

Metropolitan Housing Trust Limited

Buntingford

Inspection report

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Buntingford
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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 

Overall summary

The inspection took place on 06 November 2015 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 four people were using the service.

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.

At the time of the inspection we found that one person may have been Deprived of their Liberty and the appropriate application had been submitted to the Court of Protection by the manager to ensure this was being done lawfully. 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.

People's needs had been assessed, and personalised support plans detailed people's individual needs, preferences, and choices. There were risks assessments in place for all aspects of the person's daily living and risks were appropriately mitigated.

Summary of findings

There were processes in place to safeguard people from the risk of avoidable harm and staff were knowledgeable about safeguarding procedures. They had a good understanding of their roles and responsibilities and had clear lines of accountability. The manager was in the process of recruiting three staff in permanent positions to ensure continuity for people.

Staff obtained people's consent and this was recorded in their support plans and regularly reviewed. People told us that staff gave them appropriate choices prior to care being provided.

Staff received training relevant to their roles and responsibilities. There were regular support arrangements in place and staff had regular supervisions.

Staff were kind and respectful to the people they supported. People were encouraged and supported to pursue interests and hobbies. People were supported to access health services including their GP, dental appointments and other healthcare professional as required.

The provider encouraged feedback from people and used their feedback to improve the service. They were in the process of sending surveys out to people, staff, relatives and health care professionals.

The provider had introduced an effective quality monitoring audit which was used to check the service in line with the methodology used by the Care Quality Commission.

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?

The service was safe.

Staff knew how to safeguard people from any form of abuse and report to the right authorities.

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

People had their medicines administered by trained staff.

The manager was in the process of recruiting for three permanent staff vacancies. They had one permanent staff member employed at the service

Possible risks to people's health and well-being were identified and managed effectively.

Good



Is the service effective?

The service was effective.

Consent was obtained from people and recorded in their support plans.

Staff had training to ensure they had the required skills to meet people's needs effectively.

People were encouraged to live independently and they helped to cook their own meals under staff supervision and guidance.

People were supported by staff to ensure they had their health needs met with access to health professionals when required.

Good



Is the service caring?

The service was caring.

People were cared for by staff who were kind and respectful and knew them well.

People were involved in their care planning and reviews of their care.

People were treated in a way that respected their dignity and privacy.

People were able to access independent advocacy services if required.

Good



Is the service responsive?

The service was responsive.

People's care and support was personalised and met their needs.

Staff had access to information and guidance that enabled them to provide person centred care and support.

People were supported to attend day centre, pursue hobbies and social events relevant to their needs.

There was a complaints policy in place. People knew how to make a complaint if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led.

The manager had a clear vision for the service and demonstrated an open and transparent approach so that people were supported to optimise their potential and be as independent as possible.

There were quality monitoring systems and audits in place to manage risks and to ensure standards were maintained and these were constantly improved by the manager.

People who used the service and staff spoke positively about the way the service had been managed.

Staff were clear about their responsibilities and were well supported by the management team.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and 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 6 November 2015 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.

During the inspection we spoke with one person who used the service and one staff member. We contacted the manager, one relative and another staff member following the inspection. We also received feedback from social care commissioners.

We looked at two care plans and a range of other relevant documents relating to how the service operated like team meeting minutes and house meeting minutes. We reviewed safeguarding records, and complaints records. We looked at the systems that were in place to monitor the service and the audits relating to various aspects of the service including support plans and health and safety checks. We also reviewed accident and incident records.

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

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, “I like being here it is safe.” One relative said, “I visit often, I feel it is safe for [name] to live there.”

Staff were confident in what constituted abuse and how to report concerns under the safeguarding procedure. They were able to tell us when they would report their concerns under the whistleblowing procedure to local safeguarding teams and the Care Quality Commission (CQC). We saw a recent incident where an agency staff member had not administered medicines for two people and this was reported to the manager who immediately raised this issue with the local safeguarding team. They asked for medical advice to ensure people were safe. This showed that the provider had taken reasonable steps to identify the possibility of abuse and actions to investigate report and prevent re-occurrence.

Potential risks to people’s health, well-being or safety were identified, assessed and reviewed regularly to take account of people’s changing needs and circumstances. This included in areas such as mobility, physical and mental health, nutrition, behaviour and activities, both at home and in the community. For example road safety, involvement with household jobs such as cooking and preparing hot drinks, and social activities. There were environmental risk assessments for the home and person specific ones for particular events, including using the dishwasher and the washing machine. This was to ensure that any risks that were identified could be minimised or mitigated so that people who used the service were protected.

We found that people were encouraged to take positive risks and be independent as much as possible. For example, a person identified as being at risk of financial

exploitation was encouraged to lock their finances away. They were supported to handle finances by staff to do their own shopping and other payments, however the manager had carried out regular checks to ensure there were accurate records kept on the person’s finances.

The provider had effective recruitment processes in place they carried out all the relevant pre-employment checks, which included obtaining a minimum of two references, full employment history and Disclosure and Barring Service (DBS) checks for all the staff. This meant that the provider had ensured staff was suitable and able to support people living in the home.

People who used the service said that there were enough staff to support them. The manager told us that three permanent staff members left recently for various personal reasons and they were using bank and agency staff to cover shifts. They had advertised the positions and planned to interview candidates and carry out pre-employment checks to ensure people were supported by permanent staff members and they could form bonds and relationships. They told us that the bank staff they used were all familiar with the people’s needs as they were employed by the provider and they worked in other homes owned by them.

People had their medicines administered by trained staff. Medicines were kept in a lockable cabinets in each person’s bedroom, this gave people the opportunity to have their medicines in private. Staff ensured that people had their medicines safely; they checked the medicines administration records (MAR) and counted tablets as they administered them to ensure that people had the right amount of medicines. MAR charts had the persons’ picture on the front, any allergies they had and were signed by staff every time after they administered medication.

Is the service effective?

Our findings

People were supported by staff who were appropriately trained and knew how to support them. Staff told us they received training and support which enabled them to meet the needs of people they supported. One staff member said, "Training is very good, we have on line training or we have to attend training sessions. We can always ask for other training as well." The support plans were personalised and gave staff information and guidance to meet people's needs in a personalised way. People were involved and had choices about how and when their care was provided.

Staff told us they felt supported and had supervisions with the manager. They had regular meetings where they discussed any issues they had. Staff told us they felt they were supported by the new manager who had been with the service for six months.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA

Staff told us they obtained people's consent before they supported them and this was reflected in people's support plans. For example, people were asked to consent for their care records to be viewed by professionals and that they were happy for their photograph to be taken. We saw that the Mental Capacity Act (MCA) 2005 principles were applied when assessing people's capacity and best interest processes were followed to ensure that the care was delivered in people's best interest. For example, a person had been diagnosed with dementia and they required constant observation and support. They were not able to leave the home on their own. The manager had assessed their capacity and they had applied for a deprivation of liberty authorisation to ensure that they did not unlawfully deprive people of their liberty.

Staff knew about people's individual abilities to make decisions and understood their responsibilities for supporting people to make decisions. One staff member said, "I can always tell what people want from watching their facial expression, body language or they will just say what they want."

Staff told us that people were encouraged to be independent to do their own shopping, cooking, tidy their rooms. Staff were on hand to assist and support people if they needed. We saw that people were able to help themselves to food and drinks whenever they wanted. One person said, "I do like the food. We have roast dinner on Sundays." People usually had their main meals at the day centre during week days. People were able to prepare ready meals in the oven or microwave. They were involved in decisions about menu choices every Sunday evening when they had a house meeting. Staff ensured people shared their preferences for the menu they wanted for the following week.

People's weight was monitored weekly and if they lost weight, or were observed by staff as not eating, staff immediately referred the person for the attention of the GP. For example, we saw a person was referred to the GP because staff observed their lack of appetite.

People's health care needs, GP and hospital appointments were recorded in their support plan. Staff knew people's health needs and supported them to attend any medical appointments such as GP's, opticians and dental appointments. One person told us, "If I am ill I go to the doctors and staff comes with me."

We saw one person who was recently in hospital following a fall was still under close supervision from staff. The manager had meetings with a psychologist, day centre staff, key worker and GP to ensure that the service supported the person to get well. They discussed the person's diet, agreed to follow up hospital appointments for them, check for signs of a urinary tract infection. This meant that people's health needs were reviewed regularly and any changes were investigated and responded in a way that helped them to maintain their health and well-being.

Is the service caring?

Our findings

People and relatives told us that staff were caring and supportive. One person told us, “I know the staff here and they are all very nice.” One relative told us, “Staff [are] respectful and kind.” We observed that staff were kind and caring when they approached people. People were involved in planning and deciding their care. Staff used visual aids as well as easy read texts to ensure people were involved in decisions regarding their care. For example, people were told about medical appointments with pictures with a doctor and a stethoscope to ensure they understood what was happening.

People were asked about their preferences and we saw that details about these were recorded in people`s support plan together with the objective people wanted to achieve. For example, one person`s objective was to look clean and smart at all times. We saw that staff supported the person to have a shower each day in the morning and they chose their own clothes.

People were encouraged to be independent. One staff member told us, “We encourage people to be independent. Where possible they will be supported to tidy their rooms, do their own laundry or put the clothes away and cook their own meals. We [staff] help where it is needed not taking everything away.”

Relatives and staff told us they encouraged people to maintain relationships with family and friends. One person told us, “My relative cannot visit very often but we are in touch.” One relative said, “I visit weekly and I find staff very friendly and open.” This meant staff enabled people to keep close to their family and friends as much as possible.

We saw that information was provided to people in a format they could understand and which enabled them to make informed choices and decisions. People had their individual key worker and had one to one meetings with them to review their goals and to ensure they were receiving care as they preferred.

People`s privacy and dignity was promoted. One person`s plan detailed that they wanted staff to help them with showers, they only wanted staff to wash their hair and dry their back then to be left alone. The person told us that staff always respected their privacy.

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 were in control of their lives and were supported by staff and management to take decisions, to be independent and to enjoy life.

Is the service responsive?

Our findings

The service was responsive to people's needs. People told us and we saw they had been involved in their assessments and also in regular reviews. People's support plans were reflective of their voice and were signed by people. For example, one person's plan said, "I can do lots of things myself but sometimes I like support. If I am happy I can tell you, if I want your [staff] help I will ask."

We saw people had a weekly timetable and they discussed this in their meetings with their key workers. The majority of people attended a day centre three, four or five days during the weekdays. We saw that people ensured their laundry was brought to the laundry room before they left in the morning and they left their room tidy. They also planned activities and tasks for the days when they were in the home. For example, we saw a person liked swimming. Staff ensured they supported the person to go swimming twice a month on the days they were not attending day centre.

We saw that reviews of support took place regularly and whenever there was a change to the person's needs and or abilities to ensure that people's current needs continued to be met. For example, a person had a fall due to their poor mobility and they had to be hospitalised. Their needs were reviewed on return and agreed with the person as well as their care coordinator that they needed more one to one support to ensure they were motivated to get out of bed and do things they enjoyed like going to the day centre or bowling. Staff checked on the person every hour during the night to make sure if they needed help they were there.

People told us they enjoyed going to the day centre and the activities there. One person said, "I was at the day centre yesterday and I played cards. I like going there by bus three

times a week. "Relatives told us they were happy with the support staff gave their loved ones however they told us that they were not many outings or holidays organised for people. People were supported by staff to go shopping, do their banking and any other activities they planned.

People told us they knew how to make a complaint. We saw that the complaints recording form was displayed in a prominent position. A person told us they can raise issues at house meetings and they were usually resolved. One person said, "If I am not happy with something I tell staff. They will help me."

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 people were consulted on all aspects of what went on in the home, including choosing their own décor and furnishings. For example, we saw a person's bedroom decorated with lots of butterflies as they liked it. Another person's bedroom was decorated with posters with dinosaurs and their favourite science fiction movie.

The new manager had been regularly chatting with people and asked them about their experience of the service. Relatives told us that the manager was approachable and kept them updated about any changes in people's needs. One relative said, "The manager is very good in getting back to us [relative] if we raise any issues." They continued to say, "The manager is approachable, we have reviews and things are changing to the better." The management viewed this as an important part of getting to know people as individuals and continuing to build relationships so that they too as a new manager could ensure they were responsive to people's changing needs.

Is the service well-led?

Our findings

The service was well led. People and relatives were positive about the leadership. Everyone knew who the new manager was and said they were always available and very helpful. Staff were also positive about the leadership and told us they would be confident to speak with the manager, if they had any concerns. One staff member said, “The manager is here now for six months and they are very approachable.” Another staff member said, “Management is approachable and always ready to help.”

The manager told us they worked alongside staff to ensure that people had their reviews done in the time when the permanent staff had left and new staff had to be employed. 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. People told us they were able to speak to the manager and had seen them several times around the service.

Staff told us they felt comfortable speaking with the manager and felt the service improved since they started. They had clear definitions of what their roles and responsibilities were. The manager told us and we saw the various audits that they undertook on a regular basis to

maintain standards and also to improve the quality of outcomes for people they supported. For example, health and safety audits, fire checks, water temperature checks to ensure standards were maintained.

The manager told us they were planning to send surveys out to seek feedback from people and their experience of the service they received. They had special software installed on their computer on the day of our inspection to enable them to create questionnaires which were more pictorial and easy read text for people.

The staff told us they were supported outside office hours and there was always a senior person or manager available to give support and or advice. Daily progress notes were completed detailing important and or specific events and also what sort of day people had and any significant events. This system supported effective communication.

The provider also audited the home recently and they had noted the positive changes in the service. They checked the same areas as the CQC and looked if people were safe, if the care was effective, if staff had a caring attitude towards people, if the service was responsive to people's needs and if it was well-led. This meant that there were efficient systems in place to ensure that the care people received was of a good quality.