

Metropolitan Housing Trust Limited

Thorley

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Thorley provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

There were 24 individual apartments within the building (Parkside). There was an office space and staff provided people with a range of services including personal care, medicines management and cleaning services. At this inspection thirteen people received care and support.

At our previous inspection in June 2016 we rated the service good. At this inspection the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe using the service. Staff understood how to recognise and report abuse and concerns had been reported appropriately to the local authority safeguarding team for review. People had individual risks to their health, safety and wellbeing assessed and plans were in place to mitigate these risks. People were supported by sufficient numbers of safely recruited staff to meet their needs and had access to staff support 24 hours a day.

People's medicines were managed safely. Staff understood their responsibilities in the event of an emergency such as a fire and learning from any accidents and incidents were discussed in team meetings together with sharing examples of good practice. Staff received training to give them the skills and knowledge to maintain good infection control standards.

People received effective care. People were supported by staff who had received training and supervision for their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff helped people with making their breakfast and some snacks however, people were responsible for making their own arrangements for mealtimes. Staff contacted health professionals such as GPs on behalf of people if needed. The service worked closely with external professionals such as occupational therapists where possible to help ensure people received the right support.

People told us they were treated with dignity, respect and kindness. People were supported to make choices, influence decision making and to be as independent as possible. People were involved in planning their care and confidential information such as care plans was stored securely to promote people's privacy and dignity.

Care plans provided detail about people's care needs and specific health needs so that staff could recognise

if a person's health condition deteriorated and further support was needed. The service was responsive to people's changing needs and daily records were completed to indicate the care and support that had been provided. People arranged their own activities within the complex and were regularly asked for their views about how the service was performing and what they felt about their care and support. People knew how to make a complaint if needed and this information was available to them in their care plans.

People said the service was well managed. Staff enjoyed working at the service and said they felt supported in their role. Quality assurance audits were effective in identifying shortfalls and bringing about improvements. People who used the service confirmed they were continually asked if they were satisfied with the care and support provided. The registered manager kept themselves up to date with changes in practice and legislation and informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

Further information is in the detailed findings below

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Thorley

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 comprehensive inspection was undertaken by one inspector on 26 November 2018 and was announced. We gave the provider 48 hours' notice of the inspection visit because the location provides a supported living service. We needed to be sure that there would be someone available to support the inspection.

The provider had completed and submitted a Provider Information Return (PIR) in October 2018. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and any improvements they plan to make.

We reviewed information we held about the service including notifications. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur in the service.

During our inspection we spoke with the registered manager, the operations manager, two staff members, five people who received care and support and one relative.

We reviewed some of the records including three people's care and support plans, staff recruitment documents and staff training records.

Is the service safe?

Our findings

People felt safe using the service. One person said, "I do feel safe. That is because they are here to help me." Another person told us, "I feel safe, even when being hoisted." A further person said, "It gives me great peace of mind knowing I get help when I press my pendant. This helps me to remain as independent as possible."

Staff knew how to recognise and report abuse. Information was available for staff to access in the event they suspected a person may be at risk of abuse. One staff member told us, "If I had a safeguarding concern I would speak to the registered manager but we have a safeguarding flowchart which I would follow." Another staff member said, "If I had a concern I could go to the registered manager or straight to the Metropolitan safeguarding team." The management team had reported concerns appropriately to the local authority safeguarding team for review.

People had individual risks to their health, safety and wellbeing assessed and plans were in place to mitigate these risks. For example, a person who had experienced some falls had a risk assessment in place to help keep them safe. The risk assessment guided staff to check the person's environment was free from trip hazards and detailed that the person wore a pendant alarm to call for help if needed. Risk assessments were regularly reviewed alongside the person's care plan to ensure that the care given continued to be safe.

People were supported by sufficient numbers of staff to meet their needs. The care provided varied from half an hour a week for one person to four calls a day for another person. The service had been using agency staff to cover for the loss of some permanent staff members. The registered manager reported full agency profiles were obtained for each staff member provided by the agency and that agency staff completed two shadow the shifts before they were able to work unsupervised. The registered manager reported they had successfully recruited three new staff members and there was one further vacancy waiting to be filled.

People who used the service had access to staff support 24 hours a day. Staff were deployed from 7am to 09:30pm and there was a waking staff member available overnight in the event of an emergency. The registered manager had worked with people's relatives and social workers to obtain extra support for people whose needs had increased over time. This had resulted in a great improvement in people's well-being. For example, one person had been eating better because staff had time to sit and encourage them to eat.

Staff had been through a robust recruitment process prior to starting work at the service. We reviewed recruitment documentation for two staff members and found all necessary checks had been completed prior to staff members starting to work with people who used the service.

People's medicines were managed safely. Staff provided varied support for people to take their medicines based on people's abilities and wishes. For example, staff reminded some people to take their medicines and administered medicines for others. The medicines were checked routinely to help to minimise any risk of error. Staff had received training and their competency to provide this support had been assessed.

Staff had not always recorded how many tablets had been administered when the prescriber's instructions stated, "One or two tablets as required." This meant that it would not be possible to undertake an effective audit of the medicines held and if emergency health practitioners were called they would not have an exact record of the medicines people had taken. We discussed this with the management team, the registered manager had already found this area of shortfall and was putting systems in place to address this.

Staff understood their responsibilities in the event of an emergency such as a fire and confirmed that regular fire drills were undertaken. Each person who lived at Parkside had a personal emergency evacuation plan and the fire service had attended a coffee morning at Parkside to talk with people about fire safety. The registered manager reported that all staff were booked to attend fire warden training, a staff member we spoke with confirmed this.

People who used the service were highly independent and there had been few incidents for the management team to use as learning events. All accidents and incidents were recorded giving the provider's senior management team a clear overview. The outcomes of lessons learned were discussed in team meetings together with sharing examples of good practice. For example, a person continually experienced falls as a result of their specific health condition. There had been no major injuries however staff had worked with the person to encourage them to use their walking frame and worked with the occupational therapist around the times of their visits to the person which had effectively reduced the number of falls the person had.

Staff received training to give them the skills and knowledge to maintain good infection control standards. Personal protective equipment was available and people told us that staff used this appropriately in their work.

Is the service effective?

Our findings

People received effective care to meet their needs. A person who used the service told us, "I think staff do have the skills they need, they stand back and only intervene when they need to. They give me a lot of help."

People were supported by staff who had received training for their role. Staff said they felt well equipped for their role. The operations manager told us that the training matrix flagged up when refresher training was due. Staff told us that training was delivered as a mixture of face-to-face and e-learning.

Staff confirmed that there was a programme of supervision which meant they met formally with a line manager regularly. The registered manager had an aim to ensure all staff supervisions took place a minimum of six weekly. Staff told us they felt supported in their role by the registered manager. A staff member told us, "It is much better now, [registered manager] is much more efficient and you know where you stand. Firm but fair."

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.

We checked whether the service was working within the principles of the MCA. The management team advised that where people lacked capacity their relatives provided support with decision making. The management team understood how to access support from the local authority for best interest meetings if these were needed.

Staff assisted people with making their breakfast and some snacks. People told us they had meals delivered which they reheated when they wished to eat them. A staff member said, "The additional hours secured by the registered manager has made a world of difference. It has enabled us to take our time to support a person to eat better which has been positive for their health and wellbeing."

People were responsible for making their own health appointments. The registered manager advised that staff contacted health professionals such as GPs on behalf of people if needed. This was generally when people found it hard to use the telephone due to their communication or hearing. People's health needs were documented in their care plans so that staff had awareness of people's individual health conditions. Staff told us the service worked closely with external professionals such as occupational therapists where possible to help ensure people received the right support. A relative said, "[Registered manager's name] was marvellous. My [relative] had a mini stroke last week and all the staff were marvellous in the care and support they provided. I can't thank them enough."

Is the service caring?

Our findings

People were treated with dignity, respect and kindness. People were positive about their experiences with staff. One person said, "I am very happy with the care and very happy that [registered manager's name] is back here as manager." Another person told us, "They (staff) are very caring, they come when you call for help. I feel they are friends, which is lovely when you are on your own. I am happy, I wouldn't want to leave here." A further person said, "The staff are very good, they are very kind and caring. They treat me with respect and dignity. They are very clever, they keep out of the way but are here if needed."

We noted that as staff went about their work they spoke respectfully with people as they passed and knocked on doors. They either waited for the person to call out for them to come in or waited for the door to be answered.

People were supported to make choices and influence decision making. For example, the operations manager explained to us that a consultation had taken place with people about the refurbishment of the communal areas. People were consulted about the colour schemes and fabrics to be used. The service had worked with the University of Stirling with regards to creating a dementia friendly environment. Staff told us, "It is very friendly and homely, people have a choice about the times of their care calls where possible."

People were supported to be as independent as possible. Care plans included guidance to support staff to help people maximise and maintain their independence. People told us they valued their independence and felt that was the thing they appreciated the most about the service. A person said, "I would recommend the service, they give you as much independence as possible. I don't know what I would do without them."

People were involved in planning their care. Care records showed that people were involved when care commenced and at each review thereafter. Part of the review process was to check if people were still satisfied with the overall service they received and they signed the care plan to confirm this.

Confidential information about people was stored securely to promote their privacy and dignity. People kept a copy of their care plan in their own apartments and a duplicate copy was held by the staff team.

The registered manager told us that there were no advocacy services involved at this time. However, they described instances where they would access advocacy services to support people to with making specific decisions.

Is the service responsive?

Our findings

Care and support plans were written with clear guidance to staff to help ensure they delivered care in a way that met people's needs, took account of their preferences and was safe. Care plans provided staff with information about people's specific health needs so that they could recognise if a person's health condition deteriorated and further support was needed.

The service was responsive to people's changing needs. For example, the registered manager had identified that some people's needs had escalated and the care hours provided were not sufficient to meet their needs safely. They had worked with the person's relatives and social worker to increase the number of hours provided.

Daily records were completed by staff to indicate the care and support that had been provided.

People who used the service arranged their own activities within the complex. For example, a handful of people joined in with regular coffee mornings and there were film afternoons and arts sessions that were led by people who lived in the apartment block. A group of people met in the afternoons to knit, talk and listen to music in a communal area of the building. A children's nursery close by had started fortnightly visits for the children to chat with people, play games and do some drawing. The first visit was on the day of the inspection, people told us that they thoroughly enjoyed seeing the children and were looking forward to the next visit.

A recent survey questionnaire had shown that people wanted to go out and about on day trips. The operations manager reported that in response to this the budget now had an allowance for this activity. This showed that the provider was responsive to people's suggestions and wishes.

At the previous inspection in 2016 people's relatives told us that they had found it difficult to speak with the registered manager about any concerns. This was because the relatives were only able to visit at weekends when the registered manager was not in the office. To address this the registered manager had a suggestions box installed outside the office for people to post anything they wished to bring to the managements' attention. The current registered manager had an 'open door' way of working and people felt they were more accessible.

People knew how to make a complaint if needed and this information was available to them in their care plans. The registered manager reported that there had been no complaints received since they had been in post. The operations manager confirmed that there had been no complaints received about the care, although there had been some issues raised regarding the environment, which were being dealt with appropriately. A person told us, "I don't think I have any need to complain at the moment but I know who to go to." Another person said, "I have no complaints. I am extremely happy with the way I am treated here."

Is the service well-led?

Our findings

People told us the service was well managed. A person told us, "I would recommend the care I have here." Another person said, "I consider myself very lucky to be here. They are very caring people and it is very well organised."

Staff told us they enjoyed working at the service and said they felt supported in their role. A staff member told us, "Very supportive manager, [name of registered manager] knows what is going on, they don't just sit in the office." Another staff member said, "It's a nice atmosphere, we work well together as a team. I would recommend the service to people requiring support or staff looking for work."

Staff meetings were held to enable staff to contribute any ideas they may have to improve the service and to discuss matters relating to people's needs. For example, a person who had developed a risk of falling, a person's needs had escalated and more time was needed for their morning care and a person who had started to need help with their finances. This showed that staff members were involved in decisions in the service and kept up to date with any changes that took place.

Quality assurance audits were completed by the operations manager. When shortfalls were identified, action plans had been developed and were monitored until the necessary actions had been completed. For example, the audit found that some staff members had not had their competency to administer medication assessed. The action plan included a date for completion as 30 November 2018. An update showed that staff had been given a copy of the medication workbook to complete by 31 October 2018, after which they would be reassessed. Staff we spoke with had been assessed as competent to administer medicines. This showed the quality assurance audits were effective in identifying shortfalls and bringing about improvements.

Spot checks were undertaken where senior care staff visited people whilst staff delivered their support. The senior checked the way the staff member entered the persons flat, how they greeted the person, observed their attitude, how they interacted with the person and how they completed their care tasks and the daily records. Feedback from these spot checks helped to inform the supervision process.

Quality assurance questionnaires were given to all homeowners about the property and services but not specifically the care. However, people who used the service confirmed to us that they were continually asked if they were satisfied with the care and support provided. The registered manager reported that the newly appointed well-being coordinator would meet with people at least monthly to explore their satisfaction with the care provided. The most recent surveys had been completed in September 2018 and a meeting was arranged for December 2018 to discuss the outcomes and develop an actions plan to address any issues identified.

People told us the registered manager spoke with them frequently and occasionally delivered their care. The registered manager told us this gave them the ideal opportunity to confirm that people's care packages were appropriate to meet their needs.

The registered manager kept themselves up to date with changes in practice and legislation by networking with other registered managers, undertaking routine training, reading external publications and accessing the CQC website.

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 registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.