These provided an opportunity for people to express their views on areas including the home, other people, health, complaints, staff and other general comments.

There had been no formal complaints raised by people using the service or relatives since the last inspection. Resident meeting minutes and key worker records indicated people were happy with the care and support they received.

Despite adequate staffing numbers, including 1:1 support for people who required it, we noted a lack of engagement between staff and people using the service. Staff we spoke with told us that it was difficult to motivate people to go out in the community or take part in activities. We spoke with the manager about this who agreed and said that many of the 1:1 staff were agency workers which meant that people did not always receive continuity of care from staff who were familiar with their needs and had got to

## Is the service responsive?

know them. One staff member said, “It’s sometimes difficult with the 1:1 support workers as they keep changing.” In response to this, arrangements had recently been made to stop using agency 1:1 support for one person and instead bank staff were providing this support.

The provider had not made changes to the environment to meet the needs of people with learning disabilities. For

example, there were very few visual aids around the home to support communication and understanding, such as information about staff on shift and information about raising concerns in an easy read format.

**We recommend that the service seeks advice from a reputable source about suitable environments and activities for people with learning disabilities.**

# Is the service well-led?

## Our findings

Record keeping at the home was not of an acceptable standard. In some instances, we saw that care records were haphazard in their arrangement and did not follow a standard structure. This made it difficult for staff to access some of the records we requested to see during the inspection.

People using the service had monthly key worker sessions with staff. We asked to see records of these and for one person the manager was only able to locate notes from six meetings since May 2014. Keyworker session notes were also missing from other care records.

One person had a daily food monitoring chart which was to be completed according to their support plan and risk assessment. However, we only saw two entries for this and even these only had breakfast and lunch recorded, and were not fully complete.

Although people had medicine profiles, these were not fully completed. For example, information relating to the purpose of the medicines and food to be avoided was not completed.

We found that other records in the home were not kept in an orderly fashion. All staff records, including their criminal record checks, supervision and training records were kept together in files that were disorganised. It was difficult to locate individual staff supervision and appraisals in these files. The manager acknowledged that the staff files needed to be addressed.

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

It was clear from speaking with staff that they felt demoralised and undervalued by the service. Some of the

comments included, “It’s a bit chaotic here at the moment”, “I feel like the organisation has turned its back on us”, “It’s been extremely difficult”, “A lot of frustration”, “demoralising.” Some staff felt their views were not taken into consideration in the running of the service. One staff member said, “Things could have been handled a bit better...taking on our views a bit more.”

The manager had been brought in from another service run by the provider which he had successfully managed for a number of years. He had only taken over this service a few weeks prior to the inspection. The aim was to introduce some of the good practices from his previous service to try and improve the service. Staff told us that although they did not always feel supported, this was a really good move as they were aware of the good job he had done at the other service. One staff member said, “Since [he] has been here, I’ve felt positive about things, previously our opinions had no impact.” Another staff member said, “[The manager] is good, I think he can turn things around...He gives us good advice...He knows the history of the place, he’s been around a long time.”

The manager was aware of which aspects of the service needed to be improved. He had arranged staff meetings in the weeks following our inspection to go over these with the rest of the team. He told us “I want to carry the team with me...One of my aims is to get everyone working together as a team.” We saw the agenda for an upcoming staff meeting and saw that topics to be discussed included, staff responsibility, updates from managers and safeguarding.

Quality monitoring at the home was carried out. Medicines audits were completed and health and safety checks carried out. Although formal feedback surveys were not asked of people or their relatives, the provider sought and acted on feedback that was received through resident meetings that were held regularly.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider did not always assess the risks to the health and safety of service users and mitigate against them in a timely manner.**

**Regulation 12 (2) (a) (b).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**Premises were not always properly cleaned or maintained.**

**Regulation 15 (1) (a) (e).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Persons employed did not receive appropriate supervision.**

**Regulation 18 (2) (a).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The care and treatment of service users did not always meet their needs or reflected their preferences.**

**Regulation 9 (1) (b) (c).**

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

An accurate, complete and contemporaneous record in respect of each service user was not maintained. Other records in relation to persons employed were not maintained.

Regulation 17 (2) (c) (d).