

Metropolitan Housing Trust Limited

Baldock

Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 11 January 2018 and was announced. At their last inspection on 15 March 2017, the provider was found to not be meeting the standards we inspected. At this inspection, the provider had made enough of the required improvements and demonstrated there was a rolling schedule in place that will see all the works completed by April 2018?

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, the right support and best practice was not always promoted.

Baldock Services provides a service for up to 20 people who have a learning disability and or physical disability and associated mental health needs. People lived in four separate houses in Baldock. Each person had their own personalised bedroom with shared bathrooms/shower facilities, lounge, dining area and kitchen. There were 18 people using the service at the time of this inspection. . The registered manager's office was located in a separate building located in Baldock.

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

Identified and potential risks to people's health and well-being were reviewed but not always managed effectively and goals set did not always have a support plan in place.

People felt safe, happy and looked after at the homes. Staff received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

The provider had safe and effective recruitment practices to help ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

The provider had plans and guidance to help staff deal with unforeseen events and emergencies. Staff checked the environment and equipment to help ensure they were maintained and safe to use.

Trained staff helped people to take their medicines safely and at the right time.

People were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People had access to health and social care professionals when necessary. Staff obtained people's consent before providing personal care and support, which they did in a kind and compassionate way.

Staff had developed positive and caring relationships with the people they cared for and knew them well.

People were involved in the planning, delivery and reviews of the care and support provided. Confidentiality was promoted. Information about people's medical and personal histories was kept secure around the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community.

The provider had systems in place to record and respond to any concerns or complaints in line with the service policy.

People and staff were complimentary about the registered manager and how the home was run.

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.

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

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

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

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

Is the service effective?

Good 

The service was effective.

People had their capacity assessed and best interest decisions completed to promote people's choice.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff that were trained to meet people's needs effectively.

People were provided with choices including food they wanted to eat.

Is the service caring?

Good 

The service was caring.

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

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

Care was provided in a way that promoted people's dignity and

respected their privacy.

People's confidentiality of personal information had been maintained.

Is the service responsive?

The service was not consistently responsive.

People did not always receive personalised care that met their needs and took account of their personal goals .

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

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

People were confident to raise concerns which were dealt with promptly.

Requires Improvement 

Is the service well-led?

The service was well led.

Systems were in place to quality assure the service provided, manage risks and drive improvement.

People and staff were very positive about the registered manager and how the homes operated.

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

Good 

Baldock

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 January 2018 and was unannounced. The inspection was undertaken by one inspector. Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with four people who used the service, four staff members, a team leader, the area manager and the registered manager.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

During our previous inspection in March 2017, we had found that some areas of the homes could not be cleaned adequately and required attention.

At this inspection, we found that enough improvements had been made to ensure the required standard. There was a rolling works schedule by the provider that would see all works completed by April 2018. We found that areas had been cleaned where required and windows had been replaced where needed.

People we spoke with felt safe living at Baldock. One person said, "I feel safe because staff are always here."

There was information and guidance displayed about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. People also had weekly house meetings to discuss any concerns they might have and monthly one to one meetings with their keyworkers to help ensure people felt safe.

Staff were able to tell us about signs of abuse and knew the protocols for reporting any concerns. One staff member told us, "If I had any concerns I would report them to the manager." Staff understood how to escalate concerns and report to outside professionals such as the local authority or the Care Quality Commission.

The provider had safe and effective recruitment practices to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures, which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before employed by the service.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Staff we spoke with told us there were enough staff to meet people's needs. They confirmed that agency staff use was very low. The registered manager confirmed there were still some staffing hours required but they had strategies in place to ensure adequate cover and had a recruitment drive in place. One staff member said, "Yes we have enough staff."

There were suitable arrangements for the safe storage and management of people's medicines. Staff supported people to take their medicines. Staff received appropriate training and had their competency assessed. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. We completed random stock checks and found the levels were correct. We saw that staff had not always dated opened medication as required or completed all documentation correctly. However, the registered manager had identified this and recently introduced a new auditing system to help ensure a safer medicine practice.

We found that people had risk assessments in place and staff reviewed these regularly and updated when required. For example, one person had risk assessments in place regarding safety in the kitchen and staff

supported them to be independent but be aware of the risks and hazards. Plans and guidance were available to help staff deal with unforeseen events and emergencies, which included relevant training such as first aid and fire safety. Regular checks were completed to help ensure that both the environment and the equipment were safe. For example, the fire alarm systems were regularly tested. People had personal evacuation plans in place for staff to be able to support them in the event of a fire.

Is the service effective?

Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One person told us, "I'm looked after well."

Staff received a variety of training that was regularly updated and refreshed. We spoke to a member of staff who said, "I have completed all my training." We saw training records that confirmed that staff received a large variety of online and face-to-face learning courses. These included training in medicines, moving people safely and safeguarding,

Newly employed staff had an induction and relevant training to help ensure they could meet people's support needs. One staff member told us, "I had an induction and shadowing. (Shadowing is where the new staff members worked alongside a competent member of staff until they were sufficiently competent to work independently)." Staff told us they received regular training and felt supported by the team leaders and the registered manager.

Staff told us they attended staff meetings and had one to one supervision. One staff member said, "I get supervisions, they ask me if I'm alright. I have objectives set and they support me with my training."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We observed staff seeking consent from people in relation to everyday tasks, for example whether to go out or not, choice of activity, what to have for lunch. People who were able also signed consent to care and treatment forms to confirm they understood and agreed to the care and support they received. Staff supported people with their cultural beliefs. For example, to attended church if they wished to.

People had their own personalised bedrooms with shared facilities appropriate decorations and work where required were planned and being completed to meet people's needs and preferences. For example, one person who had recently moved to Baldock had chosen the colour of their room and confirmed they were happy with the home they were living.

People had weekly house meetings to discuss food options for the week and monthly one to one meetings with their keyworker to help ensure people had their say. Staff confirmed they asked people daily about what they would like. People told us they felt listened to. One staff member said, "If people want something different to eat there are always other choices available." People we spoke with said, "They [staff] ask us

what we want to eat, I like chicken. "Another person commented, "I like to cook sometimes, I cook mincemeat."

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person said, "I like going out with staff it's a nice place to live." Another person commented, "It's nice here, they [staff] look after me."

Staff supported people with dignity and respected their privacy. Staff were able to tell us how they promoted people's dignity and respect, by closing doors and always communicating what they were doing. We saw staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "I like working here, staff care about people here." Another staff member commented, "I encourage people to be independent and do what they can."

We saw that staff had developed relationships with people they supported. One staff member was able to explain how they communicated with one person who was non-verbal. They explained that the person used expressions and gestures to ensure they were understood. We saw staff interact with people in a caring way. Staff confirmed that people's family and friends were always welcome to visit the home.

People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One person who was quite new to the home told us that they were still settling in but staff were nice and they were asked about the support they needed. We found that people's relatives were also involved where appropriate.

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information about advocacy services was made available to people and their relatives should this be required.

Is the service responsive?

Our findings

Staff had access to information and guidance about how to support people in a person centred way, based on their individual preferences, health and welfare needs. Care plans were personalised and captured the individual well and all the details that mattered to that person were included. For example, their likes and dislikes, individual cultural and religious needs were also documented. The care plan also included people's goals. However, we found that staff did not provide appropriate support for everyone to help them achieve their goals.

We found that one person had wanted to lose weight. However, we found that their weight had continually fluctuated. The person had a goal documented in their care plan to lose weight by December 2017. However, records showed that the person had instead gained a significant amount of weight by the target date. The person had a set goal in their care plan to lose weight before December 2017. We found that staff had spoken with the person and were aware of their weight problem. Staff told us that the person had capacity and they went out for daily walks that supported them with exercise but they confirmed they liked to go to the café and liked fizzy drinks. The care plan in place did not have helpful strategies or guidance to support with their weight reduction. We found no routines or support plan in place to enable the person to achieve their goal.

The registered manager confirmed that they had arranged a GP appointment to support the person with their weight; The GP had prescribed medicines to help. However, the person did not want to take the medicine prescribed. The registered manager had also been in contact with a nursing team who provided a series of healthy lifestyle sessions to arrange further support. This was not in place at the time of the inspection. The registered manager did recognise that this support had not been documented or captured appropriately in the care plan and were looking at improving this. This meant that the care and support provided did not help the person to maintain good physical, mental and emotional health.

On the day of our inspection, most of the people who used the service were out at their day clubs. The registered manager told us, and staff confirmed that people were supported to access the community. There were also games, arts and crafts for people to use. One person said, "I like to go out." Another person told us what they liked to do, "I go to free church on Wednesday and Friday. I do volunteer work in the church hall, we can have lunch there." They also talked about a drop in centre where they attended and there were many different activities for them to do. We found one person had set a goal to visit the final resting place of Elvis Presley. However, they had never flown before and were nervous at the thought of this. Staff arranged for the person to try a flight simulator as part of the support in place that enabled the person to achieve their goal.

We saw that information and guidance about how to make a complaint was displayed. We saw where complaints had been received these were responded to in line with the service complaints procedure. We also saw that people had sent in compliment letters thanking the staff for the care and support provided.

Is the service well-led?

Our findings

People who lived at homes within the Baldock service told us they were happy, staff were positive about how the homes were run. They were complimentary about the registered manager who was described as being approachable and supportive. One staff member said, "[registered] manager and the team leaders they are very supportive, they are very approachable."

The registered manager was clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They told us they completed regular visits to each home where they talked to staff and the people who lived at the home. They took time to observe and check staff competency, and ensured the environment was safe. Staff we spoke with confirmed the registered manager was visible around the homes.

The registered manager was knowledgeable about the people who used the service, their different needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities. A staff member commented, "I feel supported as a staff member." Another said, "I feel supported [registered manager] is nice to talk to and team leaders listen."

People we spoke with confirmed they attended regular meetings where they could talk about issues that were important to them. People confirmed they received support to follow their interests such as going on holiday or voluntary work. One person said, "I do volunteer work at the church hall."

The registered manager and team leaders completed audits in areas such as medicines, infection control and health and safety. The registered manager confirmed that other managers from the providers other locations would complete audits and any issues found would generate an action plan to be completed. They also told us the risk and quality team completed a thorough annual audit and again there would be action plans in place where required.

The registered manager received support from their area manager and they had regular meetings to support learning. They also met with other local managers and team leaders to discuss ideas and share knowledge. The registered manager said, "Yes I feel supported I have the support and can contact other managers or different departments if I need anything." The registered manager told us they had monthly supervisions. They commented, "If I need support I can just pick up the phone or send an email." They also confirmed that they received updates from the provider via email and they attended forums and used web sites such as CQC to help ensure they were abreast of best practices.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant the appropriate actions taken when required.