

Metropolitan Housing Trust Limited

Baldock

Inspection report

Office 17-18 Cloisters
Hitchin Street
Baldock
Hertfordshire
SG7 6AE

Tel: 01462491141

Website: www.metropolitan.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 15 and 16 March 2017 and was unannounced. At their last inspection on 3 February 2016, they were found to not be meeting the standards we inspected. At this inspection the provider had made some of the required improvements. Records, care plans and guidance held about people's individual health, care and support needs had not always been accurate, up to date or complete as they could have been. Most of the plans of care, risk assessments and reviews we looked at were inconsistent, unclear and often difficult to navigate and understand. At this inspection the provider had made the required improvements. However, the required levels of hygiene and cleanliness had not been improved, adequately maintained in some areas of the home. At this inspection the provider had still not made the required improvements.

Baldock provides a service for up to 27 people who have a learning disability and or physical disability and associated mental health needs in five separate homes within Baldock. The service does not provide nursing care. At the time of the inspection 23 people were using the service. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

There were areas of the home that staff were unable to clean properly due to deterioration in seals in toilets and bathrooms.

People felt safe and staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received inductions, training and regular one to one supervision which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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 consistently safe.

The required levels of hygiene and cleanliness had not been adequately maintained in all areas of the home.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Good 

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Capacity assessments and best interest decisions had been recently improved.

Staff were well trained and supported to help them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good 

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People's relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People records were kept confidential and secure.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

Opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Effective systems were not in place to quality assure the services provided, manage risks and drive improvement.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt supported by the management team.

Baldock

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 15 and 16 March 2017 and was unannounced. 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. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with four people who used the service, five staff members, two other professionals and the registered manager. We spoke with relatives of two people who used the service to obtain their feedback on how people were supported to live their lives.

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 five 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

During our previous inspection we found that some areas in two of the houses we visited had not been adequately maintained. This meant that staff found it difficult to achieve the required standards of cleanliness and hygiene appropriate to the care and support provided.

We found at this inspection that improvements had not been made and there were areas where the required standards of cleanliness and hygiene appropriate to the care and support provided could not be achieved. For example we found in two of the houses in toilet and bathroom areas that the flooring was stained and not sealed properly around the bath or toilet. This meant these areas could not be cleaned properly. We also found in one bathroom the ceiling was stained with mould and a significant area of tile grout was black and as we entered the bathroom there was a clear smell of damp. The bathroom window was not able to be locked and there was a draft. We found one person had made a complaint about being cold when having a bath. We also found damp stains on one ceiling in the hall had not been decorated properly and peeling paint was observed at the end of a bath panel and on a kitchen and bathroom wall. This did not promote peoples dignity.

This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People we spoke with felt safe living at Baldock. One person told us, "I feel safe, I like living in this house." A relative commented, "I have seen a complete change in his character since he has been there, [relative] is definitely safe there." Another relative said, "[They] are definitely safe there, it's a good home."

There were safeguarding policies and procedures in place. Staff we spoke with confirmed that they had received training to give them the necessary skills and knowledge to recognise abusive practice and were clear that any suspicions of abuse should be reported immediately. There was information available in the office and at each individual home to remind staff how and where to report any safeguarding matters. One staff member told us that they make sure that people have their needs met and that they are supported in a safe environment and any issues they have are resolved they commented, "I would always inform the team leader or manager if I had any concerns." Staff demonstrated they knew how to escalate concerns and how to report these to other organisations such as the local authority or CQC if required.

Risks to people's safety and wellbeing in everyday life had been assessed. These varied from the risks associated with walking around the local town, managing finances and challenging behaviour. Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. For example, one person who had a complex health condition had clear guidance for staff in their support plan on how to manage this. Staff were aware of what was required to keep the person safe and documented daily what actions had taken place. Staff we spoke with were able to verbally demonstrate they knew the persons needs and how to manage them.

The service comprised of five separate houses located in Baldock that catered for people with a wide range

of different and often complex care and support needs. Staff members told us that staffing levels across the houses varied. However if there was a shortage of staff the registered manager confirmed that shifts were always covered by bank staff or agency staff.

Staff told us that although vacancies and shortages had continued to cause difficulties the situation had not impacted on the quality of care and support provided. One staff member told us that they wished there was more regular staff as this meant better continuity of care however they confirmed that shifts were always covered. We found there was enough staff to meet people's needs. Some staff we spoke with were working a fifteen hour day, they said this was their choice and the registered manager monitored this to ensure staff had adequate rest periods.

The registered manager operated safe recruitment practices and records showed appropriate checks had been undertaken before staff began to work at the Baldock homes. For example, disclosure and barring service checks [DBS] had been made and references obtained to help ensure staff were safe to work with people who lived at Hardy Drive.

People's medicines were managed safely and staff received the appropriate training. People's medicines were kept securely in locked facilities within their homes. We checked stocks of boxed medicines and found that quantities held agreed with the Medicine Administration Records (MAR). People were supported to take their medicines and have creams applied when required.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested. We saw people had personal evacuation plans in place in the event of a fire and staff knew where the evacuation pack was kept and where the fire points were. One home we inspected were testing the fire alarm system when we arrived.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection we found that the provider had started to work within the principles of the MCA where it was necessary and appropriate to the needs of the people who received care and support. A number of DoLS applications had been made to the appropriate supervisory body to help staff keep people safe, both at the home and while out and about in the community.

We found where people had capacity assessments and were found not to have capacity they had not always received a best interest meeting to ensure decisions made were in their best interest. However the registered manager told us that they had identified this issue and had received training along with the team leaders to develop a better understanding. They were working closely with the local authority. We found that the registered manager was now putting these processes in place. For example, where required an independent professional was involved in best decisions. We saw examples of the improvements and the registered manager assured us the principles of the MCA are now being implemented in line with the Mental Capacity Act 2005. However at the time of the inspection not everyone had this in place.

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "We should assume people have capacity and always give them choices." A team leader commented, "I seek people's permission and always respect their choices." A relative said, "They [staff] always ask [relative] what they want to do." Staff we spoke with confirmed they encouraged people to be as independent as they could and supported people by giving them daily choices.

People were encouraged and supported to make choices in many areas of their lives as much as they were able. This included such areas as the activities they wanted to take part in and about the food they wanted to eat. Where people could not communicate verbally staff used pictures and held up different objects to promote choice. One staff member told us that one person would make certain gestures to indicate their choice. Staff and people confirmed that they had weekly meetings to discuss how people were and to talk about what people wanted to eat. One person told us, "I get asked what I would like to eat." Another person said, "You get a choice of food you like. A relative said, "Since [they] have been there [they] are happy and enjoying the food." □

Staff completed an induction programme, during which they received training relevant to their roles. Staff received the provider's training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as, food safety, medicines and infection control. The

registered manager confirmed that all new staff had completed inductions and received regular training. Staff confirmed they had completed inductions. One staff member said, "I had a full induction with training, it was very informative. We get regular training and I am up to date with all my training." Staff confirmed that they received specific training to ensure that people in their care received the support they needed. For example, they had received diabetes training.

Staff felt supported by the registered manager and were actively encouraged to have their say about any concerns they had in how the service operated. Staff had regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development were reviewed. A staff member commented, "We have supervisions and they support me with my development and training. We have regular staff meetings and I feel listened to." They also confirmed that the managers' or team leaders' door was always open and they could call them at any time to discuss any issues. The registered manager told us that they had encouraged staff to challenge areas that are not right and ensured staff understood their door was always open.

People had access to local healthcare services and specialists. When staff became aware that people were feeling unwell, appointments were made with a local GP or relevant professional. We saw one person was taken to their GP appointment by a staff member. Records showed that staff worked closely with various health professionals including learning disabilities team, the GP and various consultants. One professional we spoke with confirmed that the registered manager was keen to involve outside professionals, they confirmed that they had delivered Makaton training to staff to support communication with people who were nonverbal (Makaton uses signs and symbols to help people to communicate). People were supported to attend outpatient appointments. This helped to ensure people's health was effectively managed.

Is the service caring?

Our findings

People who used the service and their relatives told us that they thought people were supported by kind and caring staff. A person who used the service told us, "I like living in the house the people are friendly, staff are nice and I talk to [Name of staff] a lot." One relative told us, "I think they [staff] are doing a lovely job. [Name of relative] loves it there."

The atmosphere of the homes was warm and welcoming. People's bedrooms we saw were individual and clearly reflected the different personalities of the people who used the service. One person we spoke with told us they had picked the colour for the walls. We observed positive and caring interactions between people and the staff that supported them.

People received support from a staff team that clearly understood their individual needs. The staff and management team were able to describe to us the individual needs and requirements of the individuals who used the service. One staff member described the body language that one individual used and what the gestures and body language meant. Care plans were detailed and provided clear information about people's needs and choices in all areas of life including health, well-being and people were asked about their end of life plans and what they wanted. People were involved in their care. One relative commented, "I have been involved with the care plan."

Relatives of people who used the service told us that they could visit at any time. People's privacy and dignity were respected. Staff understood what privacy and dignity meant in relation to supporting people. For example, we saw where one person required support with the application of cream for their skin. The staff member ensured this was done in private behind closed doors, to ensure their dignity was maintained. In one home we visited the people who lived there were out and the staff member told us that they could not let us in to people's room as they had not had their permission. This showed that people's personal spaces were respected by staff.

Is the service responsive?

Our findings

At our last inspection we found records, plans and guidance held about people's individual health, care and support needs were not always as accurate, up to date or complete as they could have been in all cases. Most of the plans of care, risk assessments and reviews we looked at were inconsistent, unclear and often difficult to navigate and understand. However at this inspection we found this had been improved.

People had a say about the home and how it operated at regular meetings held for the benefit of residents and during 'one to one' sessions with staff. People's relatives told us they knew how to complain but had not had to raise any concerns formally. The manager had introduced a new 'grumbles' book in each of the houses people lived in so that minor issues could be raised, recorded and dealt with quickly and efficiently. However we found that the way this was managed by staff varied in different houses. For example in one house the grumbles were recorded but there were no actions or outcomes given, so it was difficult to know if these had been dealt with. However in another house we saw there were outcomes with actions of what had been done to rectify the concerns. We spoke with the registered manager who confirmed they would discuss this with the staff.

People received personalised care and support that met their individual needs and took full account of their preferences and personal circumstances. Information and guidance was in place to help staff provide care in a person centred way, based on people's individual health and support needs. This included information about people's preferred routines, medicines, dietary needs and personal care preferences.

For example, entries in guidance about one person's behaviour talked about who the person was and gave example of the types of inappropriate behaviour the person might display and guidance for staff to manage this. The guidance also detailed what you might see when the person was upset and again there was guidance for staff. We saw in people's support plans detailed likes and dislikes and what was important to the person and how to support them. Care plans were now more person centred and easy to navigate. We found that risk assessments were completed to ensure people were safe.

People were supported to participate in activities, both at the home and away from the home. We found that people were supported to access the community. One person said, "I go to Free Church twice a week I have friends there." People attended their day centres and went to the cinemas and attended a disco for people with learning disabilities to promote their independence and socialising skills. However we found that where people needed support to access the community this was dependent on staffing levels. For example in one location there was one staff member with four residents and on the day of our inspection two people remained at home. This meant that if one person required assistance with going into town another staff member would be required to cover. The staff member told us that the team leaders and other homes that were quieter due to people being out would be available to support with covering if required. One person said, "I like to go and look around the shops. It's very handy for transport, I use buses and trains." People went to the cinemas and had regular meetings with staff to discuss activities they would like to do.

One relative we spoke with said, "My [relative] has only been there a short time and they have already gone

out to the pub restaurant, coffee shop and are really settling in." Staff confirmed that people were supported to do the things they liked. People were also involved with cooking and baking if they wanted to we saw that people were involved with completing house hold chores if they were able.

Is the service well-led?

Our findings

During our previous inspection we found that some areas in two of the houses we visited had not been adequately maintained. This meant that staff could not achieve the required standards of cleanliness and hygiene appropriate to the care and support provided.

We found at this inspection that the provider had not made the required improvements to the home to ensure that communal areas of the home could be properly cleaned.

We noted that regular audits were in place to ensure that all systems in the home were being safely managed. These included routine checks of the home including, appliance checks and fire evacuation practice. However we found that not all the information was accurate. For example staff completed the health and safety audit checks however we found that they had repeatedly ticked that communal bathrooms and toilets were good and did not require any attention. This was not accurate as we found areas of concern that have been addressed in this report. This meant that these audits did not accurately reflect the areas of concern. However the manager told us they would address this with staff to improve their understanding.

We found that feedback was sought from people who used the service and their relatives this was done in meetings and one to ones. We also saw evidence of feedback forms and noted that these were in easy to read formats with pictures to assist people with understanding the questions. We found the responses were positive. We also reviewed two feedback questionnaires from families and found there was positive feedback in regard to the staff however one person stated "The upkeep of the house is very poor and garden. No decoration has been done since [name] moved in."

People, their relatives and staff members spoke positively about the registered manager and confirmed there was an open culture and good communication. One relative commented, "The [registered] manager will always let us know about any changes."

The registered manager felt supported by the operations manager who completed audit checks within the home. There were regular manager meetings where keeping up to date with best practice and sharing ideas took place. The manager told us they could just pick up the phone for support. They said, I have built up good relationships within the company and if I need something I can go directly to that department for support."

The registered manager demonstrated clear values and a clear vision of how they expected the service to operate. This included providing people with choice, independence and respect. This helped to provide a service that ensured the needs and values of people were respected. There were five homes that were managed by the team leaders who would ensure training was up to date and audits for medicine and health and safety were completed. The registered manager would have an overview and ensure all data such as accidents and incidents were monitored for trends.

The manager explained that since starting in January 2016 they had identified and improved the way support plans were now completed and had made these more person centred. They were also moving forward with best interest decisions. They told us that they had better working relationships with other professionals such as: psychologists, speech and language therapist team and social workers to improve the service to the people they supported. They also stated that staff were being developed through training. For example, Qualifications and Credit Framework, levels three and four. There was also increased community access for people who used the service.

The registered manager had an active role within the home and demonstrated a good knowledge of the people who used the service and the staff team. Staff spoke highly of the support they received from the registered manager. One staff member said, "We feel listened to and can contact the office when we need to."

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 15 HSCA RA Regulations 2014 Premises and equipment Premises were not kept clean in line with current legislation and guidance.