Care Quality Commission

Metropolitan Housing Trust Limited

128 Suez Road

Inspection report

128 Suez Road
Cambridge,
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
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

128 Suez Road is registered to provide accommodation and personal care for up to eight people. There were five people living at the home when we visited. Accommodation is provided over two floors. All bedrooms are for single occupancy and there are separate toilets and bathroom/shower facilities. There is a kitchen, communal areas, including a dining room and a lounge, for people and their guests to use. People and their relatives also had access to the rear garden area.

This unannounced inspection was carried out on 25 November 2015 and 26 November 2015. At the time of our inspection a registered manager was in place. 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. However, the registered manager had left their post in July 2015 and their application to voluntarily cancel their registration was in process. A manager had been appointed and they were in the process of applying to be registered with the Care Quality Commission.

Summary of findings

The CQC is required by law to monitor the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was not acting in accordance with the requirements of the MCA including the DoLS. The provider could not demonstrate how they supported people to make decisions about their care and where they were unable to do so, there were no records showing that decisions were being taken in their best interests. This also meant that people were potentially being deprived of their liberty without the protection of the law.

We saw that there were sufficient numbers of staff to assist people's with their care and support needs. There were care and support plans and risk assessments in place to provide staff with guidance to meet people's individual care needs. However, they were not up to date. This meant that people were at a risk of not being protected from inappropriate or unsafe care

Staff assisted people with personal care, their medicines, activities/hobbies, cooking and domestic tasks in a kind and cheerful and sensitive way.

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

People and their relatives felt able to raise any suggestions or concerns they might have with the manager. People felt listened to and reported that communication with the manager and members of staff were open and very good.

The manager had arrangements in place to monitor the day to day management of the home and the services being provided. People who lived in the home and their relatives were encouraged to share their views about the quality of the care and support provided. However, the provider did not have an effective quality assurance system in place.to monitor the quality of the services provided for people.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

Risks to people had not been continuously assessed to ensure that people were cared for as safely as possible

Staff were trained and informed about how to recognise any signs of harm and also how to respond to any concerns appropriately. There were enough staff available to meet people's needs.

Medicines were stored securely and were administered as prescribed.

Requires improvement

Is the service effective?
The service was not always effective.

Staff were not acting in accordance with the Mental Capacity Act 2005

Including the Deprivation of Liberty Safeguards. This means that people's rights were not being promoted.

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

People had access to a nutritious diet and were able to prepare meals and drinks for themselves where possible, with assistance from staff

Requires improvement

Is the service caring?
The service was caring.

Staff were very caring and supported people to be as independent as possible.

People received care in a way that respected their right to dignity and privacy. People were involved in making decisions about their care.

There were regular meetings held with health care professionals to discuss people's progress and any additional support that they required.

Good

Is the service responsive?
The service was not always responsive.

People's care and support needs were not always assessed and reviewed to ensure that they were up to date and met people's needs.

A complaints policy and procedure was in place and people and their relatives told us that they knew how to raise concerns and complaints if they needed to.

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

Requires improvement

Summary of findings

Is the service well-led?

The service was not always well-led.

The provider did not have effective arrangements in place to monitor and improve, where necessary, the quality of the service people received.

People and their relatives were able to raise any issues or concerns with the manager and staff when they wished.

Members of staff felt well supported and were able to discuss issues and concerns with the manager

Requires improvement

128 Suez Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by one inspector on 25 November 2015 and 26 November 2015.

Before the inspection we looked at information that we held about the service including notifications. Notifications are information regarding important events that happen in the home that the provider is required to notify us about by law. We also spoke with a contracts monitoring officer from the local authority who had contact with people living at the home and a care manager from the local authority.

During the inspection we spoke with five people about their care and support. We also spoke with the manager, an area manager and four members of care staff.

We looked at four people's care records, quality audits, staff meeting minutes and medication administration records. We checked records in relation to the management of the service such as quality assurance audits, policies and staff training and recruitment records.

Requires improvement

Is the service safe?

Our findings

There was a risk assessment process to ensure that people remained safe and that care and support would be appropriately delivered. However, we saw that many of the risk assessments had been completed in 2008 and had not been thoroughly reviewed apart from a signature and 'reviewed' recorded each year. We saw that one person's eating and drinking risk assessment was not in sufficient detail and up to date and relevant to their current needs. Therefore staff did not have up to date information to always safely assist the person.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People that we met with during our inspection told us that they liked living at the home and felt safe and secure. A relative of a person living in the home told us that they had no concerns about the care and support their family member received. They also said, "My (family member) is very well cared for and I feel that they are in safe hands."

Staff demonstrated to us their knowledge on how to recognise and report any suspicions of harm. They were knowledgeable regarding their responsibilities in safeguarding people and they had received training regarding protecting people from the risk of harm. They were aware of the safeguarding reporting procedures to follow when required. One member of staff said, "I have received safeguarding training and I would not hesitate in reporting any concerns to my manager." We saw that there were safeguarding reporting guidelines available in the office which included key contact numbers for the local authority safeguarding team.

Our observations showed and staff confirmed to us that people were supported by sufficient numbers of staff. We saw that staff who provided care and support during our visit undertook this in a cheerful and unhurried manner. The manager told us that staffing levels were monitored on an ongoing basis. We saw that there was a staff rota in place which showed the number of staff working each day in the home. One member of staff told us that staffing levels allowed them to have individual time with people living at the home. One person living at the home told us that staff were helpful and available to help them whenever they needed assistance.

All recruitment checks were carried out by the provider's personnel department in conjunction with the manager. However, no new staff had been employed in the home for some time This was confirmed by staff that we spoke with told us that their recruitment had been effectively dealt with.

We observed staff safely administer people's medicines. Medication administration records showed that medicines had been administered as prescribed. We found that staff had been trained so that they could safely administer and manage people's prescribed medicines. Medicines were stored safely and we saw that daily records for this were in place. Daily audits were carried out to monitor stock levels and ensure that all prescribed medicines had been properly administered. We saw that the manager had implemented medicines administration competency checks for staff to ensure their practice was safe and monitored. Staff we spoke with confirmed this to be the case. However, information was not always correct regarding medicines; we saw that in two care plans the medicines listed did not tally with what was recorded in the person's medication administration record.

The manager had also implemented individual medication files for each person detailing their medicines and protocols for the use of as required [PRN] medication such as paracetamol. This was so that members of staff had the guidance in managing people's conditions with the use of PRN medicines.

There were personal fire and emergency evacuation plans in place for each person living in the home and staff confirmed they were aware of the procedures to follow. This demonstrated to us that the provider had a process in place to assist people to be evacuated safely in the event of a fire or emergency. Fire alarm, fire drills and emergency lighting checks had also been carried out to ensure people's safety.

Requires improvement

Is the service effective?

Our findings

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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

However, people's mental capacity to make decisions about their care had not been fully assessed and no DoLS applications had been made as a result. The manager confirmed that all people living at the home may lack capacity to make some decisions for themselves. They advised us that action was taken to improve the assessment of people's mental capacity. Advice from the local authority had been obtained to improve the provider's mental capacity assessment process. The manager stated that they had taken some action to complete assessments of people's mental capacity and DoLS applications. However, this action was not yet completed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Healthcare records were in place regarding people's appointments with health care professionals, which included GPs, dentists and learning disability specialist staff. Each person had a 'Hospital Passport'; this was a document that gave essential medical and care information and was sent with the person if they required admission to hospital. This demonstrated to us that people were being effectively supported to access a range of health care professionals which ensured their general wellbeing was maintained. The manager told us that people had access to appointments with dieticians if there were any issues or concerns about nutrition or dietary needs.

A relative told us, "The manager and staff have always contacted me when my [family member] is unwell." This showed us that there was an effective system in place to monitor and react to people's ongoing and changing health care needs.

Staff told us they had the opportunity to undertake and refresh their training. One member of staff said, "We are informed about when we need to attend training and it is being made available for us." Staff told us that training was improving and that the manager was booking them on to a number of courses to be completed over the next two-three months. The manager showed us evidence of booked forthcoming courses which included Mental Capacity Act, manual handling, first aid, medication administration, autism and epilepsy awareness. We saw that staff had received safeguarding and infection control training. Staff told us that supervision sessions had been infrequent. However, they were now receiving one to one supervision sessions with the recently appointed manager and that there were staff meetings to discuss issues and developments. We saw evidence of a recent staff meeting and a supervision log detailing planned supervisions.

We observed people during lunch and teatime. We saw that this was a sociable occasion where people were offered a choice of meals and drinks. People also received drinks and snacks throughout the day with assistance from the staff when required. Meals were varied and pictorial aids were in use to assist people with their choices. One person told us that they could have something different if they did not wish to have the planned meal. People were encouraged to assist, where possible with cooking meals. One person said, "I like to cook and I help with making the evening meal and we decide in our weekly meetings what meals we all would like". Another person said, "I love making cakes and the staff help me with this." We saw that meals were planned at the regular meetings held with people.

Good

Is the service caring?

Our findings

One person we spoke with told us, “This is my home and I am happy living here and the staff help me with what I need.” A relative we spoke with told us that they had been involved in reviews of their family members care and support. They also told us that communication was very good and they were always kept informed of any changes to their family members care by the members of staff. A relative said that they had regular contact with the home and felt involved in the reviewing of their family members care and support. Another relative said, “[family member] is really happy at the home and the staff are very kind and caring and I have no concerns.” A third relative said.” said, “The staff are superb and do everything to provide really good care for [family member].”

Observations and comments we received showed that people were encouraged to be involved in the life of the home. One person told us that, “The staff are good and we go out a lot and I really like living here.” There was a friendly atmosphere with a good deal of humour created between the staff and people who lived in the home. People were seen to be comfortable, smiling and at ease with the staff who supported them in a sensitive and attentive way.

People were assisted by staff with domestic tasks such as putting laundry away and to help people organise and tidy their bedrooms. We saw that assistance was given in a fun, caring and supportive way. Staff talked with affection and kindness about the people they were supporting. One staff member told us that, “People are cared for really well and we all work closely as a team.” We saw staff speaking with people in a kind and caring and attentive way whilst providing people with assistance.

We saw that staff knocked on people’s bedroom doors and waited for a reply before entering. We observed staff treating people with dignity and respect and being discreet in relation to personal care needs which was provided in private. We observed that staff positively engaged with people and enquired whether they had everything they needed. This demonstrated that staff respected the rights and privacy needs of people.

People could choose where they spent their time and were able to use the communal areas within the home and spend time in their own bedrooms whenever they wished. One person told us that they liked their bedroom which they had been able to personalise with their own furnishings and belongings to meet their preferences and interests. A relative told us, “My family member is very happy living at the home and really likes having all the things in his room.”

Each person had an assigned key worker whose role was to evaluate and monitor a person’s care needs on a regular basis. There were regular meetings held with health care professionals to discuss people’s progress and any additional support that they required. Daily records showed that people’s needs were checked and records made to show any events that had occurred during the person’s day. We saw that other documents such as, support plans and aims and goals were written in a pictorial/easy read format where required. This showed us that people had information about the service in appropriate formats to their understanding.

A relative and people we spoke with told us that the staff were kind, caring and compassionate. One relative told us, “The staff know my (family member) really well and they are really happy living there and the staff really know how to care and support them.”

The manager told us that no one living at the home currently had a formal advocate in place but that local services were available as and when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Requires improvement

Is the service responsive?

Our findings

Staff told us about the range of activities that people took part in. These included attendance at day services, shopping and accessing local events within the community. One member of staff was involved in helping people plan activities during the week and a forthcoming trip to a local seaside town was being planned. One person told us that, "I like to go out to the pub and meals during the week." Another person said "I like to go to the day service and have a lot of friends there".

People were supported to take part in interests that were important to them and included computer games, crafts, music, visits to the church and local shops. People told us that they had been on holidays to local seaside towns and daytrips on a regular basis

Our observations showed that staff asked people about their individual choices and were responsive to that choice. People were involved in helping to prepare the evening meal and there was a lot of good natured banter between the staff and people. Staff told us how they engaged with people who were unable to fully communicate verbally to make choices. Staff told us that this was done by listening to a person's answer, key words and understanding the person's body language and facial expressions. Staff were knowledgeable about the people they were supporting and gave examples of how they assisted people both socially and when providing personal care. Relatives we spoke with also confirmed that they had observed staff to be knowledgeable and understood their family member's needs.

Staff had access to a shift handover and communication book to ensure that any changes to people's care were noted and acted upon.

One person told us that, "I always talk to the staff and they help me sort out any worries I have." We saw there was a complaints policy and procedure in the home which was also available in an easy read format. We saw that people had been encouraged and assisted to use the complaints process when a recent incident had occurred in the home. Staff told us that they were impressed with the swift response from the manager in dealing with the concerns that had been raised. This showed that people could raise concerns themselves at any time and be confident that they would be responded to promptly and effectively. A relative told us that that they knew how to raise concerns and said, "I can visit anytime and the staff are really welcoming and I am able to raise any issues and make suggestions and I feel listened to."

We looked at four people's care records during our inspection. People's care records included Information which demonstrated how people liked to be supported and information about their social and health care needs. However, the care plans were not recorded in a person centred manner and it was not clear how much the person themselves had been involved. We saw that some of the information was not up to date including medication, eating and drinking and activities/interests. For example, one of the care plans listed a person's work and attendance at a music activity both of which they no longer attended. We saw that eating and drinking guidelines for one person were not up to date and not relevant to their current support needs ,

It was not clear who had written the care plan and how the person had been involved in the process. There was a lot of duplication of information and reference to healthcare issues from a number of years ago. It was not clear how all these pieces of information informed the person's current support needs. We saw that there was a monthly assessment of people's events and achievements but this was not always reflected in the care plan. However, staff we spoke with were knowledgeable and aware of people's needs.

We did see that one person had been involved in putting together an individual file with useful pictorial information to express their personal preferences. However, we saw that some of the information was out of date and that two people from the local authority who had assisted in collating the information had left a number of years ago and were no longer in touch with the person. It was therefore not clear how up to date the information in this file was.

The manager acknowledged that the current care plans included basic detail but lacked the individualised 'person centred' detail that would support the delivery of personalised and consistent care. They told us that the care planning process was being redeveloped with clearer guidance to reflect and include the individual person's voice and preferences. The manager also told us that they had been archiving a great deal of historical information so that only current information was available. We spoke with

Requires improvement

Is the service responsive?

a contracts monitoring officer from the local authority who had carried out a recent visit to the home and they had raised some similar concerns regarding the care planning process.

A relative told us that they were regularly contacted by staff and that they had been, "Involved in their family member's ongoing care and support." Another relative told us, "I am really happy with the care that is provided for [family member] and they are very happy living at 128."

Relatives told us that they were contacted when there had been any changes to their family member's health, care and support needs. We saw a section in care records where key workers documented people's ongoing aspirations and day-to-day issues. Examples included organising trips out in the local area and social activities.

We spoke with a care manager from the local authority who had contact with the home and they felt improvements were being made to the care and support being provided.

Requires improvement

Is the service well-led?

Our findings

We found that no quality monitoring visits had been undertaken on behalf of the provider and we were not shown any formal records of any visits made to the home by a representative of the provider, . We saw that a number of the risk assessments were recorded on the previous provider's documentation and the information recorded had not been changed over a number of years. This showed that quality assurance processes were not effective regarding the monitoring of records being kept in the home. The contracts monitoring officer we spoke with prior to our inspection expressed concerns regarding quality assurance procedures in the home.

The manager said that they were in regular phone and e-mail contact with their area manager but visits to the home from them had been somewhat infrequent. The manager had received two supervision sessions since commencing their post in August 2015.

No surveys had been sent to people, their relatives or other stakeholders during 2015 to gain comments and views about the service. The manager told us that they were devising a survey which they were sending out in the next three months to people using the service, relatives, staff and stakeholders.

The registered manager had left their post in July 2015 and an application to voluntarily cancel their registration was in process. However, a new manager was in post and they were supported by staff. People told us they got on well with the manager and throughout our inspection we observed the manager interacted well with members of staff and people living at the home. One person told us, "I can talk to the staff any time and they listen to me and help with any problems I have." Observations made during this inspection showed that staff made themselves readily and actively available to people who lived in the home and assisted them when needed. On speaking with the manager and staff, we found them to have a good knowledge of people and their care and support needs.

The relatives had positive comments about the home and they were happy with the service provided to their family members. Relatives said that they were involved in discussions about the care and services provided in the home for their family member. One relative told us that, "Staff are very helpful and keep me in touch with any events regarding my family member."

Staff told us that they could make suggestions or raise concerns that they might have. One member of staff told us, "We are good team and we work well together and I feel very much supported now that we have a new manager here." Another staff member told us that, "Our new manager is very organised and supportive and helpful." We saw minutes of staff meetings where a range of care and support issues had been discussed.

Staff told us that they were confident that if ever they identified or suspected poor care practices or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff said that they felt confident that they would be supported by the manager to raise their concerns. One staff member said, "If there was any bad practice this would be reported to the manager and acted upon without any hesitation or delay." We saw that a recent incident had been effectively reported and appropriate action had been taken by the manager.

We saw that the manager and staff ensured that checks of key areas were being made including; health and safety, medication and care and support issues. We saw up-to-date fridge/freezer temperature records, food temperature tests, fire records and water testing and temperature records were held within the home. Any repairs and maintenance issues were reported to the organisation's maintenance team for further action.

We saw that there were effective finance procedures in place to ensure that people's money was safely recorded and dealt with. We checked two people's finances and we found them to accurate and well recorded.

The manager had implemented medication audits and staffing audits including a new improved staff rota. Incident forms were monitored by the manager. Any actions taken as a result incidents were documented as part of the homes on-going quality monitoring process to reduce the risk of the incident reoccurring.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The provider was not acting in accordance with the requirements of the MCA including the DoLS.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not protected against the risks associated with unsafe and inadequate assessment of and action to reduce identified risks.**