Metropolitan Housing Trust Limited

Buntingford

Inspection report

62 Vicarage Road
Buntingford
Hertfordshire
SG9 9BA

Tel: 01763273191
Website: www.metropolitan.org.uk

Date of inspection visit:
11 September 2018

Date of publication:
18 October 2018

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 11 September 2018 and was unannounced. Buntingford is a supported living service for up to four people who live with learning disabilities or autistic spectrum disorders. At the time of our inspection three people were using the service.

This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support an overall 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.

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

There were systems and processes in place to protect people from the risk of harm. People and staff were knowledgeable about how to report their concerns and how to keep safe from harm. Employment processes were robust and ensured that staff working at the service were suitable to carry out their roles.

Staff received training and felt supported to deliver care and support to people in a safe and effective way. People`s medicines were managed safely by trained staff.

People told us staff were kind and caring and their dignity was protected. People had been involved in planning and reviewing their care and support by staff who used pictorial documents where it was needed to aid people`s understanding. The registered manager identified that the way people were given information could be further improved and they were working to develop this area.

Care plan were personalised and descriptive of how people liked to be supported by staff. People`s independence was promoted and staff encouraged people to express their choices and live the life they wanted.

People had been enabled to pursue their hobbies and interest. They were involved in planning their activities and the registered manager was working to further develop and broaden the opportunities people had in regard to going on holidays and other activities.

People were supported to access health services including their GP, dental appointments and other healthcare professionals as required. People`s feedback on the service was encouraged through regular

meetings and surveys.

The provider`s governance systems were used effectively by the registered manager to identify where improvements were needed. Actions from audits were completed promptly in most cases, however we saw that on occasions there was a delay in completing actions.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Buntingford

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 11 September 2018 and was carried out by one Inspector. The inspection was unannounced.

Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. Due to technical problems we were not able to review the Provider Information Return sent to us before the inspection. 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 saw evidence that the provider submitted this and we reviewed this after the inspection.

During the inspection we spoke with three people who used the service and three staff members. We also talked to the registered manager.

We reviewed two people's support plans and risk assessments. We also looked at range of other relevant documents relating to how the service operated including meeting minutes, medicine administration records and various audits carried out by the registered manager.

We observed staff interaction with people who used the service to see if people were treated in a kind, caring and compassionate way.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, "I am safe." Another person said, "Yes" when we asked if they felt safe when staff supported them.

Staff were knowledgeable about safeguarding procedures and how to report their concerns internally and externally to local safeguarding authorities. Staff also discussed safeguarding with people they supported in regular house meetings and in key working sessions to ensure people were confident in raising any issues they may have had.

Risk assessments were in place for any identified risks to people`s well-being and safety. Risk assessments detailed what measures were taken to mitigate the risk in a way that people`s independence was not infringed. For example, pictorial signage has been placed on household items like dishwasher and washing machine to enable people to use these independently in a safe way.

There were enough staff to meet people`s needs. Recruitment processes were robust and ensured that staff employed were suitable to work in this type of services.

People`s medicines were locked in their own bedroom and staff administering these were trained and had their competencies checked. We found that medicine administration records (MAR) were appropriately completed and the stock of medicines we counted corresponded with the records kept.

There were regular fire drills at the service and staff as well as people were knowledgeable about what they had to do in case the fire alarm was activated.

Infection control procedures were in place and we saw staff washing their hands before they handled people`s food. People were also encouraged to wash their hands regularly and keep good personal hygiene.

Staff told us that they discussed incidents and lessons were learned to ensure that the likelihood of reoccurrence was minimised. For example, when one person had been discharged from hospital their medicines regime changed and this had not been immediately noticed by staff. Following this incident, the registered manager introduced a checklist so when people return from hospital staff were prompted to check what if anything had changed in their treatment regime.

Good

Is the service effective?

Our findings

People told us they liked how staff supported them. One person said, "Staff is good." Staff told us they received training appropriate to their role. One staff member said, "We have classroom training and online training and also specific training around autism." Another staff member said, "The training is good and we are all up to date."

Newly employed staff members had an induction training where they learned about safeguarding, infection control, manual handling but also learned about supporting people with learning disabilities and autism. New staff members induction training included reading information about the people using the service and working along-side more experienced staff members until people got used to them.

Staff told us they had regular supervisions with the registered manager and they felt supported to understand and carry out their roles effectively.

The MCA provides a legal framework for making particular decisions on behalf of people who use the service and 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.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. 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. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. For example, we heard staff asking people for their consent when they suggested and proposed an activity to people and also when people required support with personal care. People`s care plans had evidence of signed consent forms for the care and support people received.

People were encouraged to be independent with their shopping and this included groceries. They were involved in planning a menu to their liking and preparing the meals with staff`s help. People were supported to prepare their own drinks and food. For example we observed on the day of the inspection a staff member asking a person if they wanted a cup of tea. The person said, "Yes, please." The staff member then asked them if they were able to prepare the cup of tea themselves which the person agreed. This meant that staff promoted people to have a drink but did not take away their independence and let people prepare the drink they wanted.

People`s weight was routinely monitored and if people lost or gained weight staff contacted the appropriate health professionals for support. Where people required a specialist diet to keep in good health they were given information about what it was recommended for them to eat and what they had to try and avoid.

People had regular health check appointments and staff supported them to attend these. All the appointments people had were appropriately recorded in their support plans and staff ensured they reminded people when these were due.

Good

Is the service caring?

Our findings

People smiled and nodded when we asked if staff were kind to them. One person said, "I like [name of staff member]."

We observed how people expressed themselves and behaved around staff. We observed a person smiling and talking to a staff member. They were comfortable and chatty. However, when we asked them a question they were not as confident and willing to converse with us. This meant that people were familiar with the staff who supported them, they developed trusting relationships and felt comfortable and relaxed in staff`s presence.

Staff addressed people by their preferred name and talked to them in a kind and respectful manner. People`s privacy and dignity was promoted. People told us they had their own bedrooms and they could spend time there when they wanted.

People were involved in planning and reviewing their care. They had regular meetings with their key worker where they discussed their care needs and what they wanted to achieve in long term and short term. The set goals were reviewed at every meeting and progress was measured in a realistic way. For example a person had a goal to always look smart and clean. We saw that this was reviewed and staff supported the person to change and wash their clothes and keep clean.

Staff used visual aids as well as easy read texts to ensure people were involved in decisions regarding their care. The registered manager was working to further develop this to ensure that the communication aids used fully supported people and maximised their involvement and decision making.

People were encouraged to maintain relationships with their family and friends. One person told us they were going out with their family member weekly.

The staff and management promoted people`s rights and ensured they were involving people in decisions about sharing confidential information with family and professionals. People`s personal details and information about their health and care plans were kept secure by staff who understood the importance of protecting people`s privacy and dignity.

Good

Is the service responsive?

Our findings

People received care and support in a personalised way. They were involved in developing their care plans detailing their likes, dislikes and preferences about the care and support they received. People told us they liked to have a routine. One person told us, "Every day I am home I go out to buy a magazine."

People had well developed activity schedules. During the week people attended a day centre where they met with their friends and spent the day pursuing their hobbies and interest. Staff also supported people to attend events and go on day trips. The registered manager told us that they were in the process of developing this area of the service further so people could be offered more opportunities to go on holidays and outings.

Staff told us that people using the service liked to be out and about in the community and attend different events. One person told us about their trip to the Chelsea Flower Show and that they liked gardening. We saw another person smiling in the picture taken when they visited an animal park.

Care plans were well developed and reviewed every month or more often if people`s needs changed. For example, when a person had been in hospital and they needed more help around their mobility, this was reflected in their care plan but also the fact that they were gradually improving.

People told us they would raise any issue they had with staff supporting them or the registered manager who they knew by name. People's feedback was obtained through regular house meetings, during one to one reviews with key workers and through the completion of an annual survey. We saw that a `you said` `we did` initiative was started by the registered manager which evidenced that where people ask for something this had been actioned. For example, a person asked for new bedroom furniture and they were supported to get this.

Good

Is the service well-led?

Our findings

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

People and staff told us they were happy with how the service was run. People knew who the registered manager was and they told us they liked them. Staff told us they felt the registered manager was approachable and listened to their suggestions. One staff member said, "[Name of registered manager] is very approachable and they listen to us when it comes to suggesting new things."

The registered manager worked alongside staff often helping and supporting people with the different activities and daily tasks. They had a good understanding of the needs of people who used the service and had a clear vision for the development of the service. They told us about their plans to further improve the aids used by staff when communicating with people as well as the opportunities people had for pursuing new hobbies, holidays and other activities.

There were regular staff meetings and staff told us they found these helpful to share new ideas about how to better support people. House meetings were regular and staff discussed with people how to stay safe, the weekly menus and also any other issues people raised.

The management team carried out regular audits. It was clear from the evidence gathered during our inspection that the audits were thorough and identified issues. Audits included care plan checks, environment checks, observations of staff interactions with people, training, supervisions, and health and safety. Where issues were identified these were quickly actioned. However, we saw in some cases when the actions could not be completed by the registered manager and required the provider`s input these were at times delayed. For example, it was reported by the registered manager to the provider that a garden fence had to be replaced. We found that although this had been reported more than two months before the inspection it was still outstanding.

The registered manager worked in partnership with health and social care professionals who were involved in people`s care to ensure that people received care and support appropriate to their needs.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.