

Metropolitan Housing Trust Limited

Baldock

Inspection report

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21 January 2020

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Baldock is registered to provide accommodation and care for up to 20 people with a learning disability and/or physical disability. Three other homes in the local area provide accommodation and care for up to 15 people, however at the time of the inspection these were incorrectly registered. On the day of our inspection, five people were using the service at Baldock.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were safe at the service and there were enough staff to meet their support needs. Risks were managed appropriately. People were supported to manage their medications safely.

People's needs were fully assessed before care was provided at Baldock. Staff had received all necessary training and told us they felt supported in their role. People's individual nutritional needs were assessed and people were supported to eat their meals in line with this assessment. The service worked well with other professionals to ensure people received the right support. The home was clean, although in some areas required some further decoration. Staff sought people's consent prior to offering care or support.

People said staff were kind and caring. Staff supported people to maintain their dignity and promoted their privacy. People were supported to communicate their wishes and make their own decisions. Staff were knowledgeable about how to provide care that met people's preferences and reflected their choices. Discussions about people's end of life wishes had been documented. People were able to raise their concerns or complaints which were acted on promptly.

The service was not correctly registered with the Care Quality Commission. Quality assurance systems were in place although not always effectively operated. The management team were developing care plans to be more person centred and reflective of people's current care needs. The management team were approachable and supportive to staff; however, the manager was not always visible within the service to support staff as required. Meetings did not provide staff regular opportunity to discuss ideas, suggestions or management of the service.

Rating at Last Inspection

This service was registered with us on 03/01/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on date the service registered.

Follow up

We will continue to monitor the service to ensure people receive safe, compassionate, high quality Care. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-Led

Details are in our well-led findings below.

Baldock

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector completed this inspection.

Service and service type

Baldock is operated as a 'care home.' People in care homes receive accommodation and personal care as a single package, under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with Care Quality Commission. The registered manager, alongside the provider, are legally responsible for how the service is run and for the quality and safety of care provided. A newly employed manager had recently submitted their application to register. Throughout this report they will be referred to as the manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We sought feedback from two people who used the service. We spoke to the manager, team leader, two support workers, a senior manager and the provider.

We reviewed a range of records. This included two people's care and medication records. We also looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. On 21 January 2020 the provider sent us information about how they would take action to make improvements. We reviewed the registration conditions of the service and sought assurances that the provider would ensure the correct registration of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- People said they felt safe living at Baldock. One person said, "It's good, the staff are nice." Processes were in place to keep people safe from harm and abuse. Staff told us they were aware of the safeguarding and whistleblowing policies. One staff member described what the causes or signs and symptoms of harm might be, who they could report this to including the manager, the local safeguarding authority or CQC.
- Incidents had been reviewed and investigated appropriately. There had been one incident since registration that had been appropriately acted on. Measures had been put in place to manage the situation.
- Staff were able to review incidents and potential safeguarding concerns through discussions with the team leaders. This enabled staff to review practise and consider whether they could have responded in a different way. Lessons learned were discussed but not reviewed as part of regular meetings, handovers or supervision. The manager told us they would ensure this was embedded within the service.

Assessing risk, safety monitoring and management

- Risks relating to peoples care and support had been assessed and actions to mitigate the risk were in place. Staff demonstrated to us through discussion a good awareness of risks to people's health and wellbeing. Staff knew how to support people in a safe manner, in line with their individual needs that also followed appropriate health professional guidance.
- Some people had specific health conditions which posed additional risks to their health. For example, one person had a diagnosis of epilepsy. Risks related to this person's epilepsy had been discussed with their healthcare professional and guidance was provided to staff about how to mitigate these risks. Appropriate equipment and guidance was in place to monitor in how to respond in an emergency situation .
- Staff carried out regular health and safety checks to ensure premises and equipment were safe. Systems were in place to ensure people and staff were safe in the event of an emergency such as, a fire.

Staffing and recruitment

- People were supported by sufficient numbers of staff to keep them safe. Staffing levels were assessed when people started using the service and reviewed if necessary. For example, one person's changing needs had resulted in an increase in falls, and distressed behaviour. The manager and staff were reviewing the staffing levels and approaching the local authority for additional staffing to support on a one to one basis at times during the day.
- One person said, "Staff are around. If I want them to help me they will, but I want to keep to myself."
- Appropriate action had been taken to recruit enough staff to cover day and night shift. Short notice absence such as sickness was covered by existing staff or use of agency staff.
- Staff were recruited safely. Each member of staff undertook a disclosure and barring service (DBS) check

for any potential criminal records and provided references from previous employment. These checks were taken up before staff started work.

Using medicines safely

- Medicine records were completed accurately. Physical counts of medicines tallied with the stock records held. This meant people received their medicines as the prescriber intended
- Staff had undertaken training and their competency had been reviewed.
- Some people were prescribed 'as required' medicines. Protocols were in place for their administration.
- Medicines were managed safely and stored in line with good practice guidelines.

Preventing and controlling infection

- Staff had received training for infection control and were seen to use appropriate protective equipment such as gloves and aprons when providing personal care.
- Where staff prepared people's meals for them they had been provided with food hygiene training.
- The environment was clean. People were supported to assist with cleaning in the home to develop their independence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before moving to the service. This assessment process was in place to identify people's health needs and preferences about how they received their care. People's relatives and health professionals were involved in this initial assessment. This would form the basis of the initial care plan.
- People's care was delivered in line with recognised standards and met accepted guidance and practise for supporting people.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the training, knowledge and skills to meet their needs. Staff told us they mostly received appropriate training to carry out their role effectively. This included specialist training for specific health conditions. Further specific training was being planned to meet people's mental health needs.
- The registered manager told us they were developing 'Champion' roles within the staff team. These are roles that enable staff to undertake additional training in key areas such as safeguarding, falls prevention and autism. Once complete these staff can mentor their colleagues and further develop best practise among the team.
- Staff said they received regular supervision and felt supported by the management team and provider. One staff member said, "One to one is good, we can get our frustrations across if we are not happy. Sometimes if I'm honest we don't always get [Team leaders'] undivided attention, but I do feel supported by them. I would like to do my level 3 in care and could if I wanted."
- Staff told us that they had opportunities to reflect on their practice via informal discussions, team meetings and handover meetings. Following feedback from the inspection, the provider said they would support staff with areas of literacy and numeracy to further enable them to gain further qualifications.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough. People were able to choose what meals they ate, and staff involved them in preparing meals in the service. People's preferences were documented in their support plans. People's intake of food and drink was monitored.
- People's specific nutritional needs were known specific diets due to their health needs were followed with input from the relevant health professional. Where staff were able to encourage people to vary their diet to ensure people at healthy options they did so. However, staff also respected people's views and that being older people they had set meals and snacks that they enjoyed.
- One person said, "Food's okay, [team leader] said she is going to cook my cobbler at the weekend, I can

eat what I want really."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend appointments with healthcare professionals. The service had good links with the local GP surgery, worked in partnership with mental health teams, nurses and social workers. This meant people could freely access health appointments when needed.
- We saw examples where people's health needs changed and staff swiftly referred people to either the GP or mental health teams. People's health needs were well managed and resulted in people receiving timely care to support their health.

Adapting service, design, decoration to meet people's needs

- Some of the communal areas of the home were in further need of redecoration. The home did not reflect the people who lived there. Although having been recently decorated required further work to ensure it was homely. Management confirmed that this was an area being reviewed and further action would be completed.
- Appropriate equipment, specialist beds and epilepsy monitors were available to meet the needs of the people using the service.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made, where required. These were yet to be authorised in most cases. However, the team leader monitored their progress and ensured the local authority (supervisory body) were progressing these. Systems were in place to reapply for DoLS that had expired.
- MCA assessments and best interest decisions were formally recorded in people's care plans. However, further development was ongoing to ensure these were decision specific and clearly documented the rationale for the decisions being made in people's best interests.
- Staff were aware of the principles of the MCA. Staff told us they would only act in people's best interest, in the least restrictive manner and would always ensure people were provided choice. We saw examples where for some decisions made, people had been supported to access advocacy services. This meant that although recording was not always clear, we were satisfied staff enabled people to make their own decisions where able.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had developed positive relationships with people. This helped staff build a rapport with people and understand how to support them effectively. Staff spoke passionately about people who in many cases they had worked with for a number of years. One staff member told us "We just know over the years how to care for them. They are all getting older now and we have to look after them in a different way now, but we all do it because we care and want the very best for them."
- People felt the care they received was caring and they were well treated. One person said, "I think they care about me really, I'm happy enough, they're good to me, I can just be a bit difficult."
- Staff worked positively with people and wanted to make a difference to their lives. Staff valued people's equality and diversity and sought ways for people to be treated as a person in their own right. One staff member said, "[People] are individual and that's how we treat them. We respect the differences and work together to make it as good as we can."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to be involved in making decisions about their care. Due to the complex needs of some people supported, this was not always possible. However, staff told us they would always give people choices and help them understand the decision they were making.
- People's relatives were invited to review people's support, and we were made aware of examples where advocates were involved in supporting people to make decisions. This helped to ensure people's views and opinions were included when making decisions about their day to day care needs.

Respecting and promoting people's privacy, dignity and independence

- Staff were sensitive when they provided care to people. We saw when staff assisted people they did so in a manner which respected people's privacy. Staff were quick to respond when people required assistance with their personal care with the utmost dignity. Staff did this quietly and sensitively and assisted them to the bathroom to help them. People's privacy was maintained.
- Staff supported people to be as independent as possible and do what they could for themselves, such as washing and managing their own personal care or helping prepare their own meals. Staff told us they checked with people how much support they required that day and provided that. One staff member said, "Some day's [person] wants more help than others, it's the same for all of them, so we try to get them to do as much as they can but will always help if they want us to."
- Records were stored securely, and staff were aware of how to maintain people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was personalised by staff who understood people's likes and dislikes. People said that their care was responsive to their needs and met their preferences. One person said, "When [staff] help me they do it how I like."
- People's care was regularly reviewed and monitored by staff who acted to respond to those changing needs. For example, staff noted a decrease in one person's mobility and reviewed their care, also referring to specialist services for support. Staff continued to proactively seek a way to improve outcomes for this person whilst supporting their independence and keeping them safe. The manager was aware of other changes to be made to care plans and was in progress of implementing these.
- People were supported with their cultural and religious needs. For example, people were able to visit local places of worship if they wanted and staff would organise this when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to be an active member of the community. People went out to attend a day service, shopping and pub visits.
- People were encouraged to follow their interests and staff were constantly reviewing how to enable people to develop new interests or revisit past hobbies. The manager was able to tell us how they were reviewing this to include how one person wanted to keep livestock in the garden.
- People were supported to maintain relationships with friends and family. Friendships were encouraged within the house.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Assessments of people's communication needs were made prior to people using the service and regularly reviewed.
- Where verbal communication was limited, staff told us people were supported to use alternative methods. This included pictures or photos.
- Staff told us that they would use non-verbal cues, such as facial expressions or gestures to support people to communicate.

Improving care quality in response to complaints or concerns

- People said they knew how to raise a complaint and were clear in who they would report any concerns to.
- There was a clear complaints procedure in place for people living in the house and visitors. No person had reason to use this. Organisations who could assist people to make a complaint were freely available should people require this.

End of life care and support

- The service was not giving end of life support to people at the time of inspection.
- Care records showed that end of life discussions had been held with people, however staff had not received training on this subject. The provider ensured this was booked to commence shortly after the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This was because the service was incorrectly registered, people's care records required reviewing, and systems to improve the quality of care were not embedded. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The service was not correctly registered. CQC granted a condition as part of the registration that the regulated activity was to be provided for up to 20 people at one location. However, at 12 North Road, the house could only accommodate five people. The other 15 people were living at three other 'Care homes' in the local area. The provider took immediate action to apply to register those other locations. This was an administrative error and we were satisfied that this had been an oversight due in part to recent registration changes and an office move.
- A range of quality monitoring systems were in place. For example, regular health and safety checks, care records, medicines, and infection control. In addition, the provider conducted regular checks themselves of areas such as the environment, people and staff experiences, documentation and safeguarding. However, we found these did not always identify areas for improvement. An overarching service improvement plan was not available that addressed these areas, nor did it seek to develop and further improve the quality of care people received.
- Staff were clear about their roles and responsibilities and knew they could go to the management team for advice at any time. However, staff told us the manager was not visible or present in the service and did not lead team meetings. One staff member told us, "[Team leader] is lovely, they are very approachable, I do find that [team leader] is stretched at times, so it can make it harder to oversee. [Manager], I don't see them that often, they are a new manager."
- There was limited documented evidence that people's care plans were audited. This meant areas of improvement were not always identified. For example, we found that risk management or care plans were often generic and not personalised to the individual. In some cases, particularly in people's records known as a 'Purple folder' this information was missing. MCA and DoLS records lacked sufficient detail and were not always decision specific. However, the staff we spoke to during the inspection had a good understanding of these areas which meant there was minimal impact on people's daily lives.
- Accidents and incidents were responded to, however, analysis of patterns or trends were not documented. This created a risk that trends could be missed.
- The manager was aware of the regulatory requirements in relation to reporting certain incidents. They notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.
- The manager kept their skills and knowledge up to date by on-going training and networking with other

providers and registered managers. The service was a member of a local care providers organisation which shared good practise ideas and developments in caring for people with a learning disability, or similar.

- After the inspection the provider sent an action plan that addressed how they would make the improvements in these areas.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us team meetings were not held when required and were cancelled at short notice. Where team meetings were held, they did not follow the organisations agenda, meaning key areas were not discussed, and practise could not be reflected upon. Meetings did not enable staff to be involved in discussions about the management of the service, however staff did say they were able to suggest ideas that related to people's daily lives. One staff member said, "Meetings happen, not regular, but do happen. They are okay, we can talk about the things we think need to change like trips out, shopping and things. We don't get told very much else about what happens, so I think meetings could be better." A second staff member told us, "Should have had one [meeting] this week, but that didn't happen. When they happen they are fine, but something comes up and [team leader] has to go or cover sickness."
- People were able to provide their feedback about the service provided, however relatives and staff had not had their views sought. The manager told us this would be completed in due course, however, they also said views had been collected informally. This did not enable a robust assessment of people's views to be taken into account.
- Staff felt support among them was good and they shared a good team ethos. Staff felt the provider supported them to carry out their roles well. Although there had been a lack of registered manager, staff felt well supported whilst a new manager was appointed. One staff member said, "I love working here, it's a good place to work and I am happy with how things work. I think when [new manager] really starts working in the service then we will get even more support."
- The management team were open and knowledgeable about the service, the needs of the people staying there and where improvements were required. This open and honest approach helped enable positive outcomes for people, who were supported by a staff team empowered to provide quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood the requirements of duty of candour that is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Where mistakes were made, they were open and honest with people and families and made improvements.

Working in partnership with others

- The service worked in partnership with organisations including the local authority that commissioned the service and other health and social care professionals.
- People received the care and support they needed because staff worked with other professionals, family members to make sure they kept up to date with any changes in people's treatment and support needs. For example, GPs, community dental service and members of their local learning disability team.