Metropolitan Housing Trust Limited

Bramley Avenue

Inspection report

73 Bramley Avenue
Melbourn
Herts
SG8 6HG
Tel: 01763 261682
Website: www.metropolitan.org.uk

Date of inspection visit: 23 July 2015
Date of publication: 20/08/2015

Ratings

Overall rating for this service	Good
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?	Good

Overall summary

Bramley Avenue is registered to provide accommodation and personal care for up to five people who are living with learning and physical disabilities. At the time of our inspection there were five people living at the home. Accommodation is provided on one level and all bedrooms are single rooms. In addition there are two large communal areas, one of which has a sensory area and a well maintained garden.

This unannounced inspection took place on 23 July 2015. This is the first inspection under this provider.

There was not a registered manager in post. The registered manager resigned from the service in April 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered managers, 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. An acting manager has been employed who will be applying to become registered for Bramley Avenue in the next couple of months.

Summary of findings

Robust recruitment processes were not in place to ensure that only suitable staff were employed. There were sufficient numbers of suitable qualified and experienced staff working at the home.

Staff had been trained in medicines administration and safeguarding people from harm and were knowledgeable about how to ensure people's safety. Medicines were stored correctly but records did not always show that people had received their medication as prescribed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The acting manager, staff were knowledgeable about when a request for a DoLS would be required. Authorisations to lawfully deprive people of their liberty had been submitted and staff were aware of the action to take if further actions were needed. People's ability to make decisions based on their best interests had been clearly documented to demonstrate which decisions they could make and what these were for.

People's privacy and dignity was respected by staff. People's care was provided with compassion and in a way which people appreciated. People's requests for assistance were responded to promptly.

People's care records were up-to-date and ensured that people were receiving their care as planned. People were supported to undertake hobbies and interests of their choice.

People were supported to access a range of external health care professionals. This included their allocated GP, optician, chiropodist and dentist. Risks to people's health were assessed and promptly acted upon by staff.

People were supported with their meals choices and supported to be involved in the preparation and cooking of their meals. Staff ensured appropriate risks assessments were in place where a risk had been identified.

Information on how to make a complaint was available for people and their relatives and staff knew how to respond to any identified concerns or suggestions.

Staff had sought people's views to identify areas for improvement. Audits and action plans had been completed which demonstrated where action had been taken when improvements had been required.

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.

Not all the essential pre-employment checks had been satisfactorily completed to ensure that staff were safe to work with people who may be at risk of harm

Medicines were safely stored and people received their medication from staff who had been training. However, not all medication administered had been recorded.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Is the service effective?

Good

The service was effective.

Staff provided care and support to people in their preferred way. People were helped to eat and drink enough to stay well.

People saw, when required, health and social care professionals to make sure they received appropriate care and treatment.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

There was a homely and welcoming atmosphere and people could choose where they spent their time.

Is the service responsive?

Good

The service was responsive.

Care records provided sufficient information to ensure that people's needs were consistently met.

Relatives were kept very well informed about anything affecting their family member.

Information on how to make a complaint was available for people who used the service and their relatives.

Summary of findings

Is the service well-led?

Good

The service was well led

There were opportunities for people and staff to express their views about the service via meetings and discussions with the management.

A number of systems were in place to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

Bramley Avenue

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 unannounced inspection took place on 23 July 2015 and was completed by one inspector.

We looked at information we held about the service including statutory notifications. A notification is information about important events which the registered manager is required to tell us about by law.

All of the people who used the service had special communication needs. They expressed themselves using a combination of sounds, signs and gestures. We spoke with staff and looked at people's care plans to help us to communicate with the people who used the service. We also observed how people were cared for to help us understand their experience of the care they received. We spoke with five care staff, the deputy manager and the acting manager during our inspection.

We looked at three people's care records, resident and staff meeting minutes and medicine administration records. We looked at records in relation to the management of the service including audits and servicing records. We also looked at staff recruitment records, supervision and appraisal processes and training, complaints and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

Two out of the four recruitment records we looked at, did not have all essential pre-employment safety checks available. There were no references or evidence that a disclosure and barring check had been undertaken. This meant that people could not confident that they were cared for by staff who were safe to work with people who may be at risk of harm.

This was a breach of Regulation 19 (1) (a) and (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager advised us that only staff who had received training in medicines management administered medicines. Medicines were being stored securely. At the time of our inspection medication was not required to be stored in the refrigerator. We noted that when medication had been required to be stored under cool conditions, that the temperature of the refrigerator was not within the required safe limits. The acting manager assured us that a new thermometer would be purchased to check if it was the refrigerator or the thermometer that was ineffective. Medicine administration records were in place and we saw that the recording of medicines that people received regularly was accurate. When a topical cream was prescribed on an as required basis, records did not show if it had been administered and staff could not tell us. There was a system in place to audit the amount of medication held in the home and spot checks were undertaken by a member of the management team.

People showed us that they felt safe living in the service in that they were happy when approached by staff. They were relaxed when staff were present as they smiled or waved their arms. When we asked people if they were happy living at Bramley Avenue they smiled and would look at the staff who were supporting them and laugh. People and their relatives could be reassured that their family members were safe in the service.

Information in relation to protecting people from harm was displayed in the home so that it could easily be accessed by everyone. Staff we spoke with had an awareness of how to recognise abuse and who they would report it to. We saw that there was information available which provided staff with contact details of the local safeguarding authority. The acting manager was clear of their responsibilities in regards to informing CQC and the local authority should any incidents occur. Staff we spoke with confirmed that they had received safeguarding training and were able to demonstrate what constituted abuse and what they would do if they were told, saw or suspected that someone was being abused. This meant that people were protected from harm or potential harm as much as possible.

We found that risks to people's health and well-being had been identified and management plans were available in the care records. These included mobility assessments, risks relating to people accessing the community and the use of bedrails and wheelchairs. All staff we spoke with were aware of the risks to people's health and well-being. The risk management plans were routinely reviewed to ensure the management strategies continued to effectively reduce or minimise the risks.

There was a sufficient number of staff with the right skills to safely meet people's needs. Staff we spoke with and rotas we looked at confirmed that there was usually a minimum of four people on duty during the day. The acting manager showed us the on-call list for staff if additional staff support was required. This meant that people were assured that there was always a sufficient number of skilled staff to safely meet their needs. Staff informed us that there was always enough staff available and if necessary additional staff could be used.

Our observations demonstrated that staff had really positive relationships with the people they supported. The demeanour of all the people who were being supported was seen to be open and trusting of the staff.

Good

Is the service effective?

Our findings

Staff regularly met with the acting manager to review their work and to plan for their professional development. Staff told us and the records showed us that staff had received training in key subjects, including how to support people who had a learning disability. Other training received by staff was in relation to people's medical needs such as epilepsy and how to support people with their dietary needs.

People showed us that they were well cared for. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. For example, when we asked them about a member of staff and if they looked after them well, the person moved their head towards a member of staff and gently reached out until they could feel their hand and gave us a big smile.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. We discussed the MCA and DoLS with the acting manager, and four staff. Whilst not all of them had yet received training it was evident that they had some knowledge about how people people's liberty could be deprived and were aware that Deprivation of Liberty Safeguards [DoLS] applications were being submitted to the authorising agencies.

Records showed that staff had supported people who were not able to make important decisions for example about their finances. Plans were in place to ensure that people's finances were in order and staff had involved relatives, health and social care professionals so that they could give advice about which decisions would be in a person's best interests.

People were provided with enough to eat and drink. Staff were tactfully checking how much people were eating and drinking to make sure that they had sufficient nutrition and hydration to support their good health. People were being weighed regularly to identify any significant changes that might need to be referred to a healthcare professional. In addition, staff had acted on advice from healthcare professionals to support people who were at risk of choking. This included preparing food so that it was easier for the person to swallow.

Staff had consulted with people about the meals they wanted to have and picture cards were being used to support people with making their choices. Records showed that people were provided with a choice of meals that reflected their preferences and we saw that people had a choice of food at each meal time. A person with special communication needs pointed towards the kitchen smiled and nodded to indicate they were looking forward to having their lunch. We asked if they were hungry and they smiled at us.

We noted that staff were supporting people to be involved as much as possible in all stages of preparing meals including shopping, cooking, laying the table and clearing away afterwards. This helped to engage people in taking care of themselves and contributed to catering being enjoyed as a shared activity.

Records confirmed that people had been supported to see their doctor, dentist and optician. All people who lived in the home had complex needs and required support from specialist health services such as physiotherapists, speech and language therapists and dieticians. Staff in the home supported them to attend health appointments.

Good

Is the service caring?

Our findings

People were positive about the care provided by the staff. When asked if they were happy with the care and support people smiled and used their own personal signs to indicate a positive response. Staff we spoke with were very positive and the care and support they provided and told us they loved supporting the people who lived at Bramley Avenue

We found that the atmosphere in the home was welcoming. With their permission we looked at people's rooms. They were all personalised and had numerous personal possessions kept in there.

People were being treated with compassion and respect. Staff were friendly and patient when supporting people. They took the time to speak with people and we observed a lot of positive interactions that promoted people's wellbeing. For example, we noted that one person had been supported to sit in their favourite place so they could sense when people passed by or sat next to them.

Staff knocked on doors and allowed people time to respond by them making a noise before they entered. People were able to make a noise to indicate to staff that they were okay to enter– how did they respond. When people required support with their personal care needs, they were supported discreetly to ensure they received support in private and with their dignity intact.

Staff were knowledgeable about the care people required, gave them time to express their wishes and respected the decisions they made. For example, a member of staff was supporting a person with their meal and they asked if they were ready for some more. They gave them time to respond before giving them some more. The person then smiled and used signs to express how much they were enjoying their meal. One person became anxious when there was a lot of talking happening around them. The member of staff asked if they would like to move and they responded with, 'Yes'. This meant that people were reassured and made to feel safe when the environment was clearly causing them to become anxious.

There was information available about a local advocacy services called Active Voice. This is an organisation that is independent of the service and the local authority and can support people to make decisions and communicate their wishes. This helped to ensure that a person who lived in the service and who did not have family or friends could be effectively assisted to make their voice heard.

Staff recognised the importance of not intruding into people's private space. People had their own bedroom which they could use whenever they wished. These rooms meant that people could relax and enjoy their own company if they did not want to use the communal areas. Bathroom and toilet doors could be locked when the rooms were in use.

Written records that contained private information were stored securely. Staff understood the importance of respecting confidential information.

Good

Is the service responsive?

Our findings

Staff told us that people were supported to do the things they wanted to do. For example on the morning of our inspection two people had been out into the local village for a drink and a piece of cake. When asked if they had enjoyed it they gave us a big smile.

Staff told us that the home did not provide group activities but that each person pursued their own activities. For example one person liked to go swimming. Another person enjoyed the cinema whilst another person enjoyed music.

Staff told us that parties and summer barbecues were arranged for the people who used the service and their friends and relatives are invited to attend. Minutes of the resident meetings showed us that these were discussed and reported the reaction from people when being asked what they would like to do. This ensured that people are involved in the decisions about the activities they take part in.

Care was centred on the needs of individuals. People's care plans addressed all areas of their lives and we noted that their views were sought in creating the care plans to reflect their individual preferences and needs. Where this was not possible we found that people's relatives and health and social care professionals had been involved in developing the care plans to meet people's needs. Daily notes provided information were information was discussed with families if there had been a change in a person care and support needs.

In addition, staff were able to effectively support people who could become distressed. The guidance focused on understanding why the person was distressed and deciding what reassurance would be most helpful. We saw that when the person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person was becoming anxious due to the noise of people chatting whilst they were eating. Staff responded by asking if they would like to move to another area. They then supported he person to move into another room. The person concerned smiled, relaxed and then continued to enjoy their meal.

We observed interactions by staff with people who used the service and found that the interventions described in the care plans were put into practice. We saw that staff responded to people in an individualised manner and it was clear when we asked the staff that they knew what the people`s needs were.

Staff told us they would be confident to raise anything that concerned them with senior members of staff and they told us that the manager operated an open door policy. The complaint information had been developed in an 'easy read' format to support people to raise any issues of concern. There had been no complaints or concerns raised in the last year.

Good

Is the service well-led?

Our findings

There was not a registered manager in post as they had left the service in April 2015. The provider have employed an acting manager who told us that they would be applying for registration in the next couple of months

The acting manager promoted a positive culture within the home that was transparent and inclusive. One member of staff told us that: “The management are open and tell us everything we need to know. If I had anything to complain about I would talk to the managers and know they would put things right. We have to advocate for the people as they are not able to always express themselves to raise a concern”.

There were systems and process in place to ensure that the people were cared for safely and these were clear and robust. The actingmanager was knowledgeable about the needs of the people and how the service should be improved. For example they had identified that the lighting in the home need to be made brighter in certain rooms.

A wide range of, checks and observations were undertaken routinely by the staff and management that were designed to assess the performance all aspects of the service delivery. These included areas such as medicines, health and safety, and fire checks. Information about the outcomes of these checks, together with any areas for improvement identified and details of actions taken and progress made were recorded.

There were regular quality monitoring visits undertaken by members of the provider’s senior management team. We found that the provider’s quality monitoring systems were effective in identifying areas that required improvement. We saw that action had been identified and that it was followed up at the next visit. For example some care plans needed to be reviewed and action had been taken to ensure this had taken place.

The resident meeting minutes discussed areas of the service such as food and entertainment. They described how people reacted to the discussions. This showed that people’s opinions were taken into account in the way that the home was run and the service was delivered.

People visited the local community and they had a local church provide a religious service during each month.

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

Staff told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service. Staff told us, and records we looked at confirmed, that staff meetings were held. The provider had a clear leadership structure that staff understood.

Staff told us that the management team was supportive and encouraged them to undertake additional training to improve their knowledge and skills. One person said, “The manager is good. They are very knowledgeable.” Staff told us that out of office hours support was always available and explained the on call process and who they needed to contact in an emergency.

The provider had a policy and procedure that was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with clearly demonstrated an understanding of what they would do if they observed bad practice. One staff member said, “If I was concerned about anything I would feel completely comfortable to report it.”

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People who use service were not protected against the risks associated with robust recruitment procedures not being in place. Regulation 19 (1)(a) and (3)(a)