

## Metropolitan Housing Trust Limited

# 130 Suez Road

### Inspection report

**130 Suez Road,**  
Cambridge,  
CB1 3QD  
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Website: [www.metropolitan.org.uk](http://www.metropolitan.org.uk)

Date of inspection visit: 9 December 2015  
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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?

Good 

Is the service well-led?

Requires Improvement 

#### Overall summary

130 Suez Road is registered to provide personal care for up to eight people in supported living accommodation. There were eight people using the service when we visited. Accommodation is provided in eight self-contained flats. There is a shared communal lounge area which comprises of a cooking area for people to use when they so wish. There is a shared laundry facility and bathroom. Support is provided to people on a 24 hour basis. This announced inspection was carried out on 9 December 2015.

At the time of our inspection a registered manager was not working 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. 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

Staff were not acting in accordance with the requirements of the Mental Capacity Act.. They 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.

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 their personal care, their medicines, activities/hobbies of their choice, 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 was very good.

The manager had arrangements in place to monitor the day to day management of the service. People who used the service 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 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.

Medication was stored securely and was 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 were able to prepare meals and drinks for themselves or with assistance from staff when required.

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

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.

Good



### Is the service responsive?

The service was responsive.

People's care and support needs were 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.

Good



# 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 registered 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**



# 130 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 announced inspection took place on 9 December 2015. The provider was given 48 hours' notice because the location provides a supported living service for people who are often out during the day. We needed to be sure that someone would be in. The inspection was carried out by one inspector.

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 service that the provider is required to notify us about

by law. Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with a contracts monitoring officer from the local authority, a community psychiatric nurse and a care manager from the local authority who had contact with the manager, staff and people using the service.

During the inspection we spoke with five people about the care and support they received. We also spoke with two relatives of people using the service, the manager and five members of care staff.

We looked at four people's care records, quality audits, staff meeting minutes, staff rotas 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.

# Is the service safe?

## Our findings

Although there was a risk assessment process to ensure that people remained safe and that care and support would be appropriately delivered we found that the process had not always been followed. This was because many of the risk assessments had been completed in 2009 and had not been thoroughly reviewed apart from a signature and 'reviewed' recorded each year. We saw that eating and drinking guidelines for one person were not up to date and not relevant to their current support 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 had lived in their flats for a number of years and felt safe and secure. A relative of a person using the service 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 safe." Another relative said, "My [family member] feels happy and secure in their flat"

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. 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. One member of staff told us that there was enough staff on

duty so that they could assist people in their flats and to access the community with them when needed. One person said, "The staff are really helpful and available to help me whenever I need assistance."

All recruitment checks were carried out by the provider's personnel department in conjunction with the manager. We saw two recruitment records and they contained evidence of appropriate checks including; a criminal records check, references, an application form and identity checks. This was confirmed by staff that we spoke with who told us that their recruitment had been effectively dealt with. They also told us that they had received an induction when commencing their employment to ensure that they received training and essential information so they could safely assist people using the service.

Each person had a locked cupboard in their flat to safely store their medication. The level of support each person required with their medication was recorded in their care plan. This ensured that staff were aware of the assistance each person required. Medication administration records (MAR) showed that medicines had been administered as prescribed. Records and staff confirmed had been trained so that they could safely administer and manage people's prescribed medicines. Staff completed audits to monitor stock levels and to ensure that all prescribed medicines had been properly administered. Records and staff confirmed that medicines administration competency checks had commenced this was to ensure that practice was safe and monitored.

The manager had implemented individual medication files for each person detailing their prescribed 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 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.

# 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. No applications had been made to the Court of Protection to ensure that the provider was complying with any Court Order to deprive anyone using the service of their liberty

During this inspection we found that 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 using the service may lack capacity to make some decisions for themselves. They advised us that action had been 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 partially completed assessments of people's mental capacity and DoLS applications. However, this action was not yet fully 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 and learning disability specialist staff. One person said, "The staff help me to go to see my doctor for appointments when I need." 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. 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 had improved and that the manager was booking them on to a number of courses to be completed over the forthcoming 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 previously been infrequent. However, they were now receiving regular supervision sessions with the recently appointed manager and team leader. A supervision log showed details of planned future supervisions. We saw evidence of a recent staff meeting and that staff were given the opportunity to discuss issues and future developments of the service.

People were supported by staff with the preparation of drinks and meals where required. People told us that staff assisted them with cooking and shopping. People's dietary needs were recorded and any associated risks were incorporated into their care plan including their meal preferences and any known allergies. Staff told us that people were assisted to seek advice from nutritionists and dieticians whenever their dietary needs changed.

There were regular meetings held with health care professionals to discuss people's progress and any additional support that they required. We spoke with a manager from the local authority who was in regular contact with the service and they were positive about the care and improvements being made to the service. They also told us that communication was good and information provided by the manager and staff was professional and detailed.

# Is the service caring?

## Our findings

One person we spoke with told us, "I like my flat 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 had improved and they were kept informed of any changes to their family members care by the manager. Another relative confirmed they had been involved in reviews of their family member's care and was made aware of any changes that needed to be made.

Observations and comments we received showed that people were encouraged to be involved in improving their daily living skills and were assisted by staff with a number of tasks including, cooking shopping, laundry and financial budgeting. One person told us that, "The staff are good and we go out a lot and they help with whatever I need." There was a friendly atmosphere with a good deal of humour created between the staff and people living in service. People were seen to be comfortable and at ease with the staff who supported them in an attentive and caring way. We saw that where a person had become anxious the staff spent time reassuring them so that they could understand and assist them to deal with their anxiety in a sensitive and calm way.

We saw that assistance was given in a fun, caring and supportive way. Staff we met 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."

Staff knocked on people's 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 as well as spending time in their own flats. One person told us that they liked their flat which they had been able to personalise with their own furnishings and belongings to meet their preferences and interests. People also told us that they had been involved in choosing colours and furnishings for the communal areas.

Each person had an assigned key worker whose role was to evaluate and monitor a person's care needs on a regular basis. Daily records showed that people's needs were checked and records made to show any events that had occurred during the person's day. A relative and people we spoke with told us that the staff were kind, caring and compassionate.

The manager told us that no one using the service 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.

# Is the service responsive?

## Our findings

People were supported to take part in interests that were important to them. Examples included attending a variety of day services, craft sessions, visits to the local church and shopping trips. Throughout the day we saw that people were actively involved in accessing a variety of resources in the local community with staff assistance where appropriate. One member of staff was involved in helping people plan activities during the week and forthcoming Christmas shopping trips and parties. One person told us that, "I like to go out to during the week and staff help me with what I am planning to do." Another person said "I enjoy going to the day service and I am very involved there."

Our observations showed that staff assisted people with their individual choices and provided assistance when required. Examples included assisting people to plan their menus, shopping trips and preparation of meals where needed. Staff were knowledgeable about the people they were supporting and gave examples of how they assisted people both socially and when providing individual support to people in their flats. Relatives we spoke with also confirmed that they had observed staff to be knowledgeable and understood their family member's needs. One relative said, "They [the staff] have responded to my [family member's] difficulty with their mobility in a very good way."

One person told us that, "I can always talk to the staff and they help me sort out any issues or concerns that I have." We observed that there was a lot of conversation occurring regularly during the day where people had access to staff to discuss any issue or concerns with staff.

People using the service had access to the complaints policy and procedure which was also available in an easy read format. We saw that people had been encouraged and assisted to use the complaints process whenever they wished to. Staff and people told us that the manager listened to them and had been proactive in dealing with any concerns that they had raised in supervision sessions and team meetings. This showed that people could raise concerns themselves at any time and be confident that they would be responded to promptly and effectively.

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. The care plans were recorded in a person centred manner and we saw that people had been involved in the planning and preferences as to how they wished to be supported. We saw that one person had been very active in completing a number of documents to ensure that their care and support need were understood by the manager and the staff team.

We saw that there was a monthly assessment of people's events and achievements and the staff we spoke with were knowledgeable and aware of people's care and support needs. People's care and support plans, as well as their reviews of care, were signed by the person, where possible to agree the care and support being provided. Staff had access to a shift handover and communication book to ensure that any changes to people's care were noted and acted upon.

Care plan records showed that people's health care needs were documented and monitored. We saw that and where necessary, referrals were made to relevant health care professionals if there were any medical/health concerns. Any appointment with a health care professional had been recorded in the person's daily notes.

The manager told us that the care plans were being further developed to ensure the delivery of personalised and consistent care to reflect and include the individual person's voice and preferences as much as possible. The manager also told us that they had been archiving a great deal of historical information so that the most up to date information was available.

Two relatives told us that they had been contacted by the manager and staff and that they had been involved in their family member's ongoing care and support. We also 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 service and they felt improvements were being made to the care and support being provided. A community psychiatric nurse we spoke with also felt the service was improving and that the manager and staff worked closely with them and followed any agreed advice or protocols.

# Is the service well-led?

## Our findings

We saw that quality monitoring visits had been undertaken on behalf of the provider and we were shown two records of visits made to the service. However, the audits we were shown during the inspection were not thorough and detailed. An example of this showed that the risk assessment process and recording had not been monitored. We saw that a number of the risk assessments were on an old format and 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 service. A contracts monitoring officer we spoke with had also expressed concerns regarding quality assurance procedures of the service.

The manager said that they were in phone and e-mail contact with their area manager but visits to the service from them had been somewhat infrequent.

We saw that 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 a survey was due to be sent out in the next few 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 using the service. 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 using the service and assisted them when needed. On speaking with the manager and staff, we found them to have a good knowledge of people using the service and their care and support needs.

One relative told us that, "Staff have kept me up to date with any events regarding my family member." They also said, "We are encouraged that the new manager has improved the care and support for [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 close team and we work well together and I feel very much supported by the new manager." Another staff member told us that, "Our new manager is very organised and there is more structure and they are extremely supportive and helpful." We saw minutes of recent 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 were confident that they would be supported by the manager to raise their concerns. One staff member said, "If I saw or heard of any poor or bad practice I would always report it to my manager without any hesitation or delay."

Records showed that the manager and staff ensured that checks of key areas were being made including; health and safety, medication and care and support issues. The manager had implemented medication audits and staffing audits including a new improved staff rota. Incident forms were monitored by the manager and were documented as part of the service's on-going quality monitoring process to reduce the risk of the incident reoccurring.

Health and safety checks including; fire records, water testing and water temperature records were in place and up to date. Any repairs and maintenance issues were reported to the organisation's maintenance team for further action.

Finance procedures were in place to ensure that people's money was safely recorded and managed appropriately. We checked one person's finances and we found them to be accurate and well recorded.

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

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

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.