

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

We inspected Cavendish Road on 12 and 16 October 2018. This was an unannounced inspection.

At the last inspection which took place on 11 March 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Cavendish Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cavendish Road provides personal care without nursing for up to nine adults with a range of learning disabilities. It is in Balham, close to amenities and with good transport links. At the time of the inspection, there were eight people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were only deprived of their liberty to receive care and treatment when this was in their best interests, the provider sought legal authorisation to do so under the Mental Capacity Act 2005 (MCA).

People using the service appeared happy and content. Relatives told us that they were satisfied with how the staff treated their family members. They said that staff were approachable and let them know if there were any changes to their support needs. People were supported to maintain relationships that were important to them. They led active social lives and attended various day centres and amenities.

Each person had individual care records in place which staff used to provide appropriate support. Person-centred care plans included information for staff to provide support according to people's individual taste and in a caring manner. They had support plans which promoted their independence.

Health action plans gave guidance on supporting people in relation to their health needs. People were supported to take their medicines in a safe manner.

Staff training was good, each staff member had an individual learning pathway which was monitored through supervision sessions. Staff demonstrated a good understanding of people's support needs.

There were robust quality assurance checks in place and good engagement with external professionals.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 comprehensive inspection took place on 12 and 16 October 2018. The inspection was carried out by one inspector and was unannounced.

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service such as the Provider Information Return (PIR). Statutory notifications include information about important events which the provider is required to send us by law. A PIR is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we were only able to speak with one person using the service. However, we did observe staff supporting people during the inspection. We spoke with five staff, including the registered manager and four support workers. After the inspection, we telephoned relatives of four people using the service and got feedback from four health and social care professionals about the service.

We reviewed a range of documents and records including; three care records for people who used the service, four staff records, as well as other records related to the management of the service such as complaints and audits.

Is the service safe?

Our findings

Relatives of people using the service told us they were confident their family members were safe from harm living at Cavendish road. They told us their family members liked the staff that supported them. Comments included, "No concerns" and "[Family member] is happy there. He likes it. He doesn't want to come back home. "Staff were familiar with the term safeguarding and what it meant. One staff member said, "Safeguarding is making sure customers are safe from neglect and abuse and if we notice anything we report it the manager. People may be withdrawn, they may not want me to touch, there will be a change and we need to look out for signs." Another said, "I would tell my manager if I was concerned."

Safeguarding posters were available in the home to remind staff about their responsibilities in speaking out against abuse. Training records showed that staff were given refresher training in safeguarding.

The provider assessed risks to people and had effective management plans on place which meant that people were kept as safe from harm as possible. The management plans to reduce the risk were proportionate to the level of risk identified. For example, areas of high risk had more stringent management plans. Areas of significant risk had a written contingency plan which had been tested to reduce the risk. Staff had signed to indicate they had read and understood the risks.

There were robust recruitment procedures in place. Staff files contained evidence of pre-employment checks that had been carried to ascertain the suitability of staff, this included proof of ID, address and Disclosure and Barring Service (DBS) checks. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions. New candidates were interviewed by the registered manager and were given a 'shadow week', where they worked with an experienced member of staff. After this week, they were signed off as being competent on the floor.

The service employed enough staff to support people in a safe manner. The majority of the people spent time at various day centres throughout the week. The provider ensured there were more staff on shift in the morning when people needed support to get ready. People that needed 1:1 support had their needs met.

The service followed good hygiene and infection control practice. For example, there was a separate hand washing sink in kitchen, hand washing technique guidelines were on display and colour coded boards to separate meat and fruit/vegetable preparation. Perishable food was labelled with date of opening.

There were risk assessments in place in relation to medicines support. These were reviewed on a regular basis. Each person had a medicines profile in place with details of their GP/pharmacy, their preferences and any special instructions in relation to medicines. Medicines charts were filled out appropriately. Medicines were stored safely and counted at every morning handover. The provider's medication policy and procedure were kept with the medicines so that staff could refer to them if needed. Weekly medicines audits were completed which helped to ensure medicines practice was safe and any issues could be identified promptly.

Is the service effective?

Our findings

New employees worked through the 'Learning Portfolio' which was based on the standards of the Care Certificate. This was a mixture of classroom-based training, e-learning and observations of practice. They completed workbooks which evidenced their learning and were signed off by the registered manager. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers.

The training needs of staff were identified through supervisions. The registered manager explained that staff usually booked online training themselves whilst she arranged classroom-based training. Examples of classroom-based training included medicines and moving and handling. These were supplemented by shadowing, observations, and going through risk assessments for each person.

Staff had their own learning pathway to support and facilitate their ongoing training. This meant they could monitor their own training and when it needed to be refreshed. A learning pathway was in place. This training included mandatory topics such as safeguarding, medicines and other training that was specific to the needs of people using the service.

When people moved into the service, assessments were carried out which helped to ensure their suitability. One person's care plan had an 'about me' book which contained person centred information about the person from their previous home. We saw a referral and interview from a Multi-Disciplinary Team (MDT) meeting involving the person, their relatives, the registered manager, the team leader and the social worker.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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). The provider's practice was in line with the principles of the MCA.

Staff were aware of the need to have best interest meetings for people who lacked the capacity to make informed decisions. One staff said, "Some people are not able to decide on their treatment or day to day activities, so we have to have a best interest meeting to decide something in place to protect their interests." Another said, "We have to look and check if people can make informed decisions. If they can't and we need to deprive them of their liberty, we need to approach the council for a DoLS." There was evidence that family members or other important people in people's lives were involved in best interests' meetings that had taken place. The provider submitted applications where it was felt that people were being deprived of their liberty, this helped to ensure their rights were upheld.

People had their dietary requirements met by the provider. Menus were planned in consultation with people

using the service. One member of staff said, "We have customer meetings twice a month and they tell us what they would like, and we shop accordingly." The kitchens were well stocked with good quality produce. We saw people going to the dining area throughout the inspection, being supported to eat and drink.

Some people had prescribed food/fluid plans and food guidelines which were adhered to by staff. There were guidelines available of texture modification and examples of different types of diet and thickener guidelines so staff could support people to have appropriate food.

There was evidence of collaborative working with both health and social care professionals. We saw input from community therapy teams such as speech and language therapist and dietitians and correspondence from professionals. Care plans contained a front cover sheet with important details such as health professionals, health diagnosis and medicines. Information sheets were available to educate staff about people's medical conditions such as neurofibromatosis and hepatitis B. People had hospital passports, health action plans and health appointments record sheets. A hospital passport is a resource for people with learning disabilities who might need hospital treatment. The passport is designed to help them to communicate their needs to doctors, nurses and other healthcare professionals.

Is the service caring?

Our findings

There was a friendly, relaxed atmosphere at the service during the inspection. From our observations, it was clear that people using the service were comfortable around the staff and vice versa. Some people and staff had been at the service for many years which meant they were able to establish positive relationships with each other.

Staff supported people to maintain relationships that were important to them. Relatives told us they were able to visit the service when they wanted and were always kept informed about their family members. Some people spent time with their family at weekends.

Staff helped people to maintain their independence. Some people were more independent than others, for example one person was able to do their own personal care and some duties such as their laundry. Other people needed different levels of support, from promoting to more involved support. Staff were aware of the different levels of independence that people had and supported people accordingly. Support plans were based around promoting people's independence and identified areas and level of support, for example meal times, household tasks, leisure time and transport.

Care records included 'Person Centred Plans', these included information about people that enabled staff to support them in a personal and caring manner. For example, they had details such as things to like and admire about people, things that were important to them and what they wanted to achieve in future and what others needed to know or do to support them. People who were non-verbal had communication chart in place which gave staff guidance on their particular gestures and what they meant. Staff were aware of the importance of treating people equally and by respecting their diverse needs.

There was a culture of respecting individual privacy in the home. The registered manager and staff told us it was standard practice to knock and ask for permission before entering people's rooms. One staff said, "We treat our customers with dignity." People had individual 'Personal Care Plans' in place, this helped to ensure their dignity was respected during support with intimate and personal activities. Staff only supported people according to their level of need in relation to personal care. For example, encouraging people who were independent or needed prompting with personal care rather than providing full support.

Is the service responsive?

Our findings

Relatives of people using the service told us they had never had to raise any formal complaints but that the provider was responsive to their concerns. They said they could contact the staff for any issues and they were confident they would be listened to. There had been no formal complaints received by the service from people or their next of kin.

People were supported to raise any issues of concerns through relatives' meetings or key worker meetings that took place on a regular basis. We saw evidence that where people raised any points that needed looking into, they were listened to. A 'how to provide feedback and complaints' notice was on display in the home.

People had support plans which were reviewed regularly and up to date. They were based on how people could be supported to improve their daily living and emotional skills. For example, one person had support plans on leading an active social life and managing their physical health. Each support plan was broken down into achievable targets that could be monitored. Each of the support plans had an evaluation sheet which was completed every month. One relative said, "They always inform me of any changes."

Monthly key worker reports were completed which helped to ensure that staff supported all areas of people's lives, for example their social networks, health, finances, activities and any behavioural observations.

People were encouraged to participate in activities in the local community which helped to combat social isolation. People were supported to go to the cinema, pubs, food outlets, local shopping and walks to parks. One professional said, "Our working together with the staff really means [person] has a high quality of life and lots of enjoyment from it."

The provider was meeting the Accessible Information Standards. The Accessible Information Standard (AIS) was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. People using the service had different ways of communicating which staff were familiar with. There were communication profiles in place that provided staff with written guidance on how to communicate with people. Basic sign language gestures and pictorial guidelines to aid communication were on display.

Is the service well-led?

Our findings

Relatives of people using the service told us they felt the service was managed well. They knew who the registered manager and said she made herself available to them if needed. One relative said, "[The registered manager] is approachable." Another said, "Cannot highly recommend it."

The registered manager was aware of her responsibilities in relation to managing the service and our records indicated that appropriate notifications were made to the Care Quality Commission in a timely manner.

The service had established community links with various day centres and other community services. The provider had a good working relationship with the Wandsworth Community Mental Health Learning Disabilities Team. The team includes mental health consultants, care coordinators, physiotherapists, speech and language therapists, nurses and dieticians. Their involvement was evident through the care planning that we saw. One professional said, "The team are receptive and responsive when we flag things with them." Another said, "It has been a pleasure to work with [registered manager], she is incredibly responsive to suggestions and very professional."

Staff told us they enjoyed their job and felt well supported. They all told us they felt happy with the level of training they received and were confident they were delivering a good level of care to people.

There was evidence of regular engagement with both people using the service and staff. This helped to ensure their voice was heard and the service was managed in an open and transparent manner. Team meetings were used as an opportunity to disseminate information about the organisation, training, and issues affecting people such as health and safety, medicines and safeguarding. Meetings held for people focussed on menu planning, activities and issues affecting them such as fire drills and maintenance issues.

Quality assurance checks were carried out both internally by the registered manager and team leaders and externally by the audit and governance manager. The latest external quality assurance audit was done in September 2018, 30 areas were assessed and rated as 'green' (good) and only two as 'amber' (areas of improvement) which did not pose any significant risk.

'Quality walks' which were routine spot checks were also completed and were based on 'first impressions' such as cleanliness and infection control, safety, care observation and record. A monthly health and safety audit was done by the registered manager who checked to see if risk assessments, fire drills and certificates were still up to date. A more thorough quarterly audit was completed by the team leader.

The registered manager collated a list of positive outcomes that people had experienced which was sent to the area manager. This information was collated and fed back to the staff so they could learn and educate themselves about good practice from other services. They had also introduced reflective practice sessions for the team after safety and safeguarding incidents to promote learning from experience.