Metropolitan Housing Trust Limited

Popis Gardens

Inspection report

1 & 2 Popis Gardens
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on 05 October 2015 and was unannounced.

The Metropolitan Housing Trust Limited provides accommodation and personal care at Popis Gardens for up to ten people who have a learning disability. Accommodation was arranged in two adjacent bungalows. There were eight people using the service when we inspected.

We last inspected the service on 07 June 2013 and found that the provider was meeting the required standards at that time.

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

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

Summary of findings

are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. The manager reported that applications had been submitted to the local authority in relation to the people who lived at Popis Gardens and these were pending an outcome at the time of this inspection.

People said they felt safe living at the home. Staff members were clear about what constituted abuse and were able to clearly explain how to report concerns. There were enough staff members available to meet people's needs. The manager understood what recruitment checks were necessary to promote the safety of the people who used the service. Some areas were in need of refurbishment in order to maintain effective infection control. Some improvements were necessary to be able to be confident that people's medicines were managed safely.

Staff members had received the basic training necessary to support them in their roles. However, much of the training provided was via e-learning and staff did not have the dedicated time to concentrate on this training without distractions. Staff had regular 1:1 time with the manager where they could discuss their performance and development. A person told us that staff always asked them for their consent to care, and family members or independent advocates supported those people who did not have the capacity to make decisions about their care needs. People enjoyed the food they were given and staff supported them with their specific dietary needs. However, the provider did not support people to have effective choices in relation to food. People received support to access health support.

Staff treated people with kindness and respect. People approached staff with confidence and interactions between staff and people who used the service were warm and caring. The staff and management were knowledgeable about people's individual needs which meant that they were able to support people in a way that made them feel safe, valued and cared for. People's concerns were listened to, taken seriously and acted upon. People's bedrooms were decorated individually and reflected the person living there. Relatives told us that they could visit people at any time. Staff were aware of the need to promote people's confidentiality. However, this was not always achieved in a manner that respected people's choice.

People had care plans to guide staff on how to meet their needs, these were being re-developed to ensure that they accurately reflected how people wanted to receive their care, treatment and support. Many of the staff team had worked with people for a long period of time and it was clear that they understood people's individual forms of communication. People were encouraged and supported to develop and maintain personal relationships. People were being offered more opportunity to go out into the community and enjoy leisure activities than previously however, this was still limited because there was a lack of people employed to work at the home that could drive the minibus. The provider had arrangements in place to manage complaints or concerns.

Staff had respect for the manager and confidence in their abilities to bring about the necessary improvements to the service. Feedback we received from the local authority team was that there had been some improvements made since the manager had been in post. The manager had instigated some quality monitoring systems since they started to work at Popis Gardens; this was work in progress at the time of this inspection. The provider had recognised a shortfall in the quality monitoring of the service and had commenced a programme of provider visits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

The environment was not maintained sufficiently to support effective infection control practices.

Some improvements were necessary to be able to be confident that people's medicines were managed safely.

People were supported by staff who had been safely recruited.

Support staff had been provided with basic training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

Is the service effective?

Requires improvement

The service was not always effective.

People received support from staff who received training and were supported to perform their roles. However, much of the training provided was via e-learning and staff did not have the dedicated time to concentrate on this training without distractions.

People were supported to enjoy a healthy diet. However, the provider did not support people to have effective choices in relation to food.

Staff sought people's consent before providing all aspects of care and support.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Is the service caring?

Requires improvement

The service was not always caring.

Staff were aware of the need to promote people's confidentiality. However, this was not always achieved in a manner that respected people's choice.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's individual needs and wishes and responded accordingly.

People had access to advocacy services.

People's dignity and privacy was promoted.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

People's care plans were reviewed to ensure they accurately reflected people's needs and wishes in respect of their care, support and goals. This was 'work in progress' at the time of this inspection.

People were supported to engage in a range of activities. However, these were limited because there was a lack of people employed to work at the home that could drive the minibus.

People were supported to be involved in decisions about their care as much as possible.

People's concerns were taken seriously.

Is the service well-led?

Requires improvement 

The service was not always well-led.

The manager had developed a range of internal audits to ensure that the service provided was safe and appropriate to meet people's needs. However, these had been developed very recently so there was no evidence to confirm that the systems would be effective or sustained.

The provider had made some arrangements to monitor and audit the quality of the service. However, these were new arrangements and there was no evidence to confirm that the systems would be effective or sustained.

People had confidence in staff and the management team.

Popis Gardens

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 05 October 2015 and was unannounced. The inspection was carried out 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.

During the inspection we observed staff support people who used the service, we spoke with two people who used the service, three support staff, a team leader, the manager and a representative of the provider. Subsequent to the inspection we spoke with two relatives to obtain their feedback on how people were supported to live their lives.

We received feedback from a healthcare professional involved with the support of people who used the service and from representatives of the local authority social working team. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two 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.

Requires improvement

Is the service safe?

Our findings

We noted that the decor throughout both bungalows was in need of refurbishment in order to maintain effective infection control. For example the laminate had broken down on the kitchen cabinets in one bungalow which meant that these surfaces were no longer 'wipe clean' and did not support the control of infection. The flooring in one bathroom was stained and ripped which posed a further infection control risk. A lap belt from a person's wheelchair was soiled with ingrained food. The manager acknowledged the dirty lap belt but was not able to tell us what procedure was in place to regularly clean and monitor the cleanliness of wheelchairs and belts.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked two people who used the service if they felt safe living at the home. They both told us that they did. One person said that they had previously raised a concern about a member of staff and they now felt safe because the manager had taken the appropriate action.

Three staff members told us that they had received safeguarding training. They were clear about what constituted abuse and were able to clearly explain what constituted a safeguarding concern and how to report it. The manager had been in post for five months at the time of this inspection and in that time had been proactive in reporting safeguarding concerns.

The manager and staff team were in the process of reviewing people's care records to ensure that they accurately reflected people's needs and wishes. Risk assessments had been developed for issues such as slips, falls, seizures, choking and moving and handling but did not address all areas of people's lives. For example, in the care records we viewed there were no assessments in place about risks to people when participating in activities outside the home. The manager acknowledged this and confirmed that this was being addressed as part of the review process.

The manager told us that were very few examples of positive risk taking where people who used the service were supported to take risks in a safer way. However they were able to give us one example where a person had expressed the wish to administer their own medicine. This was a work in progress at this time but the person told us that they were starting to think about the time of day and what tablets they would be taking. The person said, "We are going to have a locking cupboard in my room to keep my medicines in."

People who used the service told us that there were enough staff members available to meet their needs. Staff told us that agency and bank staff were used to cover for sickness and annual leave. The manager told us that a recruitment drive was underway but that they had encountered difficulty recruiting permanent staff in this locality.

The manager told us that when she took up her post she had found that recruitment paperwork maintained at the home was not complete because the organisation had a policy of retaining recruitment documentation at head office. The manager had requested and received copies of criminal records bureau checks from head office but had not yet received copies of people's references, this was work in progress at this time. The manager told us that they were trying to recruit permanent staff at present and was able to demonstrate that they understood what checks had to be undertaken to promote the safety of the people who used the service. A person who used the service was very pleased to tell us that they had been involved with interviewing new staff in the past and that they hoped to do so again.

We reviewed the medicines storage and administration. The manager told us that people's medicines were audited weekly and that staff training had been provided. We found that a signature was missing from a person's Medicine Administration Records (MAR) so we could not be confident that the medicine had been given. The team leader had already identified this shortfall but the staff member had not been on duty in the interim for this matter to have been addressed.

We saw medicines prescribed 'as required' (PRN) were offered to people and when accepted the reason for the acceptance was documented clearly. We checked a sample of PRN medicines and found that the stock tallied with records. The temperature of the room where medicines were stored had not been regularly monitored to ensure that a safe temperature was maintained to promote the efficacy of the medicines.

Requires improvement

Is the service effective?

Our findings

People who used the service told us that they thought the staff team had the skills and experience necessary to provide them with effective support. Staff told us that they had received training to support them in their roles. They said however, that much of the training had been delivered via e-learning and that they did not receive dedicated time to do this. Staff told us that the e-learning had to be done whilst they were on duty which meant that there were frequent distractions. Some staff members told us that they were not confident with using computers and this meant that it took them longer to do the training and they found it to be a challenge. This also meant that people who used the service may not always have had access to staff support when they wanted it. We discussed this with the manager who acknowledged that this had been an issue and told us of plans to allocate specific training time for the staff.

The manager told us that when they had first started to work at Popis Gardens they had identified training shortfalls across-the-board. Records showed that the manager had prioritised, safeguarding, epilepsy, moving and handling and diabetes training in order to help provide the staff with the skills they needed to support people effectively.

Staff members told us that they found the manager to be supportive and approachable. They said that they had regular 1:1 time with the manager where they could discuss their performance and development along with anything else that concerned them. Staff and management told us that prior to the new manager coming into post staff supervision had been hit and miss but that it was now a more organised process. The manager told us that six monthly performance reviews had been aligned with a training and development programme and staff payment enhancements were made if this had been completed satisfactorily. The manager, while striving to drive the improvements forward, also worked shifts alongside the staff team as did the team leader. This practice enabled the management team to assess the skills and knowledge of the staff and to understand the challenges presented to them.

A person told us that staff always asked them for their consent to care. However, some people who used the service did not have the capacity to understand what they were being asked or to provide their consent. Assessments of mental capacity had been completed for some people who used the service. The manager told us that this was 'a work in progress' and that they were liaising with people's social workers to ensure that up to date and relevant assessments were undertaken for all people who used the service. The manager clearly explained the best interests' process and was able to demonstrate that this was being followed in relation to one person to support their wishes around their health needs. Some people who used the service did not have an appropriate family member or friend to represent their views. We noted that in these instances, people had received help and support from specialist Independent Mental Capacity Advocates (IMCA).

The manager had a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty were lawful. At the time of the inspection applications had been made to the local authority in relation to all the people who used the service and these were pending an outcome.

People told us that they enjoyed the food they had and that staff supported them with their specific dietary needs. A person told us, "They all know what I can and can't have and when we have birthday parties we make sure there is stuff that I can have." People were involved in choosing the menu at weekly meetings. However, the manager told us that the food budget did not support people to exercise their rights to choose to have individual meals. The manager told us that people would have enjoyed having the occasional take away meals such as pizzas or fish and chips however, the budget did not allow for this to happen.

The provider's policy was for home managers to do food shopping online with a nominated supermarket. One person who used the service had the capacity to use a computer independently and they enjoyed helping with the shopping in this way. However, this process restricted people's independence and opportunity to make realistic choices and decisions about what they had to eat and drink. People were not able to visit shops and choose what wanted by visual stimulus or smell. This process also did not maximise the budget available because the manager was limited to making all food purchases from one supermarket. People who used the service had not expressed a wish to do their own shopping however, the

Requires improvement

Is the service effective?

manager said that freedom to 'shop around' would give people more choice and variety and mean that they would benefit from various offers and discounts generally available.

People told us, and records confirmed that they received support to access health support in relation to their diet. For example, we found that speech and language therapists had been involved with people's care and their advice and guidance had been incorporated into people's care plans for staff to follow.

A person who used the service told us how they were supported to attend health appointments with specialist nursing teams, consultants and GPs. Care records confirmed that health appointments had been attended and we noted that individual epilepsy protocols were in place and up-to-date. People who used the service each had Purple Folders that provided health information about them to be used when attending appointments with health professionals for example such as GPs, nurses, dentists and opticians. The manager told us that they were updating these folders to ensure they accurately reflected people's current health needs and that this was work in progress at this time.

Requires improvement

Is the service caring?

Our findings

Not all of the people who used the service were able to tell us about the care and support they received due to their complex needs. People that were able to communicate told us that staff treated them with kindness and respect. We saw people approach staff with confidence and we noted interactions between staff and people who used the service that were warm and caring. We heard laughter and chat between staff and people who used the service.

The staff and management were knowledgeable about people's individual needs which meant that they were able to support people in a way that made them feel safe, valued and cared for. Staff members were courteous and polite and treated people in a dignified manner throughout the course of our inspection visit. If people required support with personal care, they were supported discreetly back to their rooms to receive the necessary care in private.

One person told us that they had been involved with developing their care plan with support of their key worker. A person's relative told us that they had been involved with the local authority care package reviews along with the person's social worker and the manager. The manager told us that it was a challenge to involve people who did not have the capacity and this was especially so if people did not have family support. However, they told us they were exploring various ways of including people and told us of an instance where an IMCA had supported a person with their review.

We noted that the cupboard where people's care plans and personal and private information was stored was not locked. The manager acknowledged that confidentiality was an issue and that some work had been done within the staff team to improve practice in this area.

We observed a handover between the morning staff team and the afternoon staff team that took place in the communal dining area of the home. A person who used the service had been happily sat at the dining table, sometimes interacting with staff and sometimes quietly watching life go by. The person was taken into the lounge whilst handover took place, this was done with the best intention to promote confidentiality however, the person was not happy that they had been moved to another room. There was no dedicated office in this section of the home so staff had to conduct handovers in the communal area however, this practice did not respect the wishes of people who used the service.

A person who used the service told us that they had recently experienced a situation that compromised their dignity. However, they told us that they had shared their feelings about this with the manager who had reassured the person that this would not happen again. The manager confirmed to us that appropriate actions had been taken to promote the person's dignity in this regard. This showed that people's concerns were listened to, taken seriously and acted upon.

People's bedrooms were decorated individually and reflected the person living there. Relatives told us that they could visit people at any time.

Requires improvement

Is the service responsive?

Our findings

People's care plans were being re-developed to ensure that they accurately reflected how people wanted to receive their care, treatment and support. The manager told us that these were works in progress and acknowledged that the current care plans included basic detail but lacked the individualised detail that would support the delivery of personalised and consistent care. We saw that people's individual goals had been identified. For example, a person had stated that they would like more independence and to be able to go out on their own. However, we found that there had been no plan developed to work towards this goal. The manager told us that this was ongoing at this time.

However, we did see an example of work that had been done as part of this review that was clear and detailed and would support new staff or agency staff members to be able to deliver personalised care for people. For example, a care plan that had been developed around a person's communication needs informed staff to, 'Look at me when we are talking, give me time to answer. Please don't finish my sentences for me, I might take some time to get what I want to say out but I will get there in the end.' The re-developed care plans also included information about people's preferred routines. For example, 'I like to watch TV before bed and fall asleep with it on. Please turn it off for me after I have fallen asleep.' This showed that information was available to guide staff to be able to provide care and support that met people's individual needs and preferences.

Some people who used the service had limited verbal communication. The manager told us that some people could communicate by using Makaton, a language programme that uses signs, symbols and speech to help people communicate. The staff team did not have the skills to be able to communicate by this method, we discussed this with the manager who said this was a consideration in the current recruitment campaign and in the review of the staff training provision The staff used picture cards to support them to offer choices such as for food and activities and there were pictures of local places of interest to support people to make choices where to go. However, many of the staff team had worked with people for a long period and it was clear from our observation that they understood people's individual forms of communication.

People were encouraged and supported to develop and maintain personal relationships. The management and staff team had provided support for a person to develop a personal relationship outside their day care service. Another person was supported to have regular visits from their partner. This showed that people's emotional needs were recognised and respected.

Some people who used the service were allocated 1:1 support time and told us that they enjoyed going out and about to town or to the park using this resource. The manager told us that the staff team had embraced the concept that the provision of activity and stimulation for people was part of the caring role and not a separate issue. People had been supported to visit a local garden centre; individual outings to the pub had taken place and a group trip to the seaside.

The service had a dedicated minibus however, there were only two staff members who were able to drive it and this had created a barrier to people being able to take trips away from the home. For example, on the day of this inspection a person usually attended a day centre. However staff told us that the person had not been able to go as there were no drivers on duty to drive the minibus, there were no wheelchair accessible taxi cabs available and the day centre were unable to provide support with transport. The person had been contentedly reading and watching TV during the course of the day. The manager said that one of the criteria for the forthcoming recruitment campaign was the necessity to recruit staff who were able to drive the minibus.

The manager told us that she had arranged a meeting for the relatives of people who used the service but no-one had attended. The manager told of their plan to develop a newsletter as a method of informing people's relatives about events happening in the home.

The provider had a complaints policy and procedure to support people to raise any concerns. The manager told us that there had been no complaints received since the last inspection. We noted that the service operated a key worker policy; the aim being that people had one staff member they could speak with should they have any worries or concerns. The relatives told us that they would raise any concerns with the management team.

We saw a compliment from a relative regarding a birthday party that had been arranged for a person who used the

Requires improvement

Is the service responsive?

service and a compliment from a health professionals who said, "I was very impressed with the care given, continue your hard work you are putting in and it's great to see such high level of care provided."

Requires improvement

Is the service well-led?

Our findings

Staff told us that they had great confidence in the manager and in their abilities to bring about the necessary improvements to the service. Staff also told us that they had a great deal of respect for the manager. A staff member told us that as a direct result of having support from the manager the staff were now working much more as a team and helping each other. Staff told us that morale was improving and one person said, "It's definitely on the up."

A local authority monitoring visit had been undertaken two weeks prior to our inspection The feedback we received was that there had been improvements made since the manager had been in post and the quality of the service provision was moving in the right direction however, there was still work to do. The manager had developed an action plan from her own findings since she had been in post and from the response from the local authority team. We reviewed this action plan and noted that many improvements had been made. The manager was making improvements by involving and developing the staff team.

The staff and management team confirmed that regular staff meetings now took place, where they had not done previously. Minutes of a recent staff meeting showed there had been discussion with staff about care planning. We saw that staff had handovers to discuss people's support and daily events. The handover notes lacked detail however, we observed a handover between the morning and the afternoon staff and found that this included detail of how people had spent their day, what they had eaten and what their demeanour was.

We spoke with a representative of the provider subsequent to the inspection visit. They said they had identified that there had been a lack of expertise within the provider's senior management team with regards to recognising and promoting good practice within their homes for people with learning disabilities. As a result the provider had recently recruited a learning disability service development lead. This role has responsibilities to provide support to managers and to assess the quality of the service provided to help ensure that people will be supported, nurtured, developed and empowered.

The manager had received one formal 1:1 supervision with a line manager in the five months that they had been at the service. However, they did confirm that they had frequent telephone and e-mail contact with their line manager and that the provider's learning disability service development lead had been actively involved in supporting her in her role. An experienced team leader had been seconded from another service to support the new manager in her role and to assist in bringing about the improvements that the manager had identified as being needed.

We found that no quality monitoring visits had been undertaken on behalf of the provider. We had brought this to the attention of the provider's representative during a telephone conversation in June 2015. However, the manager told us that a provider monitoring visit had been scheduled for the week following this inspection and that a regular programme of monitoring was to follow.

The manager told us that a system of peer audits was being considered where managers of other services in the organisation undertook quality audits of each other's services in a bid to improve the quality of the service provision overall.

The manager had not yet distributed quality questionnaires to relatives, staff members, people who used the service or external stakeholders. We saw that this had been identified as an action on the manager's service improvement plan.

The manager was in the process of developing a system of internal audits with responsibility for various task delegated out to the staff team, for example, water temperature checks. Each staff member had the responsibility to undertake their allocated check and to document this in the health and safety folder. The management team would then be able to keep an overview of health and safety issues within the service. Other audits undertaken included medication audit's, audits of the people's cash tins and six monthly care plan audits.

We saw that Gas safety checks were up to date and portable appliance testing had been booked to take place this week. People who used the service had personal evacuation emergency plans in place and a fire risk assessment had been undertaken.

The manager reported that a recent environmental audit had been undertaken by a representative of the provider. It had been acknowledged during the course of this audit that the bathroom flooring was split and peeling, there

Requires improvement

Is the service well-led?

were holes in the plaster and the room was stark dirty and institutional. The manager said that some refurbishment had been agreed however, no date had been confirmed yet.

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. Since the manager had started to work at Popis Gardens they had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with the spread of infection.