

# Metropolitan Housing Trust Limited

## Fen Road

### Inspection report

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05 May 2016

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

Fen Road is registered to provide accommodation and nursing care for up to 10 people. There were eight people with a learning disability using the service at the time of the inspection. People were accommodated in two bungalows in single occupancy rooms.

This unannounced inspection took place on 4 and 5 May 2016.

At the last comprehensive inspection on 30 October and 2 November 2015 this provider was placed into special measures by CQC. A breach of ten legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to:

- providing care that was appropriate, safe and met people's needs,
- treating people with dignity and respect,
- ensuring that the requirements of the Mental Capacity Act 2005 were met,
- safe management of people's medicines,
- maintaining the premises,
- assessment and monitoring of the service,
- ensuring staff were competent to meet people's assessed needs,
- having a robust recruitment procedure in place that was being followed.

During this inspection we found that there was sufficient improvement to take the provider out of special measures. We found that the provider had followed their plan which told us that the action required to make the required improvement would be completed by 10 April 2016.

There was a registered manager at the time of the inspection. However they were no longer working in the home. A new manager had recently been appointed. 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 Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, 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 was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

Staff were aware of the procedures to follow if they were concerned that anyone had suffered any harm. Risk assessments had been completed and staff were aware of how to reduce risks to people's health and safety.

Procedures were being followed so that any accidents or incidents were dealt with appropriately and action was being taken to prevent a reoccurrence.

Sufficient numbers of staff were in place to ensure that people were safe and received the care that they required. There were a number of staff vacancies but agency staff were being used so that there were enough staff on duty. Staff had completed training to ensure that they were able to meet people's needs. Staff were supported and were receiving regular supervisions. There was a robust recruitment procedure to ensure that only the right staff were employed to work with people using the service.

Since our last inspection improvements had been made to ensure that medicines were stored, recorded and administered safely. Regular audits were being undertaken to check that this was the case.

The buildings and facilities had been maintained to an appropriate standard and equipment and furniture had replaced where needed.

People were receiving a balanced diet and people who had special dietary needs were receiving an appropriate diet. People received the support that they needed at mealtimes.

People had access to healthcare professionals when needed. When this had not been requested in a timely manner a full investigation had been conducted and action had been taken to prevent this from happening again.

People received personal care in private and their dignity was promoted. People were supported by staff in a kind and caring manner.

Care plans had improved and they contained all of the information that staff required to meet people's needs in the way that they preferred. People and their relatives had been involved in updating and reviewing the information in the care plans.

The manager had carried out regular audits to assess what improvements needed to be made. The provider had carried out visits to the home to ensure that the action plans for improvements were being met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Risks to people had been assessed and reduced where possible.

Improvements had been made to ensure that medicines were stored and administered safely by competent staff.

### Is the service effective?

Good ●

The service was effective.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Capacity assessments, best interest decisions and DoLS applications were completed as and when appropriate.

Staff had received training and support to ensure that they were competent to meet people's assessed needs.

People's health care needs were met.

### Is the service caring?

Good ●

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind and caring.

People's rights to privacy and dignity were valued.

### Is the service responsive?

Good ●

The service was responsive.

People were invited to be involved in the planning and reviewing

of their care.

Support plans contained up to date information about the support that people needed.

Complaints procedures were being followed to ensure that any concerns were dealt with appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led.

Staff felt confident to discuss any concerns they had with the manager and were confident to question colleagues' practice if they needed to.

Audits ensured that the quality of the service provided was being constantly reviewed and improvements identified were acted upon as necessary.

# Fen Road

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 4 and 5 May 2016 and was unannounced. The inspection was carried out by one inspector.

Before we carried out this inspection we reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also contacted healthcare professionals and people's relatives for feedback about the service being provided.

Not everyone who used the service was able to tell us about their care this was because they had complex communication skills. We observed how the staff supported people in the communal areas. Observations are a way of helping us understand the experience of people living in the home.

During our inspection we spoke with the manager, the clinical lead, two care assistants and one nurse. We looked at the care records for two people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records.

# Is the service safe?

## Our findings

At the previous inspection in October and November 2015 we found that the provider was breaching four legal requirements in this area and was rated as inadequate. We found that at this inspection the provider had made significant improvements to provide care and support that was safe. This included completing risk assessments, improving the administration of medicines, ensuring that a robust recruitment procedure was being followed and maintaining the premises to an acceptable standard.

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential harm. They were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Staff were knowledgeable about contacting the appropriate agencies organisations responsible for safeguarding if ever they needed to report any incidents or if they had any safeguarding concerns.

Risk assessments had been undertaken by a staff member trained to do so. Any risks to the person and to the staff supporting them were assessed. For example, the risk assessments included information about the action to be taken to minimise the possibility of people developing pressure ulcers. Staff were aware of what action they needed to take to reduce the risk of pressure ulcers and the expectations of recording when they helped people to change position in order to relieve pressure to their skin. Staff told us that they were aware of the new risk assessments, had read them and knew where to find them if they needed to check anything.

Accident and incident forms had been completed when necessary. This was for subjects such as a person experiencing a fall. All staff had been shown how to use the electronic recording system for accidents and incidents. Staff were able to describe the correct procedure to be followed if there were any accidents or incidents and how they would record it. A process was also in place to allow those staff whose access to the system had been restricted (such as temporary staff) to complete the accident and incident forms. The manager stated that they were reviewing any accidents or incidents so that they could identify any causes and trends. This information was then shared during staff meetings to prevent reoccurrence of the accident or incident.

We saw that there was a sufficient number of staff working on shift. Staff had time to sit and talk to people and engage them in activities. Due to eight staff vacancies agency staff were being used to cover staff vacancies. The manager stated that they tried to ensure that there was always a permanent member of staff on shift and the same agency staff were used, so that they could get to know people and what support they required. All of the relatives we talked to raised the lack of permanent staff as a concern as this had affected continuity of care. For example, staff not being familiar with medical equipment. The manager confirmed that they were actively recruiting new staff.

Staff told us and records confirmed that when they had been recruited they had completed an application form and had attended an interview. References and acceptable criminal records checks had been completed before they were employed. This showed that appropriate checks had been carried out and staff were assessed as suitable to work in the home.

Improvements to the storage and administration of medicines had been made since the previous inspection. Staff told us and records confirmed that they had completed an administration of medicines training. Staff were undertaking a detailed competency assessment to ensure that they had the required skills and knowledge to administer medicines in a safe way. The clinical lead stated and records showed that weekly and monthly audits of the medication administration and records had been completed. Where this had highlighted any issues the appropriate action had been taken. The clinical lead stated that excessive stock levels had been a problem and had arranged for excess stock to be returned to the pharmacy so that it was easier to check if the correct amount of medicines were being administered. Relevant medicines administration guidance was being followed as appropriate.

Fire drills had been carried out regularly and that there were contingency plans in place for any foreseeable emergencies that may occur. However, the lack of detailed guidance in the contingency plan meant that the action staff needed to take, depending on what the emergency was, was not as clear as it could have been.

The kitchen cupboards, worktops, one bed and one bath had been replaced and communal areas had been redecorated since the previous inspection to ensure that the home was well maintained.



# Is the service effective?

## Our findings

At the previous inspection in October and November 2015 we found that the provider was breaching three legal requirements in this area and was rated as inadequate. We found that at this inspection the provider had made significant improvements in ensuring that the requirements of the Mental Capacity Act 2005 were met, that people's care met their needs and that staff were competent to carry out their roles.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. The assessments showed that the staff member completing the assessments with people had tried to make the information accessible to them. When best interest decisions had been made these had been recorded. When needed, DoLS applications had been submitted to the local authority. Staff were aware of the requirements of the MCA and the relevant codes of practice. This meant that people were only having decisions made on their behalf or their liberty restricted after following the correct procedures.

The training records showed that most staff were either up to date with their mandatory training, or this training was scheduled to take place. Staff told us they had been told by the manager what training they were expected to complete. Staff told us that the training programme equipped them for their roles. When staff had stated that the training course for emergency medicine to administer to a person having a seizure did not meet their needs the manager had arranged for them to attend further training. One member of staff told us that the training had given them the confidence to go out with people who had from epilepsy. Before their training they had been concerned about administering emergency medicines but they now felt competent to do so. The manager stated that new staff would be expected to complete the care certificate (a nationally recognised qualification for staff new to the care field).

Staff told us that they felt supported by the manager. Staff told us they had received supervisions and had attended staff meetings. They also stated that they could add to the meeting agenda if they wanted to. A schedule of planned supervisions, appraisals and team meetings was available. This showed us that staff had the support in place for the role they performed.

Records showed that people had been supported with a balanced diet. There was information available so that staff were aware of any individual special dietary requirements and what support people needed at mealtimes. When needed, people had been referred to specialist health care professionals such as a dietician and nutritionist for support with their eating and drinking. Staff were aware of the guidance that

had been provided for each person and ensured it was being followed. During the inspection some people had gone shopping with staff and were then observed taking part in cooking the lunchtime meal.

Records showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. Discussion with the manager and records showed that staff had not always ensured they had obtained or requested the appropriate medical attention in a timely manner. We found that appropriate action had been taken to ensure that this would not happen again. One relative told us, "[Name] recently was felt to have a slight temperature, we were informed and the doctor was phoned. Happily it was nothing but we are confident medical help would be called as soon as needed."

# Is the service caring?

## Our findings

At the previous inspection in October and November 2015 we found that the provider was breaching one legal requirement in this area and was rated as inadequate. We found that at this inspection the provider had made significant improvements in ensuring that people's dignity and privacy was promoted.

Staff confirmed that people received any personal care in private. People's care plans included information for staff about how they should promote people's dignity and privacy. For example, one person's care plan stated, "Before starting my feed (the person received their nutrition through a tube inserted into their stomach) I would like to be moved to my bedroom or another private space to maintain my dignity." Monitors were being used in people's rooms so that staff could hear if people were experiencing a seizure. To improve people's privacy the manager had ordered assistive technology sensor mats that would alert the staff of any issues without the need for staff to listen people when they were in the room.

We observed staff working with people in a kind and caring manner. One relative told us, "Staff are kind and attentive." One person was not making eye contact with staff when they were talking with them and was not smiling. We saw that staff followed the information in the person's care plan about their preferred method of communication and what made them happy. The staff member sang a song that the person liked and they responded by smiling at the member of staff and interacting with them. We heard another member of staff reading a story to a person which they seemed to be enjoying. However, we also received feedback from a healthcare professional that stated although in their opinion they think that although the majority of staff appeared to be caring, staff hadn't always responded appropriately when someone had showed signs of discomfort.

Staff told us that they enjoyed being a keyworker. They stated that this involved ensuring that the person attended any appointments they had and keeping their family up to date with any information or events.

One member of staff told us that they offered people as much choice as possible. They stated, "If I'm helping someone get dressed I pick a couple of options (of clothes) and show them. If they don't smile at them I try another option. Then when they're dressed I show them how they look in the mirror to make sure their happy with it." Another member of staff told us, "I treat everyone how I would like to be treated."

People's and staff's confidential information was stored in appropriate places so that it was not accessed without permission.

The manager stated that although no one was using advocacy services at the time of the inspection information was available about advocacy services if they needed it. 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

At the previous inspection in October and November 2015 we found that the provider was breaching two legal requirements in this area and was rated as inadequate. We found that at this inspection the provider had made significant improvements in the assessment of people's needs and planning how they would be met. Processes had also been put in place to respond to any complaints that had been received.

Care plans we looked at were detailed and included the information that staff required so that they knew how to meet people's individual needs. For example, one person's care plan stated, "I might push your hand away when you are brushing my teeth. It often helps if you sing to me, when you are supporting me." Another area of their care plan stated, "When using tactile stimuli to support me in choices (such as deciding what to wear), drape the material over my chest and allow me the opportunity to touch them and interact with them in my own time." The support plans included information about people's personal history, likes and dislikes. Information about how staff should support people with their personal care was very detailed and included information about checking for any issues such as red areas of skin and what action should be taken if any were identified. One member of staff told us, "There's a clear structure for the care plans. It helps people to achieve their goals."

The care plans recorded that people and their relatives had been involved in the assessment of people's needs and the writing of the care plans. One person's care plan stated, "My keyworker sat with me and explained that I need a support plan and why it was important. They also explained to me what would be contained in the support plan. My mum and dad also sat with me and read it and filled in parts of the support plan with me."

Staff helped people to plan and co-ordinate activities according to their interests. During the inspection three people had support from staff to plan the lunchtime meal, go shopping to buy the ingredients and cook it. We saw staff explaining to them what they were cooking and getting them to smell the ingredients. Other people were participating in a craft session. Relatives of people living at Fen Road told us that there had been an improvement in the number of activities offered including activities outside of the home such as swimming, trips out and aromatherapy. However, we saw that some activities had been cancelled due to incorrect planning by staff. For example, one swimming session had been cancelled as the staff member did not have their swimming costume. The manager was aware of the issue and had included information in the staff rota folder so that staff were aware when they would be expected to go swimming and this issue would be avoided in future.

A complaints procedure was displayed in the home. Staff were aware of the procedures to follow if anyone raised any concerns with them. One healthcare professional told us, "The management team have communicated well and responded appropriately to concerns and are working hard to put in actions to address the issues." A record of all complaints received was not in place. This meant that we could not see if they had all been dealt with appropriately.

## Is the service well-led?

### Our findings

Although there was a registered manager for Fen Road they were no longer working in the service. A new manager had been appointed and had commenced working at the service. They were aware of the previous CQC report which rated the service as 'Inadequate'. With the support of the clinical lead and team leader and other members of staff the manager had been putting process and procedures in place to ensure that improvements were made to the service being provided. Staff told were positive about the new management team. One member of care staff told us, "They (the manager) have given us ideas to make it a better place. They're willing to listen to staff's ideas and give things a trial run." Another member of staff told us, "I feel supported because I have confidence in the managers."

Staff told us that had found it difficult reading the previous inspection report (due to the rating of inadequate) but that they felt that all of the improvements that had been made since had benefited the people living at Fen Road. One member of staff told us, "Everyone's spirit seems a lot lighter and happier." For example, the manager had changed the way that staff recorded people's daily records. This had made it easier for the manager to regularly audit the records to ensure that people were receiving the support and care as stated in their care plans. Staff also told us that each shift was now more organised with each member of staff being told at the handover meeting what their areas of responsibility were. We observed a handover meeting between the morning and afternoon staff. An update was given on each person and staff were told who they would be working with in the afternoon and evening shift. Staff meetings had been held and staff confirmed they could add items to the agenda and make suggestions for improvement.

Relatives of people living at Fen Road told us that they felt that there had been some improvements made to the care and support their family members received. However, there was still a lack of permanent staff. The manager confirmed that there were eight vacancies and that a recruitment day the week following our inspection. The manager stated that they always tried to use the same agency staff and bank staff. The clinical lead told us that they had introduced another, "Safety net" for new agency staff. They said that before new agency staff were allowed to work unsupervised they were shown all of the equipment that they might need to use and they had to sign to confirm that they were familiar with it and were confident to use it. The manager also stated that they always tried to ensure that there was permanent staff working with agency staff so that staff were always available that knew the people living at Fen Road.

The manager had made sure that all staff were aware of the reporting procedure for accidents and incidents. The manager had ensured that accidents and incidents were reviewed and the necessary action taken to prevent a reoccurrence. This included an incident when one person had not received the appropriate medical attention in a timely manner. The incident had been thoroughly investigated and the necessary action had been taken to ensure that it would not happen again.

Regular audits of each person's body maps were being completed by the manager. We saw that this had identified any issues so that the appropriate action could be taken. For example, one audit had showed that there had been a gap in record keeping when bruises had been noted on the body map. This had been investigated and the action taken recorded and the staff responsible had been informed of the correct

recording procedures.

The manager had made all staff aware of the expectation of them to complete mandatory training by a certain date. The manager stated that staff who had not completed the expected training by a certain date would not be allowed to continue working until they completed the training. When staff had completed training but still did not feel competent this had been rearranged to ensure that they had the skills they needed to support people.

The manager was completing various health and safety audits such as water temperatures, fire alarms and food safety to identify if there were any areas of concern. However, clear action plans were not always in place to show how areas identified as needing improvement would be dealt with and whose responsibility it was.

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistle-blowing policy and they told us they would confidently report any concerns in accordance with the policy.

People were supported to maintain their links with the local community to promote social inclusion. We saw that people used the facilities in the local community regularly such as shops, libraries and pubs.

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.