

Metropolitan Housing Trust Limited

Old Hospital Close (21)

Inspection report

21 Old Hospital Close
St James' Drive
Balham
London
SW12 8SS
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Website: www.metropolitan.org.uk

Date of inspection visit: 10 December 2015
Date of publication: 20/01/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 and 23 June 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to safe care and treatment, premises and equipment, staffing, person-centred care and good governance.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements in relation to the breaches found. This report only covers our findings in relation to those

requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Old Hospital Close (21) on our website at www.cqc.org.uk

Old Hospital Close (21) (formerly called St James' Care Home (21)) provides accommodation for up to five people with learning disabilities. It is located in Balham, close to local amenities and transport links. It shares staff with a sister home based at number 12. At the time of our

Summary of findings

inspection, there were four people living there, three males and one female. The home is arranged over three floors. People live in single bedrooms, with shared bathroom and kitchen facilities.

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

At our previous inspection we found that some areas of the home were in a state of disrepair and needed attention, identified risks to people were not always managed appropriately, staff supervision was not held regularly, support plans and goals for people were not always evaluated in a timely manner, and accurate records were not always maintained.

At this inspection, we found that improvements had been made.

Renovation work had taken place to improve the environment. The general cleanliness of the home had improved. New furniture had been purchased for the lounge. The flooring had been replaced in the communal areas downstairs. People's bedrooms had also been renovated.

Care plans, including risk assessments had been modified. New risk assessments in the case of an emergency had been introduced. Support plans had been amended so they identified clearer goals for people. Regular key working sessions took place, these included monitoring people's progress towards their identified goals.

Staff supervisions were taking place on a regular basis and staff told us morale at the service had improved.

Record keeping at the service had improved. Care plans, staff files and other records related to the management of the service had been arranged in logical order making the information easier to find.

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?

We found that action had been taken to improve the safety of this service.

Risk assessments had been amended to make them more user friendly.
Personal emergency evacuation plans (PEEP) had been developed for people in case of an emergency.

Extensive work had been undertaken to improve the environment. Old, disused furniture and equipment had been disposed of. New flooring had been installed in the communal areas and new furniture purchased for the lounge.

Requires improvement



Is the service effective?

We found that action had been taken to improve effectiveness.

Staff told us that morale at the service had improved.

Staff supervisions were taking place on a more regular basis than before.

The provider had acted on our recommendations made in our previous inspection around DoLS applications.

Good



Is the service responsive?

We found that action had been taken to improve responsiveness to the needs of people who used the service.

Work was underway to make the care plans more person centred.

Support plans had been amended and key worker sessions were taking place. These sessions were used to monitor people's progress towards their goals.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to improve aspects related to how well-led the service was.

Record keeping had improved.

Care plans and staff records had been changed so that information was easier to find.

Regular key working sessions and staff supervisions were now taking place and these were documented accurately.

Old records had been earmarked for archiving and other records relating to the management of the service were easier to find.

Good



Old Hospital Close (21)

Detailed findings

Background to this inspection

We undertook this unannounced focused inspection of Old Hospital Close (21) on 10 December 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on 18 and 23 June 2015 had been made. We inspected the service against four of the five questions we ask about

services: Is the service safe? Is the service effective? Is the service responsive? And is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by a single inspector. During our inspection we spoke with three staff members and the registered manager. We were unable to speak with people because those that were at the service during the time of our inspection were not able to communicate verbally. We reviewed two care records, three staff files, and other records related to the management of the service.

Is the service safe?

Our findings

At our previous inspection which took place on 18 and 23 June 2015, we found that staff were not always aware of identified risks to people and were not aware of how to manage them. Risk management plans to be used in the event of a fire were also not always in place.

We found that the home was in need of attention and repair. Communal areas were in a state of disrepair, including the flooring and furniture. Old, disused equipment had not been disposed of and people's bedrooms had broken furniture in them.

At this inspection, we found that improvements had been made. Risk assessments for people had been reviewed and updated. Staff that we spoke with were familiar with identified risks for people and told us they were kept up to date when these changed. We reviewed some risk assessments for people and saw they had been simplified from the previous version which made them easier to understand. Each risk was given a risk rating and had associated control measures to manage the risk. Where the risk was deemed high, a contingency plan was in place to provide more detailed instructions for staff to manage the risk.

Each person using the service had an individual personal emergency evacuation plan (PEEP) in place in the case of a fire. Copies of the PEEP were kept in a folder near the exit so they were easily accessible to staff. Each person's PEEP identified how they would be made aware if they needed to evacuate the building, how much and what type of

assistance or additional equipment they needed, and a step by step evacuation procedure guide. These had been reviewed in October 2015 and fire drills had been held which helped to ensure the information was still relevant.

A thorough redecoration of the home had taken place. The heavily marked and worn out laminate flooring in the hallway and the lounge had been replaced. A brand new three piece leather suite had been purchased and the old furniture disposed of. The dining area had been cleaned up and old drawers and disused items had been removed.

A programme of renovation had been put in place and two of the bedrooms had been redecorated. Two of the bedrooms had new flooring and new furniture installed and the registered manager told us that the remaining two bedrooms were in the process of being updated. We found that the general cleanliness of the home was better than our previous inspection.

Staff we spoke with told us, "There's been major improvements" and "It's more homely now."

The registered manager told us daily visual spot checks were done by him or the team leader. There were some new health & safety audits carried out by the registered manager and a new recording system in place providing a structure for regular checking of the internal and external environment. A cleaning schedule was in place to maintain the environment and we saw a cleaner on site during our inspection, cleaning all the communal areas.

We have improved the rating for this question from inadequate to requires improvement because we found that concerns had been addressed. A further inspection will be planned to check if improvements have been sustained.

Is the service effective?

Our findings

At our previous inspection which took place on 18 and 23 June 2015, we found that staff supervisions were not being carried out in line with the provider's supervision policy and that staff morale was low.

At this inspection we found that some improvements had been made. Staff that we spoke with told us that morale amongst the staff team had improved since the registered manager had implemented new ideas across the service. One staff member told us, "[The registered manager] is brilliant. Very supportive and he always gives you his time." Other comments included, "I'm really happy here."

Staff meetings were taking place monthly and staff were encouraged to contribute agenda items. We reviewed staff meeting minutes and staff supervision records and we saw comments from staff that they felt the staff team was working better than before and team morale had improved in the past few months. The registered manager told us, "I feel there has been a genuine improvement in staff morale. It's a different team now."

Staff confirmed that supervisions were taking place on a more regular basis. They also said the meetings were recorded and they were given a copy of it. One care worker

said, "I had my last supervision a month ago." This was confirmed when we reviewed their staff file. We reviewed supervision records for three staff and saw they were being held more frequently now.

The supervision records had been amended so they could capture more detailed information related to staff supervision. Supervision meeting records were amended so that actions from previous meetings were reviewed and followed up. Staff were encouraged to talk about what had gone well since their last supervision and if they had any current worries or concerns. Their progress against objectives was also discussed.

We made a recommendation at the previous inspection around submitting DoLS applications for people using the service to ensure that any restrictions on their liberty are lawful and in their best interests. We found that the provider had followed our advice and had submitted applications to the local authority where they felt that people were being restricted for their own safety. They were still awaiting the outcomes of these applications at the time of this inspection. A formal consent to care document had also been introduced, formally recording whether people were able to consent to their care.

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed.

Is the service responsive?

Our findings

At our previous inspection which took place on 18 and 23 June 2015, we found that people's individual needs were not always being met by the provider. We found there were inconsistencies in care planning. Support plans were not evaluated every month as required making it difficult to monitor people's progress towards their identified goals. Monthly key worker meetings were not always taking place.

At this inspection, we found that some improvements had been made. Staff told us, "[The registered manager] has sent us all the new templates for the care plans. He is working hard."

The registered manager told us he had worked to introduce new care plans to the service but also had to change some of the working practices of the staff team so they would take his new ideas on board and maintain the care plans to an acceptable standard. Some of the major changes that had been introduced to make the care plans more person centred included a new one page profile for each person using the service, person centred plans, health action plans, support plans and key worker session records.

The one page profile gave staff and other professionals involved in people's support a quick snapshot of what people were like, what was important to them, ways to support them, what their qualities were and what they did not like.

Person centred plans were being developed and the registered manager had encouraged key workers to take ownership of them and include pictures of people and keep the language clear and concise to make them accessible to people.

Support plans were outcome focussed and had identified needs, short and long term goals, resources needed and how progress will be measured. Some of the outcomes we saw for people included, leading an active social life, maintaining cooking skills, and developing independent living skills.

Monthly key worker sessions took place, these were formally recorded in a new amended 'key worker evaluation report.' We looked at a sample of these and saw they were used to discuss action points from previous meetings, ask people about family/social contact, health issues, activities, finances, and well-being. These reports not only contained updates on these areas but also incorporated support plan monitoring, making it easier to track people's progress towards their goals that had been identified in their support plans.

Staff that we spoke with told us they were the assigned key workers for people using the service. One care worker said, "I meet him every month. We recently had his room done up. I also made contact with his family just to introduce myself."

Although we found that concerns had been addressed, work was still in progress and sufficient time had not passed to assure us that these improvements could be sustained. Therefore we have been unable to change the rating for this question. A further inspection will be planned to check if improvements have been sustained.

Is the service well-led?

Our findings

At our previous inspection which took place on 18 and 23 June 2015, we found that record keeping at the home was not of an acceptable standard. Care plans, including key work session records were haphazard in their arrangement and did not follow a standard structure. This made it difficult for staff to access some of the records we requested to see during the inspection. Staff records were disorganised, making it difficult to locate individual training and staff supervision records.

At this inspection, we found that improvements had been made. We found that work had started to overhaul the care plans. All documents had been transferred to new folders with pictures of people on them to help staff identify them more quickly. Care plans now followed a set pattern and were arranged logically, including a front cover sheet containing important information for staff or other professionals, a one page profile, consent to care and treatment, person centred support plans with support plan goals, monthly keyworker reports and support plan evaluations, risk management and assessments, activities records, placement reviews and professionals reports, mental capacity assessment and DoLS applications and my last wishes.

The registered manager also told us they had decided to create a health folder for each person, to separate the care files into more manageable folders. The health folder contained people's health action plan, their hospital passport, and record of appointments. People also had a separate medicines folder, containing medicine profiles and record charts. This meant that information was easier to find.

The registered manager had introduced individual staff folders for each staff member. These were arranged in an orderly fashion and followed a set format. Each folder was arranged into sections including a front cover containing important details for each staff, their contract, job description, induction & probation record, training records, supervision records, performance reviews, absence records, DBS reports and miscellaneous information. We found that up to date training records and certificates were documented and regular supervision meetings were taking place and documented.

Folders had been re-arranged and colour coded so they were grouped together for easy identification. For example, governance folders, people files, staff files and policies were all stored in different colour folders.

Old, historical records, including out of date care plans had been identified, put to one side and marked to be archived away from the main office. Other records related to the management of the service had been improved, including the creation of a folder to document health and safety checks around the home. This meant that staff had one working folder that they used to complete daily, weekly or monthly checks around the home, including fridge, water, medicine temperature checks, fire drills, emergency lighting checks, and cleaning checks.

We have improved the rating for this from requires improvement to good because we found that concerns had been addressed and significant improvements made.