

# Metropolitan Housing Trust Limited

## Hadleigh

### Inspection report

Ferndell  
Meadows Way, Hadleigh  
Ipswich  
Suffolk  
IP7 5DX

Date of inspection visit:  
12 February 2019

Date of publication:  
07 March 2019

Tel: 01473828656

Website: [www.metropolitan.org.uk](http://www.metropolitan.org.uk)

### 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

Hadleigh provides care and support for adults with a learning disability, living in a 'supported living' house, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CCQ does not regulate premises used for supported living; this inspection looked at people's care and support. At the time of the inspection visit on 12 February 2019, the service was providing the regulatory activity of personal care to four people. This was an announced inspection. The provider was given 24 hours' notice of this inspection to make sure that someone was available to see us.

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.

At the service's last inspection of 1 March 2016, this service was rated good overall and in each key question. 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.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 continued to receive a safe service. Risks to people continued to be managed, including risks from abuse and in their daily lives. The service learned from incidents to improve practice. There were enough staff to meet people's assessed needs. Recruitment processes continued to be safe. Where people required support with their medicines, staff followed safe practice. There were infection control processes to reduce the risks of cross infection.

People continued to receive an effective service. Staff were trained to meet the needs of the people using the service. Where people required assistance with their dietary needs, this was provided. People were supported to have access to health professionals, where needed. The service worked with other organisations involved in people's care to provide consistent care. The service understood and worked to the principles of the Mental Capacity Act 2005.

People continued to receive a caring service. People had positive relationships with the care staff. Staff respected and promoted people's dignity, privacy and independence. People's views were listened to and valued.

People continued to receive a responsive service. People received care and support which was assessed, planned for and delivered to meet their individual needs. A complaints procedure was in place. There were no people using the service who required end of their life care, but systems were in place should this be required.

People continued to receive a service which was well-led. There were systems to assess and monitor the service provided and implement improvements where required. There was an open culture and people were encouraged to share their experiences of the service and these were used to drive improvement.

## 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 remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Hadleigh

## **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 checked 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 comprehensive inspection was carried out on 12 February 2019 and undertaken by one inspector. We gave the service notice of the inspection because we needed to be sure that someone would be available.

We reviewed information we held about the service, including notifications we received from the service. Notifications are required by law and tells us about important events and incidents and the actions taken by the service. We also reviewed information sent to us from other stakeholders for example the local authority and members of the public.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We met five people who used the service and spoke with three of these people about their experiences of the care and support they were provided with. We also spoke with one person's relative. To understand the care and support people received, we reviewed two people's care records. We spoke with four members of care staff. We also reviewed records relating to the management of the service, and training records.

# Is the service safe?

## Our findings

At our last inspection of 1 March 2016, the key question for safe was rated good. At this inspection of 12 February 2019, people continued to receive a service which was safe.

People told us that they felt safe with the staff and in their home. One person said, "I am safe. I check my room, check the water. If it is too hot I would tell them [staff]. We test the fire alarms every Friday." Risks to people's safety continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, accessing the community and risks in their home environment. These were reviewed to ensure they were up to date and reflected people's current needs. Staff spoken with understood their responsibilities in keeping people safe. People took responsibility for checking the health and safety in their home. A person showed us the records they kept when they had checked this. This included checking that their lights were working and the water in their bedroom was not too hot. Another person answered the door to us and asked to see our identification badge before they invited us into their home.

The service continued to have systems designed to protect people from avoidable harm and abuse. This included training for staff, who understood their roles and responsibilities in safeguarding people from abuse. The service had systems in place to learn from incidents, including supporting people to get familiar with the community that they lived in.

There continued to be enough staff to provide the care and support that people needed. Staff told us that no agency staff had been used recently and any staffing issues were covered by existing and bank staff. One staff member said that people were supported by, "A good consistent team." There had been no new staff employed since our last inspection, therefore we did not review the recruitment processes at this inspection.

Where people required support with their medicines, this continued to be done safely. People's care records identified the support they required with their medicines, and the medicines prescribed. One person told us that they were going out to collect their medicines from the pharmacy. Another person showed us how they kept their medicines in their private space. Medicines administration records (MAR) were completed appropriately and demonstrated that people received their medicines when they needed them. Staff had received training in medicines administration and their competency was assessed by the management team. One person, to maintain their independence, was provided with a device which assisted them to take their medicines when required. They signed their own medicines administration records (MAR), which, with their agreement, were checked by staff.

Staff were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing staff with personal protection equipment (PPE), such as disposable gloves and aprons.

# Is the service effective?

## Our findings

At our last inspection of 1 March 2016, the key question for safe was rated good. At this inspection of 12 February 2019, people continued to receive a service which was effective.

People's care needs continued to be assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. Needs assessments were undertaken in consultation with the person and their relatives, where required. This provided people with a smooth transition to start using the service. A staff member told us about the support they were providing to a person to move to another service which was better suited to meet their changing needs. This included working with other professionals and supporting the person to visit the other service. During our inspection a meeting was being held with the person and the professionals involved in their care. The person also had an advocate who assisted them to make their decisions about their care.

The service continued to have systems to provide staff with the training they needed to meet the needs of people effectively. Training included moving and handling, safeguarding, medicines, and infection control. One staff member showed us their training record, which demonstrated that staff also received training to meet people's specific needs, including equality and diversity, and epilepsy and autism. Staff confirmed that they felt they received the training that they needed. They also completed the Care Certificate, which is an industry recognised set of standards and/or other qualifications relevant to their role. Staff continued to receive one to one supervision meetings. Supervisions provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. The staff we spoke with told us that they felt supported.

The service continued to work with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. People were supported to maintain good health and had access to health professionals, where required.

The service continued to support people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. This included supporting people to improve their independence in preparing their meals. People chose their own menu and shopped for food, and prepared meals themselves. Most of the meals people had were cooked from scratch and from fresh ingredients, which supported healthy eating. We saw people preparing their own lunch. One person said, "It is fresh, I am eating salad today." People had been encouraged to label their food when opened to ensure that it was used safely. One person's records identified that they had problems swallowing and there was clear guidance in place for staff on the support required to reduce the risk. One person showed us their refrigerator which had a chilled water dispenser, which encouraged them to drink and reduce the risks of dehydration.

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 saw that the staff asked for people's consent before providing any support, and for us to enter their home. People's care records included information about if people had capacity to make their own decisions. Records identified that people had consented to the care and support they were being provided with. Staff received training in the MCA and understood their responsibilities. Records demonstrated that people's capacity to make decisions was assessed and where people required assistance in this area, the appropriate professionals were consulted in the person's best interests.



# Is the service caring?

## Our findings

At our last inspection of 1 March 2016, the key question for safe was rated good. At this inspection of 12 February 2019, people continued to receive a service which was caring.

People told us that the staff treated them with kindness and respect. One person said, "I like them all, we have good jokes." All staff spoken with talked about people in a compassionate manner. They knew the people who used the service well. The staff were committed to their role and proud of the achievements people had made, with their support. Staff gave us examples of how they had gone over and above their role to support people which showed that they cared about people's wellbeing. One person needed to be admitted to hospital, staff attended the hospital daily to support the person with their needs, including overnight. A staff member told us about a colleague who had slept in a chair next to the person's bed.

Staff were provided with guidance on how to promote people's rights to privacy, dignity and respect in people's care plans. People told us how they felt their privacy and dignity was respected by their staff. Staff asked for people's permission to enter their private space and understood that the service was the home of the people using the service.

People told us how they were supported with their independence. One person told us how they were going out shopping and to pay their rent. Another person told us how they accessed the community independently and this was respected by the staff. Each person had their own refrigerator/freezer and cupboard in the kitchen. People took the temperatures of their fridge/freezer. These kept the items for their meals which they had chosen and shopped for. People did their own menus and cooked their own food. On occasion a staff member told us that people sometimes planned a shared meal for the social experience. A person showed us how they budgeted their money and planned their shopping. They had labels with pictures to help their understanding and choices. There were boxes in the entrance hall to the service where, whoever took the post in, sorted people's mail and put them into the box.

People told us that the staff listened to them, acted on what they said and they were consulted relating to their care provision. Information in care plans were completed in an accessible way so people could understand them and participate in planning their care. People's care records identified that they had been involved in their care planning. This included their preferences and choices about how they wanted to be cared for and supported. People were supported to gain employment and education in their chosen area. People undertook activities which interested them, such as going to a gym. One person told us about their job, "I am going to work this afternoon. I like it there." Staff told us about how a person had attended an annual community event. The person had enjoyed this and they were planning with staff to go to the next one, including staying overnight in a hotel so they could access as much of the event as possible.

People were supported to access advocacy services to assist them in making decisions about their care. Each person had a key worker who supported people. A key worker is a named staff member who takes a lead in supporting the person in doing what they wanted to.

## Is the service responsive?

### Our findings

At our last inspection of 1 March 2016, the key question for safe was rated good. At this inspection of 12 February 2019, we found that people continued to receive a responsive service.

People told us that they were very happy with the service provided, which met their individual needs. One person said, "I am very happy. I do what I want to." People received a personalised service and they were central to the care and support they were provided with. People worked on their own goals which they wanted to achieve. This included for example, one person wanted support to establish family connections. The person's records and photographs evidenced that the support provided had demonstrated that this improved the person's wellbeing. Records demonstrated how people's progress was encouraged and monitored to ensure they received the care and support they required.

Care records identified how the service assessed, planned and delivered person centred care. People's specific needs were identified in the care plans and how these affected them in their daily living and relating to the care provided. The care plans guided staff in how people's needs were to be met. Reviews on the care provided was undertaken with people to ensure they received care that reflected their current needs.

People received personalised care and made their own choices about what they wanted to do in their lives which was supported by the staff. One person chose to attend a social club, which they had attended in another town. The person had wanted to do the 'muddy race', we saw photographs of the person and staff who attended. They laughed when we asked them if they enjoyed this.

People told us they knew how to make a complaint and felt that they would be addressed to their satisfaction. One person said, "I would tell them [staff] if I was worried and they would talk to me." There was a complaints procedure in place, which was accessible to the people using the service. Where concerns were raised, these were addressed promptly.

There were no people in the service receiving end of life care. However, there were systems in place, should this service be required, such as when a person's health deteriorated. People's choices for the end of their life were documented in their records, where people had chosen to discuss it. End of life care was available in the service's training. One staff member told us how they had supported a person, with the assistance of an advocate to move to another service when they required end of life care.

## Is the service well-led?

### Our findings

At our last inspection of 1 March 2016, the key question for safe was rated good. At this inspection of 12 February 2019, we found that people continued to receive a service which was well-led.

The service had a manager registered with the Care Quality Commission. This meant that they and the provider were legally responsible for how the service was run and for the quality and safety of the care provided. The registered manager was on leave at the time of our inspection.

There was an open culture in the service. People, including staff, were asked for their views and these were listened to and valued. People also gave their opinions of the service in satisfaction questionnaires and care reviews. People had meetings where they discussed what they wanted to do and any changes in the service they wanted to happen. Where comments from people were received actions were taken to address them.

The service continued to have a programme of audits which evidenced that the care people received was assessed and monitored. This included in care records, medicines and the environment. Where shortfalls were identified actions were taken to address them.

Staff told us that they felt supported. This was evident because there was a low turnover of staff and they had worked in the service for several years. They were committed to providing a good quality service to people and understood their roles and responsibilities. One staff member said that the service was well-led and, "A great place to work." Staff attended meetings where they discussed the care for people and their views were valued.

The staff told us about the positive relationships they maintained with other professionals. This included those who commissioned the service and other professionals involved in people's care. A staff member told us how they accessed people using the probationary service who helped to tidy up the garden. They said that people enjoyed this and provided drinks and biscuits. People were part of the community that they lived in. This included attending work and social activities that they chose to.