

# Metropolitan Housing Trust Limited

## Old Hospital Close (21)

### Inspection report

21 Old Hospital Close  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Old Hospital Close (21) is a residential care home providing personal care to up to five people in one adapted building. The service provides support to those with a learning disability or autistic spectrum disorder, mental health, older people and those with dementia. At the time of our inspection the home was at full capacity.

### People's experience of using this service and what we found

Day to day management and oversight of the service needed some improvement, as the service had not had a registered manager for some time.

We identified issues with records management in that areas of update and improvement had not always been identified. This included updates to people's risk assessments, staff supervisions, PRN 'as required medicines protocols, submission of statutory notifications and staff recruitment files.

Care staff knew people well and had worked at the service for along period of time. We observed that people were comfortable with staff and interacted positively. People received their medicines when they needed them.

The premises were clean with regular infection control checks in place. Regular checks were in place to maintain the home. Where risks to people had been assessed steps were in place to support staff to reduce the likelihood of those risks occurring.

Staff received regular training and told us they felt well supported in their roles and that the management team around them were responsive. People were supported to eat meals of their choosing that met their dietary needs.

People were well supported and cared for, by staff that knew their individual needs and support requirements. Staff treated people with dignity and respect with care records reflecting their preferences.

People were supported to express their end of life wishes. Care records promoted independence and supported involvement in activities. There was a suitable complaints process.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People were supported to be as independent as they could be in their care support and day-to-day activities.

Right care: People received personalised care, which reflected their choices and views. Care support was reviewed in line with people's presenting needs. People accessed the local community.

Right culture: The culture of the home focused on the wellbeing of the people living there, with staff and management demonstrating an understanding of individual needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 28 August 2019)

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Old Hospital Close (21) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our 'safe' findings below,

**Requires Improvement** ●

### Is the service effective?

The service was good.

Details are in our 'effective' findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our 'caring' findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our 'responsive' findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our 'well-led' findings below.

**Requires Improvement** ●

# Old Hospital Close (21)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Old Hospital Close (21) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Old Hospital Close (21) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the intelligence we held about the service including statutory notifications and feedback from others. We used all this information to plan our inspection.

#### During the inspection

We spoke with the newly appointed acting manager, the team leader, two staff members, the operations manager and one person using the service. We reviewed a range of documentation such as three people's care files and medicines administration records. We also looked at quality assurance systems, staff files and meeting records. Following the inspection, we made contact with two relatives of people living at the home.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- At the time of inspection, we identified that there were some gaps in people's risk management plans. People's risk history was clear in defining key areas, however these had not always been translated into a sufficient risk management plan.
- These areas included behaviours that may challenge, risk to self or others and nutritional needs. Potential risks in these areas was mitigated in that all staff were long term employees and knew people well. However, these management plans should have been in place prior to our inspection. We raised the above with the management team, who sent us updated risk management plans following the inspection.
- The above points notwithstanding there were sufficient premises and fires safety checks in place to support effective maintenance of the building. This included personal emergency evacuation plans to inform staff as to how to support people to evacuate the premises safely in the event of a fire.

### Systems and processes to safeguard people from the risk of abuse

- Staff were clear on how to recognise potential signs of abuse. Sufficient policies were in place to support staff to report any concerns that they may identify. A staff member told us, "I would report it straight away, call the local authority."
- At our inspection we identified that we had not been notified of a safeguarding incident. These are important events that providers are legally required to inform the Care Quality Commission about.

### Staffing and recruitment

- There were some gaps in the recruitment records we reviewed, due to the transfer of staff across different providers. This included some gaps in employment history and references from previous employers.

We recommend the provider audit and review their recruitment files and update all records accordingly.

- There were enough staff to meet the needs of people living at the home, with the addition of a team leader. Sleep in staff were available overnight to ensure that someone was available to address any needs that arose, as well as access to an on-call system.

### Using medicines safely

- We reviewed the medicines administration records (MAR) for three people living at the home. Where 'as required' [PRN] medicines were prescribed these people did not have PRN protocols in place. There was a

risk that staff would not always be clear on when PRN medicines should be administered in line with prescribing guidelines.

- We raised this with management who sent us updated PRN protocols for all medicines concerned following the inspection,
- The above points notwithstanding, we found that people received their prescribed medicines at the right time.

#### Learning lessons when things go wrong

- The provider agreed to send us a record of their incidents and accidents. However, they encountered a technical issue and were unable to show the records to us. We will review this at their next inspection.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

When relatives or other professionals visited the service they had to provide proof of a negative lateral flow test, or take a test onsite.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received sufficient support to carry out their roles. Staff told us they received regular supervision and felt well supported by the management team. Records we looked at showed that there were some gaps in supervision records. Staff received an annual review to assess their performance in their role.
- Regular training was available for staff and they told us they felt they could ask for additional training if needed. We reviewed the provider training matrix and found that the provider had identified that some staff required training updates. Following the inspection, they sent us a schedule to evidence that this had been booked.

Adapting service, design, decoration to meet people's needs

- The premises were fit for purpose and suited the needs of people living at the home. However, some refurbishment and redecoration would have been beneficial to improve the décor.

We recommend the provider review the potential for a redecoration of the premises to create a more homely environment.

- People's rooms were personalised, and we saw that they displayed personal items that represented their life and preferences. Each person was able to lock their door in order to maintain a level of privacy.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of inspection, we were not always to find a suitable record of a DoLS application and/or outcome in people's care files. We raised this with the management team, who implemented a spreadsheet so this information was more accessible.
- The above notwithstanding, staff were clear on in their understanding of the MCA and how it applied to their roles. Comments included, "It's [MCA] about the capacity of an individual, if they are able or capable of making a decision" and "The ability to make choices and to be able to cope on a day to day basis."

Supporting people to eat and drink enough to maintain a balanced diet

- People currently residing at the home were able to eat and drink independently. The dining area displayed a meal plan for the week for dinner. Otherwise, people chose their meal preferences on a daily basis from a selection of foods.
- Where people required additional support with their diet, the provider ensured they followed guidelines from a dietician to ensure people's needs were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People living at the home were funded through the local authority. Each care record included a full assessment carried out by a social worker to determine the level of support people needed.
- People's care needs were assessed in line with best practice. For example, the use of an allocated keyworker to review people's progress and goals on a monthly basis.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were well supported to access other healthcare professionals at times that they needed to. A relative told us that when their loved one had presented as requiring medical treatment they were informed immediately.
- Staff knew how to access support should people be unwell. A staff member said, "I would call a GP and let the team leader know. If we needed a physiotherapist I would go through the doctor."
- Records showed that people accessed the healthcare support they needed regularly. This included regular medication clinics, review appointments and dental or GP appointments.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for compassionately. Relatives told us that their loved ones were treated well and they thought positively of staff. Comments included, "They [staff] always welcome you, they cannot do more. They look after [person] as well as can be expected", and "The carers there are very good and look out for [person] all the time."
- People were supported with any cultural or religious needs. Staff told us of one person's cultural food choices and how some staff members were able to converse with them in their native language. Another person was supported and encouraged to attend their place of worship when they wished.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in decisions in relation to their care. A relative said, "It [care] seems to be working very well, [person's] getting the proper care at long last."
- Care records reflected people's voice, stating areas that were important to them and their day to day routine preferences. People decided their meal choices on a weekly basis as well as holding regular house meetings to discuss their views. In addition to this, people had regular one to one sessions with their keyworker.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity when providing personal care. A staff member said, "If supporting someone I close their bedroom door, prepare all that I need. Ask what they'd like me to help them with and agree bits they'll do themselves. When finished I will help to dry off and choose clothing together. Always give options."
- People were supported to be as independent as possible, with guidance within their care plans. Staff told us, "We look at their areas of ability and promote that, let them do what they can and support them to the minimum. [Person] and [person], can make their own lunch and allow them to do that. Any area they're good at we promote and make sure we monitor."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the time of inspection, the provider had commenced a review of people's care records. They had already identified that some of the records we viewed required updating.
- Although not fully up to date the care records we reviewed were personalised to people's individual needs. They reflected people's life histories and how they liked to live day-to-day. They included people's goals and aspirations as well as specifying the ways in which they could increase their independence.

End of life care and support

- People were supported to express their end of life wishes where they wished to do so. These conversations were had with the support of a form in pictorial format to ensure that people were able to understand and reflect back on their preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records stated whether people had any sensory impairments. This did not apply to anyone at the time of inspection. However, documentation and care files were made accessible to people through the use of an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person had a full activity plan detailing what they liked to engage in. These included attendance at the day centre, shopping trips, pampering and group activities at the home.
- One person was supported to attend external workshops of their choosing which met their personal interests and development. People were also encouraged to socialise with friends and family in the community.

Improving care quality in response to complaints or concerns

- People were supported to raise any concerns they had, with pictorial guidance to support them to do so. Weekly meetings also allowed people the opportunity to raise any day to day feedback so that it could be

resolved in a timely manner.

- At the time of inspection there had been no formal complaints raised.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- As reported under the 'safe' section of this report the provider did not always submit statutory notifications to the Care Quality Commission. They did not send us a safeguarding notification, nor did they send us a notification of people's DoLS applications at the time they were applied. We raised this with the provider who sent us copies of these notifications following the inspection.
- At the time of our inspection an interim manager had recently joined the service, with a permanent manager due to join the service in the coming months. The service had been without a consistent manager since September 2021, and this had impacted on the oversight and overall management of the home.
- The provider had carried out regular quality assurance audits, the most recent of which had highlighted improvements needed to people's risk assessment and management plans; as well as to PRN protocols. Whilst action had been taken to improve some records, we found that some of the areas above still required action to ensure documents were up to date and accurate.
- We also identified gaps in staff supervision records. Staff recruitment records had some gaps, due to the length of service of some staff but these had not been rectified. Therefore, we could not be assured that quality assurance systems and management oversight was as effective as it could be.
- At the time of our inspection, the provider was undertaking a review of quality assurance checks to improve efficiency and oversight of the service. We will review their progress at our next inspection.

The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and staff were positive about the support and culture across the service. Comments included, "I know the management as well, they keep me up to date and I have their phone number" and "I'm happy with it there."
- Staff said, "Good [management]. Once there is any concern, they deal with it instantly." They also spoke of their positive experience of teamwork and the atmosphere throughout the home. We observed that people were happy and comfortable with staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were consulted on their views and experience of the home. This included regular quality assurance checks and surveys to seek views on the service and any feedback suggestions. These allowed people to have input into the day to day care they received. One person commented, 'I can make up my own mind. They [staff] talk to me nicely.'

Continuous learning and improving care; Working in partnership with others

- The provider worked alongside other professionals to meet people's care needs. This included relevant healthcare professionals, local authorities, advocates and other support agencies.
- Efforts were made to improve the delivery of care. This included regular keyworker sessions to review people's goals and ensure they were receiving the right levels of support.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems were not always effective, with a lack of management oversight in the day-to-day running of the service. (Regulation 17 1, 2 a and b)