Care Quality Commission

Metropolitan Housing Trust Limited

Antelope Way

Inspection report

18/20 Antelope Way
Cherry Hinton
Cambridgeshire
CB1 9GT
Tel: 01223 416382
Website: www.metropolitan.org.uk

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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?	Requires improvement
Is the service well-led?	Good

Overall summary

Antelope Way provides accommodation and personal care for up to eight people who have a learning disability. There were eight people living at the home when we inspected. Accommodation is provided over two floors across an adjoining property. All bedrooms are for single occupancy and there are separate toilets and bathroom/ shower facilities. There are two kitchens/dining areas and communal areas 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 7 January 2016. 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. The registered manager was due to retire at the end of January 2016. A peripatetic manager had been appointed and was working in the home until the recruitment of another manager

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 acting in accordance with the requirements of the MCA including the DoLS. The provider could demonstrate how they supported people to make decisions about their care and where they were unable to do so they were in the process of completing assessments which were to be sent to the supervisory body.

People's privacy and dignity was respected by staff. People's care was provided with kindness and patience and in a way which people preferred. People's requests for assistance were responded to promptly.

Staff had been trained in medicines administration and safeguarding people from harm and were knowledgeable about how to ensure people's safety. Medicines were stored correctly and records showed that people had received their medicines as prescribed.

Health care and support plans were in place although not all provided detailed information so that staff had clear guidance on how to meet people's individual care needs. Risks to people who lived in the home were identified and assessed to enable people to live as safely and independently as possible.

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

Information on how to make a complaint was available for people and staff knew how to respond to any identified concerns or suggestions.

Arrangements were in place to ensure that the quality of the service provided for people was monitored and action had been taken when necessary.

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 safe.

Risk assessments ensure that people were cared for as safely as possible and that any risks were identified and minimised.

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.

Good

Is the service effective?
The service was effective.

Staff provided care and support to people in their preferred way. People were supported to eat and drink enough to stay well.

People saw, when required, health and social care professionals to make sure they received appropriate care and treatment.

People's rights were being protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were in the process of being followed when decisions were made on people's behalf.

Good

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.

Good

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

Care records did not all provide sufficient information to ensure that people's needs were consistently met.

A complaints policy and procedure was in place and people had the opportunity to raise any concerns about their care

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

Requires improvement

Is the service well-led?
The service was well-led.

Good

Summary of findings

The provider had arrangements in place to monitor and improve, where necessary, the quality of the service people received.

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

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

Antelope Way

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 two inspectors on 7 January 2016.

Prior to our inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

Some of the people who used the service needed support from staff to communicate. They expressed themselves using a combination of sounds, signs and gestures. We spoke with staff and looked at people's care plans to help us to communicate with the people who used the service. We also observed how people were cared for to help us understand their experience of the care they received. We spoke with five care staff, the registered manager and a peripatetic manager during our inspection.

We looked at two people's care records, 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

Good

Is the service safe?

Our findings

Staff demonstrated to us their knowledge on how to recognise and report any suspicions that people may have suffered any 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 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.

Staff had the information that they needed to support people in a safe manner and fire evacuation plans were in place for each person in the home. Staff completed risk assessments and these identified how people could be supported to maintain their independence in a safe manner. Risks that had been identified included accessing transport, mobility in the home, moving and handling and swallowing. Staff spoken with were aware of the risks to people and the assessments that were in place. One member of staff told us of the actions that had recently been undertaken to reduce the risks to staff when they transported one person in the homes vehicle.

A member of staff told us that, "there was always enough staff on duty". They said that if they could change anything in the home it would be to, "get more permanent staff". At the time of this inspection staff recruitment was taking place and there were five vacancies. We were informed by the registered manager that bank staff who worked in the home on a regular basis were used to ensure that there were enough staff on duty at all times. We were also told that on occasions agency staff were also used, and that whenever possible the agency staff that were used were those who had worked in the home before and knew the people living there.

An effective recruitment process was in place and staff recruitments records were available in the home. Relevant checks were undertaken before a person was offered employment. These included obtaining references, ensuring that the applicant provided proof of their identity and that they undertook a criminal record check with the Disclosure and Barring service.

People using the service received their medications as prescribed. Only staff who had undertaken medicines training and had had their competency assessed administered medicines. Medicines were stored, administered and disposed of in a safe manner and accurate records of medicines administered were maintained. All staff had signed to confirm that they had read the policy in respect of medicines administration and safekeeping and clear protocols were in place for when medicines prescribed to be given on an as required basis should be administered.

Good

Is the service effective?

Our findings

Staff told us and records confirmed they had the opportunity to undertake and refresh their training. One member of staff said, "The manager lets us know when we need to attend training and when it will be. Some of the training is done on line through our internal systems." Permanent staff told us that supervision sessions had been held. Staff meetings were held to discuss issues and developments. We saw evidence of a recent staff meeting and a supervision log detailing planned supervisions.

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).

Assessments of people's capacity to make decisions about their care were in the process of being carried out for those people where it was recognised that they may not be able to make their own decisions about complex issues, such as the management of their financial affairs. The manager told us that DoLS applications would be made if required. The registered manager confirmed that all people living at the home may lack capacity to make some decisions for themselves. Although most were able to make decisions about their day to day lives. For example what to eat and drink. They advised us that action is being taken and staff are to receive training to ensure they fully understand the process. Advice from the local authority had been obtained to improve the provider's mental capacity assessment process.

People were supported to eat and drink enough and were involved in planning the meals for the week. Staff supported people living in the service with meal preparation and one of the people living in the home told us that they particularly enjoyed fish and chips. One of the people living in the home wrote the menu each week and this was displayed in a pictorial format. People could choose an alternative meal if they did not want what was on the menu. People also assisted with the food shopping and had a choice of meals. People were weighed each month and staff told us that dietary advice would be sought if people were at risk of losing weight. They also told us that one person ate their food very fast so that they had to have it cut up to ensure that they didn't choke. One person in the home required a pureed diet and thickened fluids and there was information for staff in respect of this. People also regularly went out of the home to have their meals. One person told us that they enjoyed going to the supermarket café for their lunch.

People were supported with their health needs. All people were registered with a local GP surgery and staff accompanied people to the appointments. People also had regular dental appointments and had access to a range of health care professionals. One person also received complimentary therapy on a monthly basis. Health action plans were also in place for each person as well as Hospital Passports. These provided comprehensive information about the needs of each person living in the home. Any contact that people had with health care professionals was recorded.

Good

Is the service caring?

Our findings

Observations and discussion with staff showed that people were encouraged to be involved in the life of the home. People when asked if they were happy with the support staff provided smiled and one person said “yes” which indicated a positive response. Staff were patient and gave people time to respond to their questions and would repeat the questions where necessary to ensure they understood what was being asked of them.

People were supported to have regular contact with the family. All people in the home had contact with family members. One person’s family lived about 70 miles away from the home and staff regularly took him to visit them. Staff also took another person to visit their relative once a month. Family and friends were welcome to visit at any time and during our discussions with staff in the home it was evident that they knew peoples families very well.

Staff had a very good knowledge of people’s needs and were seen to treat them in a caring and respectful manner. Staff knew peoples likes, dislikes and preferred routines and these were all recorded in their care plans. Throughout our inspection there were positive interactions between people living at the home and staff and we noted that people’s wishes were respected. One person was keen to go out for a meal and the staff took them out during the inspection.

People could choose where they spent their time and were able to use the communal areas within the home or spend time in their own bedrooms whenever they wished. One person very much enjoys going out. We saw that when a certain member of staff arrived they began laughing and smiling. Staff told us this was how they usually reacted this way, as they knew they would now be able to go out into the community because they were able to drive the homes transport. 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

Staff told us they meet with each person on a regular basis to discuss their progress and check if they are happy with what they are doing. Daily records showed events that had occurred during the person’s day and if they had enjoyed it. Some documents such as, the daily plan were available in a pictorial/easy read format. This showed us that people had information about the service in appropriate formats to their understanding.

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

The two people's care records we looked at included information which demonstrated how people liked to be supported and information about their social and health care needs. One section of the care plan was titled "How I like staff to support me". There was a day support plan and a night support plan. We saw that people and their relatives were involved in reviewing and planning their care needs. Staff had a good understanding of people's needs and how they liked to be supported. One care plan we looked at required further information. This would ensure that staff were given the detail they needed to ensure that care was provided in a consistent way and in a way the person prefers it. Whilst the other care plan gave comprehensive information about people and staff had signed to say that they had read and understood the care plans. A keyworker told us that they reviewed the persons care plan each month and that they provided updates to the team. This care plan was person centred, an example of this being, "I like listening to the Beach Boys Music when I am going to sleep".

The peripatetic manager acknowledged that the current care planning process was being redeveloped. They are looking at making them easier for people to understand by putting them into a pictorial version. They will also include guidance that will reflect and include the individual person's voice and preferences. They told us that there were in the process of ensuring that only up to date information was held in the care folder and all other information would be archived.

People were supported to follow their own interests and hobbies and these were recorded in their care plans. Staff told us that they regularly accompanied people out of the home and people were supported to undertake a range of activities outside of the home. These included attendance at a local farm, trips to the local shops, supermarkets, pubs and restaurants and sports facilities such as the local swimming pool. The home has its own transport which was used on a regular basis. People were going out on the day of our inspection and we heard them being asked where they would like to go.

Staff had regular handover and this information was recorded to ensure they could refer back to it at a later time and date. This ensured that any changes to people's care were noted and acted upon.

A complaints procedure was available to people living in the home and their families. The procedure for people living in the home was in pictorial format and a copy of the complaints procedure had recently been sent to families of people living in the home. People were encouraged to discuss their care and they are asked if they are happy during one to one time. This showed that people could raise concerns themselves at any time and be confident that they would be responded to promptly and effectively.

Good

Is the service well-led?

Our findings

The registered manager and peripatetic manager promoted a positive culture within the home that was transparent and inclusive. All staff we spoke with were positive about working at the home felt that management were open and kept them informed of any developments or changes. For example, recruitment and new paperwork that was being introduced.

There were systems and process in place to ensure that the people were cared for safely. The registered manager and peripatetic manager were knowledgeable about the needs of the people and how the service should be improved. For example they had identified that care records needed additional work to ensure they fully reflected peoples care and support needs. They had commenced work on the environment where areas of the home were looking tired.

A wide range of, checks and observations had been undertaken by the staff and management that were designed to assess the performance of all aspects of the service delivery. These included areas such as medication, health and safety, and fire checks. Information about the outcomes of these checks, together with any areas for improvement identified and details of actions taken and progress made were recorded.

Quality monitoring visits were being undertaken by members of the provider's senior management team. We found that a comprehensive action plan had been completed and had identified areas that required improvement.

The resident meeting minutes discussed areas of the service such as food, hobbies and activities. They described how people reacted to the discussions. This showed that people's opinions were taken into account in the way that the home was run and the service was delivered.

Surveys were in the process of being prepared and being sent out to people who used the service, relatives and other stakeholders. This would enable them to gain feedback on the service that is provided and identify any improvements that may be necessary.

People visited the local community and people were supported to meet their religious needs if required.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

Staff told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service. Staff told us, and records we looked at confirmed, that staff meetings were held. The provider had a clear leadership structure that staff understood.