

# Metropolitan Housing Trust Limited

## Waterbeach

### Inspection report

Fresh Fields  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

Waterbeach is registered to provide accommodation and non-nursing care for up to 4 people. There were 4 people with a learning disability living in the home at the time of the inspection. The accommodation is a bungalow and all bedrooms are for single use.

This unannounced inspection took place on 19 and 20 April 2016.

At the last comprehensive inspection on 12 and 13 October 2015 this provider was placed into special measures by CQC. A breach of nine 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,
- sufficient numbers of competent staff to meet people's assessed needs.

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 they had told us would be completed by 31 March 2016 to show how the legal requirements were to be met. Some improvements were still needed.

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.

Improvements had been made to ensure that only competent staff administered medicines. Weekly and monthly medicines audits were being carried out and had highlighted any issues and appropriate action had been taken where necessary. Improvements were still needed to ensure that there was a clear record of the medicines in stock.

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.

People's care plans had been updated to include information that staff required to meet people's needs. We found that some information was still not accurate. However we found that staff could tell us how they met people's needs. All of the care plans were being transferred to a new format which should make them easier to use and contain up to date accurate information..

Risks to people had been assessed. The majority of the risk assessments identified how staff should reduce the possibility of risks to people. Some risk assessments needed further information adding to them to ensure that staff had all the information they required to ensure that risks to people were identified and minimised where possible. Accidents were being reviewed to prevent a reoccurrence.

There was a robust recruitment procedure to ensure that only the right people were employed. There was a sufficient number of suitably skilled and competent staff working each day. Staff had completed training courses and competency assessments since the previous inspection to ensure that they could meet people's needs. Staff were aware of the procedures to follow to reduce the risks of people being harmed by others. Staff told us that they felt supported by the new manager. Staff told us how they promoted people's dignity, respect and independence.

Food and drink that people had chosen was provided. When needed the relevant healthcare professionals had been involved and their advice was being followed to ensure that people received the support they needed with eating and drinking.

The cupboards and worktops in the kitchen had been renewed to ensure that the premises were maintained appropriately.

The manager had carried out regular audits to assess what improvements needed to be made. Action plans had been put in place as needed. 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?

The service was not always safe.

Improvements had been made to ensure only competent staff administered medicines. However further improvement was needed regarding the recording of medication in stock. This meant that we could not ensure the correct amount of medicine had been given.

The majority of the risk assessments included the information that staff required to reduce risks to people.

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

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff used innovative ways to ensure people were involved in decision making. Capacity assessments, best interest decisions and DoLS applications were completed as appropriate.

People were supported to access the appropriate health care professionals as needed.

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

**Good** ●

### Is the service caring?

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.

**Good** ●

### Is the service responsive?

The service wasn't always responsive.

Care plans had improved and included key information that staff required to meet people's needs. Further improvements were needed to ensure that the care plans accurately reflected the care and support that people required.

People's personal care needs hadn't always been met in a way that they preferred.

A complaints procedure was in place and had been discussed with people.

**Requires Improvement** 

### Is the service well-led?

The service was well-led.

Staff were able to discuss any concerns they had with the manager. Staff felt confident in raising their concerns regarding any poor practice they had seen.

The service had an open culture and welcomed ideas for improvement.

An effective quality assurance process was in place.

**Good** 

# Waterbeach

## **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 19 and 20 April 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.

During our inspection we spoke with the manager, one senior care assistant, one care assistant and the quality and risk manager. 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. 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.

# Is the service safe?

## Our findings

At the previous inspection in October 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 there were enough staff deployed and maintaining the premises to an acceptable standard.

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 had also completed a competency assessment before they could administer medicines unsupervised. The manager 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. However when we checked the stock levels of medicines it was not always possible to see from the records how many should be in stock. This meant we could not check that the correct amount of medicines had been given. The manager stated that excessive stock levels had not been acceptable 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. On the second day of the inspection a full drugs audit was carried out by the providers Risk and Quality Assurance Manager to ensure that there was a record of all medicines in stock. Controlled drugs guidance was being followed as appropriate.

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 told us where they could find the contact numbers if they needed to report any incidents to the appropriate agencies about 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. The risk assessments included information about the action to be taken to minimise the possibility of harm occurring. For example, a risk assessment was in place to reduce the risk of harm to a person due to fluctuations in their weight. 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. Each risk assessment also had a sheet that required staff to sign it to say they had read and understood the risk assessment. We discussed with the manager that some of the risk assessments needed more information to ensure that staff knew what action to take to reduce risks to people.

Accident and incident forms had been completed when necessary. 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. Relief and agency staff were being used to cover staff vacancies. The manager

stated that they tried to ensure that the same agency staff were used so that they could get to know people and what support they required.

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 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.

We noted that fire drills had been carried out regularly and that there were contingency plans in place for any foreseeable emergencies that may occur.

The kitchen cupboards and worktops 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 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 ensuring that the requirements of the Mental Capacity Act 2005 were met 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. This included asking the questions in the morning when they were normally more responsive and providing the information in an "easy read" format. The same questions were also discussed on several occasions to ensure people had been consulted as much as possible. When best interest decisions had been made these had been recorded. The registered manager stated that they used different ways of explaining decisions to people. For example, they used scenarios or pictures so that people could understand the decision they needed to make. When needed DoLS applications had been submitted to the local authority. This meant that people were only having decisions made on their behalf or their liberty restricted after following the correct procedures.

Staff told us that the training programme equipped them for their roles. New staff completed an induction and the training records showed that most staff were either up to date with their mandatory training, or this training was scheduled to take place. All permanent staff had received training in assisting someone with a percutaneous endoscopic gastrostomy (PEG) (when someone is given medication and nutritional supplements through a tube inserted directly into their stomach), skin integrity and stoma care. 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). One member of staff told us that the training they had recently attended had taught them how to offer people more choices and how to interpret non-verbal communication more effectively.

Staff told us that they felt supported by the manager. They told us they had received supervisions and had attended staff meetings. A schedule of planned supervisions, appraisals and team meetings was available.

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. Staff confirmed that people had been involved in deciding what they would like to have on the menu. 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.

Records showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. Discussion with staff showed that when they had any concerns about a person's health they responded quickly to this. For example, one person had been unsettled so they requested had booked an GP appointment so see if they were unwell.

## Is the service caring?

### Our findings

At the previous inspection in October 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.

Since the last inspection improvements had been made through a variety of means to ensure people's dignity was promoted. We saw that staff ensured that people received any personal care in private. This was done in a gentle and encouraging way. For example, when people were not appropriately dressed in communal areas staff gently guided them to their bedroom or bathroom using a towel to ensure they were adequately covered. Records showed that promoting people's dignity had been discussed at a recent staff meeting. The Minutes stated, "Remember to respect all customer's (people living in the home) dignity. This includes knocking and waiting (before going into their room or the bathroom)."

The staff that we talked to said that they enjoyed working at Waterbeach and enjoyed their role as keyworker to one person. They said that they met with the person weekly and discussed their care plan and any goals they were working towards. They stated that they also kept the person's family up to date with any information.

Staff confirmed that people were being much more involved in making choices that affected them, for example, people were being asked what activities they would like to try. One person had indicated that they would like to go swimming so that had been arranged. Staff were also having regular meetings with people to discuss any changes to their care plan. People's families had also been invited to be involved in making decisions with people.

We observed staff working with people in a calm and caring manner. Staff were able to tell us about the support people needed, their history and their likes and dislikes.

Care plans included information about promoting people's independence. For example, "If you put toothpaste on my toothbrush I will brush my teeth."

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 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 received care that was focussed on them as an individual.

Although improvements had been made to the care plans to make them person centred further improvements were still needed. The manager was aware of this and was in the process of updating all of the information to a new format. For example, at the previous inspection we found that one person's care plan stated that they shouldn't be offered choices however the staff told us that this was not accurate. The person's care plan had been updated and included information about their goals and how to promote their independence however the section about not offering choices was still in the care plan. Staff told us that they always offered the person choices but it was done in a way that would not distress them, as offering too many choices would cause distress. For example, when getting dressed they were shown two pairs of trousers so they could indicate which one they would like to wear.

We found that care plans had been updated to include important information that had previously been missing. For example, one person's daily physiotherapy programme had been included. A new record had also been introduced to ensure that the recommended physiotherapy exercises were being carried out on a daily basis. We saw that information about one person's PEG care had also been included and clearly showed when action had to be taken by staff. Staff told us that they thought the changes to the care plans had been an improvement and that if they needed to find out some information about a person they were aware of where to find it in the care plan.. The care plans had been reviewed monthly.

Records showed that care was being provided as stated in people's care plans. Where people had been assessed as needing weighing monthly this had been done. This meant that any necessary action could be taken for fluctuations in their weight. Records also clearly showed that people were receiving the necessary care and support with their PEG and stoma. Records and discussion with staff showed that when any new concerns had been identified they were recorded and monitored. For example, one person had a red area of skin the day before the inspection. This had been recorded on a body map and the information discussed with staff during the handover between shifts. The staff had monitored the area to see if any action had been necessary and ensured that the person had the appropriate pressure relief to prevent the skin from further damage.

We found that due to the bathing facilities at Waterbeach not being suitable for one person they could only have a bath if they travelled to another of the providers homes and used their facilities. The records showed that this had only been done once every two weeks. Staff told us that the person really enjoyed having a bath as part of their personal care routine. The manager had arranged for the person's needs to be assessed and appropriate bath equipment was due to be delivered the week following the inspection so that they could use the bath at Waterbeach.

Although the range of activities for people had increased further improvements were still needed. Each

person had a plan of activities for the week however we found that these activities were not always being offered. For example, the manager told us that people hadn't gone to their bowling session as their usual bowling alley had closed. Staff had not arranged for them to attend a different venue even though they indicated that they enjoyed bowling. Activities had included listening to music and watching television, attending a coffee morning and church services, going to a country park, aromatherapy and visiting friends.

A complaints procedure was available. Records showed that the complaint's procedure had been discussed with people at a recent meeting. No complaints had been received since the previous inspection. Staff were aware of the procedures to follow if anyone raised any concerns with them.

## Is the service well-led?

### Our findings

At the previous inspection in October 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 the monitoring and management of the service being provided.

The previous registered manager had left the home in October 2015 and a new manager had recently been appointed. The new manager was in the process of applying to the Care Quality Commission to become the registered manager. All of the staff that we talked to were complimentary about the new manager. Staff told us that the manager always supported them and they thought she was approachable. The new manager was aware of the issues raised as a result of the previous inspection and had been prioritising the areas for improvement and working through the action plans. Overall there had been considerable improvement to the quality of the service being provided. The manager was aware of the areas that still needed to improve and had plans in place to ensure that the improvements would be made. One member of staff stated, "[Name of manager] is more approachable, she involves us in decisions and asks our opinion."

The manager had spent time ensuring that staff were aware of what was expected of them and the aims of the service and culture they would like to promote. Staff confirmed this and told us that they felt that necessary procedures and records were now in place and people had more choices and were being encouraged to be independent. The manager had also identified the team's strengths and was planning to use this information to appoint "champions" in different areas such as dignity.

Staff meetings were held regularly. The minutes of the previous staff meeting showed that anyone could add items to the agenda. For example, one member of staff told us that they had identified some issues with completing the new handover sheets so had raised this at the staff meeting and they had been amended. One member of staff told us, "We all know what we are doing now."

The provider had acknowledged the issues raised at the previous inspection and had various staff going into the home to assess the issues, to devise an action plan and helping to make the changes needed. The action plan had been regularly reassessed and amendments made when necessary. The provider had kept the commission informed of progress with the action plans.

The manager had ensured that staff either had completed the necessary training to carry out their role or were scheduled to complete their training. Where any issues with staff competencies had been highlighted staff had been booked to complete further training. The manager stated that a deputy manager had recently been appointed and was due to commence working in the home the week following the inspection. They stated that they would be working "on the floor with people so that they could lead by example and show staff what standards were expected of them.

Staff understood their right to share any concerns about the care being provided 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.

The manager had carried out weekly and monthly audits on the quality of the service provided. Audits looked at a wide number of areas including medication, health and safety, food hygiene and infection control. Audits of people's records were also regularly undertaken to ensure they were receiving their care as planned. For example, the manager had audited the record of physiotherapy sessions for one person. When they had identified a gap in the records they had investigated the reason why and taken the appropriate action. We saw that accidents and incidents had been analysed to identify any trends so that any necessary action could be taken.

Individual and group meetings with the people living in the home were held so that they could make decisions about things that affected them such as the menus, activities and trips out. People had also been involved in choosing the paint colours in the communal areas and which fridge freezer to purchase.

Surveys had been sent to people and their families the previous year asking if people were happy with the service. The manager stated that they were devising their own surveys to send in the near future. These would be in a format more user friendly for people living in the home.

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 and churches.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.