Metropolitan Housing Trust Limited

Cavendish Road

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

This inspection took place on 11 March 2016 and was unannounced. This service was previously registered under a different name; this was the first inspection of this service under its new registration.

Cavendish Road is a home for people with learning disabilities. It is located in Balham, close to amenities and with good transport links. At the time of our inspection, there were eight people living there. The service is arranged over three floors. People live in single bedrooms with shared lounge, bathroom and kitchen facilities.

There was a registered manager at the service. 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 using the service told us they were happy living at the home. They told us that staff were friendly towards them. During our inspection we saw that people were able to live independently and treated it as their home. Some people went out during the inspection to the day centre but those that were at home appeared relaxed and at ease with staff.

Care workers demonstrated a caring attitude towards people and spoke about them in a manner which showed they knew them and their likes and dislikes. Each person was allocated a key worker who met with them on a monthly basis for a key working session. They ensured that support plans and records were up to date and people were being supported in the most appropriate way.

Relatives told us they were happy with the care and support being provided by the service. They told us they were able to visit the service without restrictions and were happy that their family members' needs with respect to food, medicines and access to healthcare were being met. The provider kept relatives up to date with any changes.

The provider worked well with health and social care professionals, keeping them up to date with any changes in people's needs or any safeguarding concerns. They also followed guidelines and recommendations that had been put in place from specialists such as dieticians, community psychiatrists and others. This helped to ensure that people were kept safe and had their needs met.

The provider was meeting the requirements of the Mental Capacity Act 2005. Some people were being deprived of their liberty, this was done in accordance with the law. Deprivation of Liberty Safeguards were in place only when people did not have the capacity to understand the reasons for restrictions that were imposed in their best interests. There was evidence that best interests meetings had taken place and staff gave us examples of situations when they had done this.

Staff told us they enjoyed working at the service and they were well supported by the manager. They were given the opportunity to develop their skills through relevant training to meet people's needs.

Health and safety checks were carried out which helped to ensure the environment was fit for use. An area manager last visited the service in August 2015 and there was a improvement plan in place for the year for the registered manager to use as a way of implementing changes to the service.

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.

People using the service told us they felt safe and their relatives told us they had no concerns about safety at the home. The provider took appropriate action in response to safeguarding concerns and followed guidelines to keep people safe.

Thorough risk assessments were carried out for people and guidelines were in place about how staff could support them. This meant the provider had taken steps to protect people from avoidable harm.

The provider had robust recruitment procedures in place and there were sufficient staff employed to meet the needs of people using the service.

People received their medicines in a safe and appropriate way from trained staff.

Is the service effective?

Good

The service was effective.

Staff were provided with an appropriate standard of training and support which helped them to meet the needs of people using the service.

Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate that they understood the issues surrounding consent.

There was evidence of health professionals' involvement in people's care and support and appropriate referrals were made when the need arose.

Is the service caring?

Good

The service was caring.

Care workers were familiar with people's lives. They knew and understood people and their preferences.

Care records were written in a person centred manner and included peoples' wishes.

People needed varying levels of support with their personal care but staff were aware of the importance of protecting their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care records were comprehensive in scope and included health action plans, personal care plans and support plans.

Key workers met with people monthly and documented their progress towards support plan goals.

People were given an opportunity to raise concerns through keyworking and residents meetings.

Is the service well-led?

Good

The service was well-led.

Care workers told us they felt supported and it was a nice environment to work in.

The provider demonstrated a commitment to improvement through ongoing monitoring of incidents, health and safety audits, regional audits and a service improvement plan.

Cavendish 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 inspection took place on 11 March 2016 and was announced. The inspection was undertaken by one 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.

During our inspection we spoke with two staff members and the registered manager. We spoke with two people who used the service and also observed staff supporting them during the inspection. We reviewed two care records, three staff files, and other records related to the management of the service.

After the inspection we spoke with relatives of two people who used the service. We also contacted nine health professionals after the inspection to gather their views and received responses from three of them.

Good

Is the service safe?

Our findings

One person using the service old us, "I like it here. Staff are nice." Relatives also said they felt that their family members were safe living at the home and that staff treated them well. One relative said, "Yes they are safe."

A care worker told us, "Safeguarding is about supporting people to be safe in their environment. Raising any concerns with managers if you feel they are at risk of harm or neglect." Care workers were able to identify potential signs of abuse and told us they had received training in safeguarding adults. One care worker said, "If people start isolating themselves then it could be a sign. I would talk to them, find out if anything is troubling them." They were aware of who to contact if they had concerns about people's safety. The provider used the pan London multi-agency policy for safeguarding adults and safeguarding posters were on display in the service for staff to refer to if needed. Staff training records confirmed that staff received safeguarding training.

The provider was prompt in reporting safeguarding concerns to both the local authority and submitted notifications to the Care Quality Commission. They were proactive in managing and responding to concerning information and worked with other professionals to keep people safe. Social care professionals told us the provider took appropriate action in response to safeguarding concerns and followed guidelines to keep people safe.

We checked the financial records for one person using the service and found that there was an organised system to protect people from the risk of financial abuse. Accurate records were kept and receipts retained when items were purchased for people. Two staff were required to sign when people's money was accessed and money was checked at every handover. The previous registered manager who was managing another service for the same provider was the current appointee for people that were not able to understand issues related to their finances and who had no Lasting Power of Attorney, however they had contacted the local authority to take over from them.

Thorough risk assessments were carried out for people which helped to ensure they were kept as safe as possible from potential harm. These were specific to each person and included actions that staff could take to mitigate against the identified risk. Staff were aware of what steps to take to keep people safe and what situations they were most vulnerable to. Individual risk assessments for people were colour coded so that staff could easily identity the level of risk, either likely, significant or high risk. Where people were identified as being at risk, contingency plans and guidelines were in place on how staff could support people.

The provider monitored environmental risk on an ongoing basis which helped to keep people safe. Each person had a Personal Emergency Evacuation Plan (PEEP) in case of an emergency situation which meant they needed to vacate the building. The PEEP included people's level of awareness, methods of assistance and any equipment needed to support them.

The provider had robust recruitment procedures in place which helped to keep people safe. New care workers completed an online application, provided evidence of identity, right to work in the UK, a work

history and two written references from previous employers. The provider also undertook criminal records checks and the registered manager kept a spreadsheet of people's Disclosure and Barring Service (DBS) numbers. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use care services.

There were sufficient staff employed to meet the needs of people using the service. On the day of our inspection, only one person was at home for the majority of the day. Others had gone to the day centre. There were three care workers on shift plus the registered manager. Staff told us there were always three people on shift during the day and evening, and two care workers at night, one who remained awake and one who slept in but was available should the waking night staff need assistance. We confirmed that this was correct when we checked the staff rotas.

Some people using the service were provided with one to one care for certain hours during the week, these hours were allocated from outside the usual staff on shift. There were a couple of vacancies at the time of our inspection but the registered manager told us they these posts had been recruited to and the provider was just waiting for the DBS checks to come through. Regular bank staff were used to provide cover in the case of staff absence through sickness or annual leave, one care worker said, "Our bank staff are all experienced and familiar with the clients."

People received their medicines in a safe and appropriate way from trained staff. Medicines were stored appropriately and were locked away. None of the people were able to self-administer medicines and care workers completed medicines administration record (MAR) charts when they administered medicines. Care workers completed MAR charts when 'as required' medicines such as pain relief tablets, and creams and gel were administered.

Good

Is the service effective?

Our findings

The provider ensured staff were provided with an appropriate standard of training and support which helped them to meet the needs of people using the service.

Care workers told us they were happy with the training in place at the service. They said it helped them to do their jobs better. One care worker said, "The registered manager is very much on board with regards to training. When there is a course available, she books you on." Another said, "The last training I went one was about two weeks ago, on epilepsy and I have another one coming up on autism awareness." They also told us they received regular supervision, "We get supervision about once a month but if we have any concerns we can speak to the [registered manager]." We saw from the records that staff were supervised every six to eight weeks. They were given an opportunity to discuss things that had gone well, any concerns, training needs and key working duties.

New care workers completed an induction booklet called 'passport to excellence' which took six months to complete and covered the length of the probationary period for new staff. We saw probationary reviews where objectives were set for care workers to complete.

The provider had implemented a new training programme for all staff called the 'learning pathway'. This meant that staff were offered training in topics that were specific to their role and the type of service they were working in. For example, all care workers completed core learning for non-managers which included their induction day, the provider's corporate induction, health and safety, fire safety, moving and handling, equality and diversity, and data protection and information systems. Staff that were involved in care and support completed training in choice, control and independence, communicating, customer involvement, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), principles of care and support, safeguarding and wellbeing. Additional training such as medicines, first aid, epilepsy, autism and dementia were available as required. Case studies were also completed to supplement eLearning, for example in safeguarding and the MCA. This showed that the provider enabled staff to develop their knowledge and skills to help them meet people's individual needs effectively.

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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and found that the provider was doing so. Staff had received MCA training and were able to demonstrate that they understood the issues

surrounding consent.

Care workers were knowledgeable about the MCA and told us they had received training on it. One care worker said, "I did MCA training about a year ago and I did a refresher last week." They were clear about how the MCA was used to make decisions on behalf of people. One care worker said, "You need to assume people have capacity, if there are doubts then you need to do a mental capacity assessment and go through the two stage process. If a person does not have capacity then you need to have a best interests meetings with family, advocate." Another said, "It's about the best interests of the individual. Are they able to make their own decisions, do they understand? Decisions can only be made on their behalf in their best interests."

Some people had DoLS in place where it was felt they needed to be restricted or were under close supervision and they did not have the capacity to understand the reasons for this. There was evidence that best interests meetings had taken place and staff gave us examples of situations when they had done this.

Staff used communication tools to help people make decisions and help them understand, for example, picture cards were used to help them make a choice with regards to meals and pictures were in use to help them decide the activity they wanted to take part in. Each person also had support plans in place related to their communication.

Care workers were familiar with the dietary requirements of people using the service. One care worker said, "[Person] is working with the dysphagia team and the speech and language therapist (SLT) visits them regularly to observe them eat. They are prescribed thickener and their food needs to be chopped up into small pieces." Other people were supported by dietitians to increase their weight and were on nutritional supplements to achieve this.

Guidelines for supporting people with their diet were displayed in the kitchen so that staff could refer to the information if needed. These included guidelines from the dietitian and prescribed food and fluid plans. These had been reviewed recently. Staff were familiar with how people needed to be supported in relation to their food or fluid intake. This meant that people were supported in an appropriate manner.

Although there were two kitchens available in the home, one was utilised more than the other. Staff told us that people liked to eat in the main kitchen but were free to use either. The kitchen and dining area were maintained to an acceptable standard and staff followed infection control guidelines. They used colour coded preparation boards for different food types and labelled opened food in the fridge with the date it had been opened and when it was to be used by.

Staff told us there was a repeating rolling menu at the service but people always had the choice to have anything they wanted. The menu for the week was displayed in the dining area for people to refer to. Breakfast consisted of cereals and toast, packed lunches were prepared or were otherwise provided for people by the day centre. Dinner consisted of pies, fish and chips, lasagne or similar food. Alternate choices were available for people should they not want what was being prepared.

Care workers gave us examples of when they had supported people to meet their healthcare needs, for example, by contacting the GP or other community professionals when they had concerns. We also saw care workers supporting people during the inspection and taking them to the GP after noticing an issue which need to be looked at during the night. They did this in a kind, caring way and gently encouraged this person to go to the GP, although they were anxious about this. They were also familiar with medical conditions that people were diagnosed with, for example, those with diabetes and those that required ongoing monitoring with regards to their diet, and staff knew what to do to manage these conditions.

There was a section in people's support plans entitled 'my health and wellbeing.' This gave staff guidance on managing people's health needs in areas including diet and nutrition, fitness and exercise, booking healthcare appointments, and how people expressed that they were feeling unwell. Staff also recorded what levels of staff support were required and whether people needed verbal or physical support to meet these needs.

A health communication book was maintained for care workers to refer to which contained up to date changes to people's health needs such as changes to medicines, any concerns or upcoming appointments. People had health action plans which included details of healthcare appointments but also ways in which people could be supported to manage their healthcare needs. There was evidence of health professionals' involvement in people's care and support and appropriate referrals being made when the need arose.

Good

Is the service caring?

Our findings

People using the service told us that staff were friendly. They said, "They are nice" and "I'm happy." Relatives we spoke with praised staff for their caring attitude, telling us "Cavendish is [my family member's] home, the staff are lovely. I have no complaints."

We observed care workers speaking with people in a calm and mild manner, and gently encouraged people when they were reluctant to engage with them. They told us, "People have the right to live how they want, we are here to help and support them." Another said, "I became a support worker because I like seeing people happy and it makes me happy." Care workers were familiar with people's lives and how they liked to live them. They knew people's behaviours and their preferences with respect to what they liked to eat, what activities they enjoyed, and relationships that were important to them. We spoke with care workers who acted as keyworkers for people using the service and they demonstrated to us that they knew how to support them well.

There was evidence that the provider took steps to involve people in decision making around the service. Care plans were written in a person centred way, and used pictures and clear English which helped people to understand them.

Each person had a person centred plan which had been put together with input from the registered manager, their key worker, and also from other individuals with an insight into people's character such as day centre managers and relatives.

Peoples preferred method of communication was documented and staff were familiar with these. For example, the type of body language, use of a communication board, and how to speak with people using short, plain sentences. Staff used this information to communicate with people more effectively, which meant that they were able to establish positive and meaningful relationships with them.

We saw that people's independence was encouraged, we saw people making themselves tea and tidy up after themselves. A care worker said, "People have a choice here. They can choose to do what they want, if they don't want to go to the day centre or feel like having something different for dinner then we don't force them." People were actively encouraged to have a say in the running of the service. For example, one person was involved in interviewing new staff members and sat in on a recruitment panel. People also helped staff when they carried out quarterly health and safety checks around the home.

People needed varying levels of support with their personal care, with some needing prompting and encouragement but care workers that we spoke with were aware of the importance of respecting people's right to privacy and maintaining their dignity.

Good

Is the service responsive?

Our findings

People's care, treatment and support was set out in a number of written care records that described what staff needed to do to make sure that they received care that was individual to them.

People's care records included a care plan produced by the GP providing clinical information about people in case of a hospital admission. This included significant past medical history, current medicines, and details of any previous consultations.

People had a person centred plan that had been produced using information from their allocated keyworker, registered manager, relatives and others such as day centre staff and other professionals involved in their care. The person centred plan covered areas such as skills/strengths, things I like/dislike, what is important to me now, hopes/dreams/aspirations, what is important for my health and safety, how best to support me, tips to help you communicate with me.

Another record called 'My support plan' covered 15 areas of support for people, these included people's history, skills and strengths, beliefs, communication, supporting my independence, health and wellbeing and support plans' goals. Each area was comprehensive in scope. For example, the section with regards to supporting my independence gave guidelines to care workers with respect to how they could support people to maintain their independence in relation to daily living skills such as choosing a menu, preparing food, tidying up, going to shops, laundry, and leisure time. Each activity documented people's level of independence and how they could be supported to become more independent.

Each person had a specific personal care support plan which documented people's personal care needs and was written in a person centred manner. For example, it detailed what specific products people liked to use, the level of support required and any preferences such as a bath or shower.

Records were written in a manner that was easy to understand and accessible, using plain English. There was good use of pictures in the person centred plan, my support plan and the personal care support plan.

People had individual support plans in place with clear outcomes such as developing independent living skills, leading an active social life, having good and managed health and to regain full mobility. Each support plan had both short and long term goals, people's strengths in relation to their support plan, resources needed and steps needed to achieve the outcome. Each support plan had identified targets which were reviewed monthly. In the records we saw, the support plan goals were old and in their present context were not always relevant to people. We discussed this with the registered manager who acknowledged that keyworkers were expected to review goals and make sure they were still applicable to people.

Monthly keyworker review reports were completed for each person. These documented any family contact, and any changes in relation to people's health and medical needs, daily living skills, finances, day centre/education/employment, social activities and personal care. Support plans were also evaluated and any actions carried over from previous meetings were reviewed.

Residents' meetings were held every month, these were well attended and chaired by a care worker. Topics of discussion included holidays, food, birthdays, fire drills, staffing and the environment amongst others. People had individual activity timetables on display, some in a pictorial format to aid understanding. Care workers told us about some of the activities that people did over the week. People went to a disco every two weeks in Sutton and they also took part in individual activities, for example some people did cooking with their one to one support workers and others attended football matches. Pictures of people's activities and holidays were displayed around the home.

People that we spoke with and their relatives told us they did not have any complaints but said that they would speak with staff or the registered manager if they did. We saw a number of compliments from both professionals and relatives.

There had been no formal complaints received by the service in the last year. Despite this, we saw that the provider did take steps to explore people's concerns in a number of ways including during residents' meetings and keyworker sessions. We saw evidence where people had requested certain things in relation to activities which were looked into by staff.

We saw the complaints guidance which included timescales for responding to complaints and what steps to take if people, and their relatives if applicable, were unhappy with the response. Guidelines were on display at the home advising people what to do if they were unhappy.

Good

Is the service well-led?

Our findings

Care workers told us they enjoyed working at the service, they said they all worked well together and the registered manager was supportive. They said, "We have a very good and strong team here", "The registered manager is fantastic" and "We all work well together."

The registered manager had taken over from the previous manager who had been at the service for a long time. Care workers told us that "She has kept things going along, no major changes" and "She is always encouraging us to update the care plans."

Care workers told us they felt they were consulted when decisions were taken with respect to the running of the service. Staff meetings were held on a regular basis and care workers were given the opportunity to raise any points in relation to people using the service, the environment, staff levels and other issues. Residents meetings were also held regularly and people were kept informed of any changes or asked to contribute their ideas in the running of the service.

An area manager carried out audits at the service. We saw one management audit visit report completed in August 2015. These were comprehensive in scope and covered any outstanding actions from the previous visit, complaints, care plans, finances, staff files, training, environment and health and safety amongst others. A Red, Amber, Green (RAG) rating was assigned to each area for ongoing monitoring. This 'traffic light' system is used as a coding system for good or bad performance. For example, red would mean inadequate, amber would mean reasonable, and green would mean ideal. This enabled the provider to focus on any areas of improvement. The registered manager had a 'quality of service improvement plan' from September 2015 in place which was used to document and identify any areas of improvement.

Incident reporting was documented appropriately. We saw that appropriate action had been taken such as professionals contacted when any incidents related to the safety and wellbeing of people using the service occurred.

A number of certificates indicating the environment was fit for use were seen, including gas safety, portable appliance testing (PAT) for safety of electrical appliances and lift service certification.

Fire alarm and emergency lighting was tested weekly. Firefighting equipment had been tested in July 2015 and regular fire drills had been carried out every three months. A fire risk assessment carried out by an external contractor in July 2015 gave a rating of medium risk, however we saw that the concerning issues highlighted in the report had all been actioned by the provider. These included the need for the fire extinguishers to be checked, and that none of the residents had a Personal Emergency Evacuation Plan (PEEP). A fire service maintenance report had been carried out in January 2016.

The registered manager carried out a monthly health and safety evaluation and a more in depth quarterly one was carried out by staff. A list of first aiders with their date of qualification and completion of refresher training was retained and we saw that it was up to date.

We received positive feedback from healthcare professionals who we contacted after the inspection, telling us that they were kept informed by the provider with regards to any changes to people's support needs that they were involved in. They also told us that their recommendations were followed up by the provider.