

Metropolitan Housing Trust Limited

Thorley

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 25 May 2016 and was announced.

Thorley is a supported living service that supports older people to live as independently as possible in a complex of 24 individual flats. The service provides support with personal care, shopping, domestic tasks and social activities tailored to each individual's level of need. On the day of this inspection there were twenty people receiving varied degrees of support with their personal care.

The service had a registered manager at the time of the inspection however, they were absent from the service on a period of secondment elsewhere within the provider's organisation. In the registered manager's absence the service was being managed by an experienced person who had been recently recruited to work with Metropolitan Housing Trust and was in the process of submitting their application to register with the Care Quality Commission.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe in the service. Staff understood their responsibilities and were confidently able to describe what constituted abuse and how they would report any concerns they had.

People had health care and support plans in place to help ensure that staff knew how they liked their needs to be met. Risks to people's safety and welfare had been identified and care had been planned to enable people to live as safely and independently as possible. There were sufficient numbers of staff available to meet people's care and support needs. People's medicines were managed safely. There were clear arrangements in place in the event of emergencies.

People told us they had experienced a difficult time recently when permanent staffing levels had dipped and they had received care and support from agency staff members who did not know their care and support needs very well. However, the management team, the staff team and people who used the service told us that this had stabilised now with new staff members coming on board. Some agency staff were still employed to provide support whilst the provider's recruitment processes were completed but these were regular staff who had come to know people's needs and preferences over a period of time.

The systems in place to recruit staff were robust to help ensure that the right people were recruited to provide people's care and support. Staff received on-going training to help ensure that they kept up to date with good practice and refresh their skills and knowledge. Consent to care and treatment was understood by the staff team and people were supported in line with the legislation. Information was available in communal areas about advocacy services should people feel they needed additional support with decision

making.

Support was provided to promote healthy eating and access to health care services. Staff were caring and promoted people's independence as much as possible.

The culture of the service was open and staff were motivated and clear about the manager and provider's objectives. The provider had arrangements to receive feedback from people who used the service and to drive forward improvement including regular monitoring by representatives of the provider.

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 knew how to recognise and report abuse.

Risks to people's safety and well-being had been identified and plans put into place to minimise the risks to individuals.

People needs were met by staff who had been recruited in a safe way and worked in a flexible way to support them.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had received induction and training to support them in their role.

Staff had a good awareness of the principles of consent and the Mental Capacity Act 2005 (MCA).

People were supported with meal preparation as necessary and to access health care support when needed.

Is the service caring?

Good ●

The service was caring.

People were treated with warmth and respect.

People were supported by staff who promoted their rights to choice and independence.

People were supported to have a say and make decisions about how they were supported.

People had access to advocacy services.

People's dignity and privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People contributed to their support plans which helped to ensure that the care they received was responsive to their needs.

People's concerns were taken seriously.

Is the service well-led?

Good ●

The service was well led.

Staff understood their roles and were supported by the management team through regular supervision, appraisals and team meetings.

The atmosphere at the service was open and inclusive.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

Thorley

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 met 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 under the Care Act 2014.

This inspection took place on 25 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a flexible care service; we needed to be sure that someone would be available and that we could access the information we needed. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. Prior to the inspection we sent questionnaires to people who used the service and professionals to ask them for their views on the quality of care provided. The feedback from the completed and returned questionnaires is included in this report.

During the inspection we spoke with four people who used the service, three support staff, the manager and a representative of the provider. We spoke with relatives of three people who used the service subsequent to the inspection visit to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority health and community services.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People told us that there were sufficient staff available to support them. They also told us that there had been a high usage of agency staff in recent times and that they had not been happy about that. People's relatives also told us that there had been a lack of permanent staff available to provide people with care and support in recent months. One relative told us, "We had some serious issues in the past six months in respect of staff because a number of the permanent staff left. Agency staff are all very well but they don't know the people they are providing care for."

The management team advised us that some permanent staff had left the service or been on long term absence which had meant that a high usage of agency staff had been necessary to provide cover. The manager was able to show us that they had recruited new permanent staff who were starting to come on board therefore reducing the need for temporary cover. Some agency staff were still employed to provide support for people whilst recruitment processes were completed but these were regular agency staff members who had come to know people's needs and preferences over a period of time. A relative of a person who used the service told us, "In the short time the manager has been there they have made significant improvements." The manager told us that they had concentrated their efforts on recruiting new staff, and the right staff, to reduce the use of agency staff and bring about some stability.

People told us that they liked the support they received and that they felt safe. One person told us, "I feel really safe and secure here. If I have a question I just have to pull that red cord there and someone comes immediately." A representative from the local authority social work team told us, "I feel that, by and large, residents are safe."

Staff had received training to give them the awareness to recognise abuse and they demonstrated their awareness of the provider's whistleblowing policy and procedures to follow if they had concerns. All the staff we spoke with were confidently able to describe what constituted abuse and said that they would escalate any concerns they had.

Prior to the inspection we sent quality assurance surveys to people who used the service in order to gain their feedback about the service they received. Of the nine responses that we received eight people told us that they felt safe from the risk of abuse and harm and one person did not answer the question. We also surveyed staff for their feedback and all staff who responded told us that people who use the service were safe from abuse and or harm.

Risks assessments had been undertaken for a range of areas. For example the risk of falling had been identified for one person and control measures had been put in place including to encourage the person to use their walking frame and to use a chair when having a shower. Another person's risk assessment identified that arthritis in their hands meant there was a risk of burns or scalds when cooking. To mitigate the risk the person was provided with support whilst preparing meals. The management team told us of a person who had become confused and disorientated in recent times and had taken to leaving their flat regularly which had placed them at risk of falling on the stairs. The manager had raised this concern with the

local authority commissioning team which had resulted in a decision to use a sensor mat. This did not restrict the person's independence but did alert staff when the person left their flat so they could attend to promote and protect the person's safety. Risk assessments were regularly reviewed and updated to help ensure that the level of risk was accurately identified. This showed us that people were supported to live their lives as much as possible with encouragement and assistance from staff members to reduce risk.

We spoke with a staff member who had been recently recruited by the current manager to work at the service. They confirmed that the recruitment process was robust and that they had not been able to start to work at the service until the manager had received a copy of their criminal record check and satisfactory references. This helped to ensure that staff members employed to support people were fit to do so.

People's medicines were managed safely. A person who used the service told us, "They look after my medicines for me and they give me my eye drops always on time. It must be working well because the optician was very pleased when I saw them." Staff told us that they had been provided with the necessary training and the manager described the arrangements in place to assess staff's competency to administer people's medicines in a safe way. We noted that people's medicines were stored in locked facilities within their individual flats and staff supported people on an individual basis. Some people had the will and capacity to self-administer their own medicines and this was recognised and supported. Staff maintained clear records where they provided support for people to take their medicines.

Is the service effective?

Our findings

People were complimentary about the staff who supported them and we saw that staff received training which provided them with the skills they needed to carry out their role. New staff members undertook an induction and a newly recruited staff member told us this had adequately prepared them for the role. Staff told us that they had undertaken a range of training and the manager provided us with records that listed the subjects covered and when refresher training was due. The training provided included areas such as choice, control and independence, moving and handling, dementia awareness, infection control and emergency first aid. A staff member told us, "The company is really good at providing a wide variety of training."

Staff received support through one to one supervision support meetings with their manager and annual appraisals. These provided opportunities to monitor staff performance and support planning for staff development and identify training needs. Handover meetings were held on a daily basis to ensure that key information was handed over. Regular staff meetings provided an opportunity for staff to reflect on the needs of the people who used the service and any changes that may be required.

Staff had a good understanding of the Mental Capacity (MCA) 2005 and that people's capacity could fluctuate from time to time. We noted that people's capacity had been assessed where there was a concern that they may not be able to make decisions for themselves and support had been sourced from relatives and local authority social working teams where appropriate. Staff told us that they obtained people's consent as they went about their duties and before any support was provided. They told us that the way they achieved this varied from person to person dependent on the need and the level of support that was provided.

People were supported to eat and drink according to their dietary needs, choices and preferences. People were supported to maintain as much independence as possible in the purchasing of food, the preparation and cooking in accordance with the risk assessment process. Some people told us that they received assistance with shopping for food and other people said they received support with preparing meals.

People were supported with their health needs. A person who used the service told us, "They phone if I need a doctor, don't worry about that." Another person said, "My [relatives] are really happy with the care and support I get here." Records were maintained to show when people had been supported to attend appointments or screening services. For example, with their GP, dentist or optician. The outcome of the appointments was clearly recorded along with any action and follow up appointments.

Is the service caring?

Our findings

People told us that they were happy with the support they received and told us that most of the staff were kind and caring. Relatives gave us mixed views about the staff members that provided care and support for people. For example, one person said, "Some staff are very caring where as others just do their job. Each one is different obviously." Another relative said, "[Relative] is happy, they like the carers, some are better than others. Some have a lot of empathy whereas some just get on with it and go." We discussed this feedback with the management team who acknowledged the concern and told us that this had related to some agency staff members who were no longer working with the service as a result of recent successful recruitment activity.

Due to the nature of the service we did not have opportunity to observe staff and people interacting with each other because people resided in their individual flats and did not spend time in communal areas with the staff team. Staff knew the history and needs of the people they supported, were clear about the how best to communicate and understood people's needs and preferences.

People told us that they were able to express their views and make decisions about how they were supported. They had individual support plans which outlined the care and support that each person needed including their individual preferences about how they wished to be supported. People's support plans were maintained in their private flats with a copy in the office for staff to access as needed.

People were able to receive visitors whenever they wished and told us that they had good links in the local community. However, people's visitors told us that they sometimes struggled to gain access to the building at weekends when the management and admin staff were not in the office. They told us that they rang the bell to ask staff members to let them in but that staff were often engaged with supporting people and did not respond very quickly. We observed people coming and going throughout the day accessing local facilities and services.

Staff had a good understanding of issues around privacy and confidentiality. They were able to outline how they demonstrated this when supporting individuals. We noted that people's records were securely stored.

People told us that they had been asked for their views about the service provided for them. Records showed that meetings were held on a regular basis for the tenants of the individual flats to discuss the support that was provided for them and areas that they felt improvements were needed. Minutes of a meeting held in February 2016 showed that people were asked for their views about the service in areas such as suggestions for group activities and recruitment matters. Since that meeting there had been a successful recruitment campaign undertaken and the manager was able to share with us information about an activity project that was underway. This showed us that people's views and opinions were listened to, taken seriously and acted upon.

Is the service responsive?

Our findings

Care and support plans documented the support people needed and how they wished it to be provided. People told us that they received good levels of support. We saw that the information in the care plans was amended as people's needs changed and that the plans were reviewed on a regular basis.

There were systems in place to help ensure that staff were kept up to date with changes in people's needs. People told us that the communication was good and that the staff worked well together. We saw that handovers took place and these were supplemented by handovers sheets and a communication book.

People told us they enjoyed various pastimes such as going to church and attending a weekly coffee morning. People told us they would like a greater choice of activities to do but when we asked they could not think of any suggestions. The manager shared a current activity project with us where people who used the service had been provided with an activities calendar with four proposed activities each day. These included crafts, themed dining events, quizzes, gardening clubs and other social events to encourage social activity and reduce isolation. People were asked to highlight the specific activities they would enjoy and the activities would then be arranged based on the feedback received from people.

The provider had a complaints policy and procedure in place to support people who used the service or their relatives to raise any concerns. People told us that they would be confident to raise any concerns with the service management. People had an individual copy of the complaints procedure in their support plan and told us that the management of the service dealt effectively with concerns.

People's relatives told us that were not aware of whom to raise any concerns with at weekends. They said the staff were always busy supporting people in their individual flats and there was no-one in the office at weekends. The manager told us that they intended to have a box installed at the door of the office so that people could leave suggestions or concerns for their attention should they not be available.

Is the service well-led?

Our findings

People told us that the service was well led. Observations of how staff interacted with each other and the people who used the service demonstrated to us that there was a positive culture and people were encouraged to be open.

The registered manager had undertaken a secondment opportunity elsewhere within the provider's organisation and was therefore not in everyday control of the service. A newly recruited manager was managing the service on a daily basis and had commenced the process to register with CQC.

People who used the service told us that the new manager had not been at the service long but some people felt that they had made a positive impact. One person said, "The new manager seems to be doing a good job, they come to chat with us at the coffee mornings."

Prior to this inspection site visit we had sent quality assurance questionnaires to the people who used the service to obtain their feedback about the service they received. The feedback was not always positive and further investigation during the course of the inspection identified that this was due to the lack of permanent staff members and the high use of agency staff. The manager had been pro-active in addressing this area in the short time they had been in post and clear improvements were noted.

Relatives of people who used the service told us they felt that the manager was getting to grips with the improvements that they felt were needed. One relative said, "Fair play to the manager it is early days and I know they are working hard to improve things." However, another relative told us, "The manager's door is always shut which means I don't always like to approach them because I feel I am interrupting." We shared this feedback with the manager who told us that they had shut the door to the office initially in response to a concern raised by a relative in relation to confidentiality matters. In order to address this issue to everyone's satisfaction the manager has decided to close the door to promote confidentiality but place a sign on the door encouraging people to enter if they wanted to talk with them.

Staff were motivated and positive about their role. They were clear about the objectives of the service. They were clear about their roles and responsibilities as well as the structure of the organisation and who they would go to for support if needed. Staff told us the management team were supportive and approachable and that the new manager had settled in well. A staff member told us, "The previous manager was good but the new manager has injected life and vigour into the service. I have started to enjoy coming into work again." Another staff member said, "I couldn't wish for a better place to work."

A representative of the local authority social work team told us that there had been concerns previously due to the problems encountered at the service in recruiting and retaining enough permanent staff to meet people's needs. However, they told us that the manager had been proactive and had focused their efforts in the area of recruitment since their appointment and had been able to report that they would be fully staffed with permanent workers within a four week period. This showed us that the management team worked in partnership with key organisations to support safe care provision.

There were on call arrangements to support staff in the event of emergencies outside of office hours. This involved a rota of management support and, in the event of significant concerns there were members of the area management team available to provide additional support.

There were systems to support staff and monitor performance such as supervision and staff meetings. We saw records of a recent staff meeting and noted there were opportunities to reflect on how people's needs were changing or what additional support people may require.

The management team told us of regular meetings that were held with local authority commissioning teams. These meetings provided the opportunity for all parties concerned to discuss any specific needs of individuals or for example, where a person's dependency may have increased to review the allocated hours to ensure they were still appropriate to meet the person's needs.

The manager told us of a monitoring system they had introduced since they had started to work at the service in order to assess if people's allocated commissioned hours were appropriate to meet their actual care needs. They told us that the system identified where people's needs had escalated and supported the business case for extra staff and additional funding from the local authority.

There was a system of routine audits in place at the service that addressed areas such as health and safety and infection control. Senior staff had been allocated responsibility to undertake the audits and the manager had an overarching view of the outcomes and actions to be taken. The area manager undertook quarterly audits of the service. We saw audits undertaken in March 2016 and noted that actions had been identified to bring about improvements in some areas. For example, one required action was that a consultation piece was to be undertaken to identify activities that people may like to be involved with. At this inspection the manager was able to provide us with evidence to show that the activity project was underway.