

Metropolitan Housing Trust Limited

Popis Gardens

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 22 and 23 February 2017 and was unannounced. We carried out this inspection due to concerns we received about the service. At the last inspection on 12 October 2016 the provider was found to be meeting all the standards we inspected. At this inspection we found that they were not meeting all of the regulations. This was in relation to safety, staffing, person centred care and management systems. You can see what action we took at the back of our report.

Popis Gardens provides accommodation and personal care for up to ten adults with learning disabilities. The accommodation is split between two bungalows. There were seven people using the service at the time of this inspection.

The home did not have a registered manager. The manager had been in post since October 2016 and had started the process to register with Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

Regular reviews of care plans and risk assessments had not been routinely undertaken to help ensure that people's care remained appropriate to meet their needs. Potential risks to people's safety and welfare had not been identified and managed appropriately.

Some staff told us that they had not always felt supported in their roles. There had been four managers at Popis Gardens in the past two years and the staff team had found this challenging as each manager had a different approach and a different way of working. Staff had received training in relation to the Mental Capacity Act 2005 (MCA). The service was working within the principles of the MCA however; staff members did not demonstrate a clear understanding of their role in protecting people's rights in accordance with this legislation.

Staff respected people's dignity as much as possible. However, there had been instances where people's personal care had not been provided by care staff of the same gender which had the effect of significantly compromising people's dignity.

People did not always receive food choices, care and support in such a way that met their individual choices and preferences. People who used the service and their relatives told us and our observation confirmed that there was a lack of meaningful activities and engagement opportunities at Popis Gardens.

The provider's governance systems were not used at the home to effectively assess the quality of the service provided. Staff were not confident when raising issues with senior management team as this had not proved effective in bringing about necessary improvements. Continued concerns that had the potential to have a negative impact on the quality of care and support provided had not been identified and managed

appropriately by the senior management team.

People told us that they felt safe living at Popis Gardens. The staff team had been trained in how to safeguard people from avoidable harm and were able to tell us about the potential risks and signs of abuse. People received their medicines safely. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so.

Staff received training to support them to care for people safely. People's weights were regularly monitored and were noted to be stable and there had been no concerns raised by health professionals in relation to people's dietary intake. People were supported to access health professionals as needed.

People and their relatives spoke positively about the permanent staff team and told us that staff were kind and caring. People's records were stored appropriately to help maintain the dignity and confidentiality of people who used the service. External advocacy services had been secured to support people when making important decisions about their lives. People were supported to maintain relationships with their relatives.

The environment throughout the home was warm and welcoming and people's individual bedrooms were personalised. People's care plans were sufficiently detailed to be able to guide staff to provide individualised care and support. Complaints were managed in accordance with the provider's policy and procedures however; actions had not always been taken in a timely manner.

The manager was already aware of the issues that we identified during the course of this inspection and had made a request to the provider's human resources department for additional support. An interim regional manager had made a commitment to support the manager in addressing areas of concern starting with the staffing concerns.

People who used the service responded openly to the manager and told us they felt supported.

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.

There were insufficient numbers of permanently recruited staff to provide people with consistent care and support.

Potential risks to people's health, well-being or safety had been identified and assessed however; were not kept under regular review to take account of their changing needs and circumstances.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

The provider operated robust recruitment processes.

People's medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People received support from staff who had received training however; the majority of the staff team were not permanent staff and therefore were not directly supervised by the home manager.

Staff had not always felt supported in their roles.

Staff sought people's consent before providing all aspects of care and support but lacked understanding around the principles of the MCA.

People were supported to have a healthy diet.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Same gender care had not been provided on occasions which had the effect of significantly compromising people's dignity.

People's personal and private information was stored securely to promote confidentiality.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's individual needs and wishes and responded accordingly.

People had access to independent advocacy services.

Is the service responsive?

The service was not always responsive.

People's care plans were not always kept under regular review to help ensure they accurately reflected people's needs and wishes in respect of their care, support and goals.

People were not always supported to engage in a variety of activities.

People's concerns were taken seriously however, complaints were not always managed in a timely way.

People were supported to be involved in decisions about their care as much as possible.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The service did not have a registered manager.

The provider's governance systems were not used effectively to identify poor practice or to drive forward improvements.

Staff lacked confidence in the management team.

The culture at the home was not inclusive and enabling and not in line with current good practice.

People who used the service responded openly to the manager and told us they felt supported.

Requires Improvement ●

Popis Gardens

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 22 and 23 February 2017 and was unannounced. We carried out this inspection due to concerns raised with us about the service. The inspection was undertaken by one inspector.

As part of 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.

During the inspection we observed staff support people who used the service, we spoke with three people who used the service, six staff members, representatives of the senior management team and the manager. We spoke with staff from an external agency contracted by the local authority to provide additional support for people outside the home. We also spoke with relatives of four people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services and staff from external support agencies. 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 two 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

People told us that there were not enough permanently employed staff available to support them to undertake activities and to go out and about. One person told us, "I think they could do with more staff because they have to keep running back and forth. They [Staff members] talk about not having enough staff."

Relatives of people who used the service told us that the lack of permanently recruited staff had a negative impact on people's lives. One relative told us, "They do have a lot of agency staff there, that is sad, it is stability that people need." Another relative said, "I think there are probably enough staff for people's basic care needs but not to support people to go out and about often enough." A further relative said that they had always found that there were enough staff on duty but shared their concerns with us that this was usually temporary staff members.

Staff told us that they were frequently short staffed and busy and this was because there were only two fulltime permanent staff members employed. They told us that the provider did use agency staff and bank staff to cover vacancies but that this was not a reliable service and that there were occasions when the agency staff that had been booked had not arrived for the shift. We were told that this had resulted in some people having to stay in bed until late morning and additional cover had been arranged. The management team confirmed that there were two permanent full time staff members available to work at Popis Gardens during the day along with a further two part time staff members.

We were given an example where an agency staff member had worked a long day shift at the home and, because a bank staff member had not arrived to do the waking night shift the agency staff member had stayed on duty to provide waking night cover. This meant that the agency staff member had been on duty at the home for a 24 hour period and had the potential for risk to both the agency worker and people who used the service.

Staff told us that the high dependency on agency staff had a negative impact on the permanent staff team and the people who used the service. For example, bank and agency staff did not always complete food and fluid charts and other necessary records because they did not always consider it to be their responsibility. This meant that the one permanent staff member on duty was doing the routine tasks such as medicines administration and did not always have the time to spend with people who used the service. People who used the service, their relatives and the staff team told us that people did not always receive their support from staff who knew them well and understood their wishes and preferences.

We discussed these issues with the management team who advised that the provider had used an external recruitment agency to assist with recruiting new staff members but that had proved to be ineffective. We were told that this concerning situation had been acknowledged by the provider and that the interim regional manager was due to meet with the provider's operations director the day following this inspection to discuss alternative recruitment strategies and initiatives for the service. We were also told that the provider had agreed to interim actions such as block booking named agency staff for set shifts to bring some

consistency to the service until permanent staff could be recruited. The management team told us they had successfully appointed a deputy manager who was due to start to work at the home imminently.

The management team reported that whilst there were seven people using the service at this time the staffing levels in the home were set for the needs of ten people. This indicated that staffing levels were considered more around the number of people accommodated at the service as opposed to people's specific needs and levels of dependency. We were advised that the staff rotas were currently under review to identify where times of peak activity occurred and to explore if staff could be deployed more effectively to meet people's needs.

Staff told us that the high usage of agency staff had impacted on their ability to make sure that routine care reviews were undertaken. We discussed this with the manager who acknowledged that the monthly reviews of people's needs had not always been done, however, they showed us an action plan they had developed to ensure that a robust system would be in place and working effectively by the end of April 2017.

Risks to people health safety and well-being were assessed and planned for. Records showed that risks had been assessed in such areas as medicines, mobility, personal care, behaviours that may challenge others and staffing levels. The assessments identified the risks and detailed the control measures in place to help promote people's safety and welfare. However, we noted that the risk assessments had not always been reviewed monthly in line with the provider's policies and procedures to help make sure that the risks were current and the measures still effective. The manager reported that these would be reviewed alongside people's care plan reviews by the end of April 2017.

We noted that a fridge that was used to store specific medicines was not locked and was situated in a communal area that was accessible to some of the people who used the service. The fridge contained medicines that could be potentially harmful to people, it was a concern that this potential risk to people's safety and well-being had not been identified and managed appropriately.

These shortfalls amounted to a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People told us that they felt safe living at Popis Gardens. One person told us, "I do feel safe because the staff look after me and the home is designed well." Relatives told us that they felt people were safe living at Popis Gardens. One relative said, "I do feel that [Person] is safe there, the house feels secure."

Staff members had the skills and knowledge to help protect people from the risk of abuse. The staff team had been trained in how to safeguard people from avoidable harm and were able to tell us about the potential risks and signs of abuse. Staff described to us how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers was displayed in the home and was accessible to staff and visitors alike.

People told us that they felt their medicines were managed safely and that they received them safely. One person told us, "The staff explain some of the drugs to me and why it is important that I take them." We found that the stocks of medicines held at the home agreed with the records and that there were appropriate protocols in place, for example to manage the medicine needs of people living with epilepsy.

A number of recurring medicine administration shortfalls had been identified by the management team such as gaps in signing the Medicine Administration Records (MAR). Additional external refresher training

had been provided for the staff team however, when we spoke with staff some established team members did not demonstrate an understanding of the importance of signing MAR sheets promptly when medicines had been administered. To address these shortfalls the manager had introduced a system of weekly 1:1 supervisions with staff members in order to provide additional support and mentoring to the team. Additionally a manager from another of the provider's registered services visited the home during the course of this inspection to undertake an investigation of the extent of the issue and to provide further support.

The manager demonstrated an understanding of safe recruitment practices. The provider's human resource department undertook the necessary checks prior to people starting to work at the service and provided copies of satisfactory references and evidence of completed criminal records checks for the manager to retain at the service.

Is the service effective?

Our findings

People who used the service and their relatives said they were unable to confirm if the staff team had the right skills and experience to do their role effectively.

Staff received training to support them to be able to care for people safely. The manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training including moving and handling, food safety, infection control and safeguarding. The provider had recognised that a number of training modules that had previously been delivered via e-learning had not been effective, consequently this method of training had reduced significantly and been replaced with more face to face classroom training.

Some staff told us that they had not always felt supported in their roles. In the past two years there had been four managers at Popis Gardens and the staff team told us they had found this difficult as each manager had a different approach and a different way of working. The manager confirmed that there was now a schedule of 1: 1 support in place for each staff member and that this was being stepped up to provide additional support and mentoring for the team.

A formal induction process was being reviewed for agency staff members so that they would be made aware of the individual responsibilities for each shift they worked at Popis Gardens.

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. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff had completed the relevant training however; staff members we spoke with could not clearly demonstrate their understanding of their role in protecting people's rights in accordance with this legislation. For example, where people's families had been involved in making decisions on behalf of people who used the service staff were not able to confirm if this had been appropriate involvement.

The manager advised that they were booked to attend MCA training with an external provider in order to give them the skills and knowledge necessary to assess the staff team competencies in this area and to support them where necessary. The manager had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection we noted that applications had been made to the local authority in relation to every person who lived at Popis Gardens and were pending authorisation at the time of this

inspection. People told us, and our observations confirmed that staff explained what was happening and obtained people's consent before they provided day to day care and support.

People told us that they sometimes liked the food but not always. One person said, "Some of the food is too spicy, I only like paprika." People's weights were regularly monitored and were noted to be stable and there had been no concerns raised by health professionals in relation to people's dietary intake.

People told us that their health needs were looked after. One person said, "I felt unwell when I first moved in here, they were really good and looked after me well." People's relatives also told us that they felt people's health needs were managed well. One relative explained to us that a person had been very unwell and told us of the care and support demonstrated by staff members. Another relative said, "I am very happy with the support [person] receives with their health care." We noted that appropriate referrals were made to health and social care specialists as needed. Health action plans were in place and records were maintained where people had been supported to attend appointments or screening services. For example, with GP, dentist or optician. The outcome was recorded along with any action and follow up appointments.

Is the service caring?

Our findings

The staff team tried to respect people's dignity as much as possible and made sure they supported people in the way they wished and encouraged them to remain as independent as possible. However, we were told of an incident where the service had been short of permanent staff and had secured agency staff cover. In this instance this meant that a person who used the service had not been able to receive same gender care they wanted and needed which had the effect of significantly compromising their dignity. The manager was able to confirm that plans had now been approved by the provider to ensure that same gender care was secured from an agency booked in advance to help ensure that this did not happen again.

People spoke positively about the permanent staff team and told us that staff were kind to them. We observed that staff were calm and gentle in their approach towards people.

A relative of a person who used the service told us that the staff members were all kind and caring. One relative said, "They have all made us very welcome and made us feel part of [Person's] life." Another relative told us, "The staff are really, really lovely. I have not met one who made me question why they were working in that environment."

People's care records were stored in a locked cupboard in order to help maintain the dignity and confidentiality of people who used the service. We noted that the cupboard was locked when staff were not using it.

Two people who used the service were appointed an independent advocate to support them in making a decision about moving to a supported living environment.

People were supported to maintain relationships with their relatives. Staff told us that visitors to the home were welcome at any time and relatives confirmed this.

Is the service responsive?

Our findings

People did not always receive care and support that was personalised to meet their individual needs and preferences. For example, choices regarding meals were not individualised. Staff told us that they met with the people in each bungalow each week and devised a menu for the week ahead from their choices. One choice was made for each house and all people had the same meal unless they voiced an objection. Not all people who used the service were able to voice an objection. We reviewed two people's food records and noted whilst that there was some variety that this was very dependent on which staff members were on duty. People were not able to go to the shop and make their individual and informed choices about the food. Staff told us, "People used to be able to go shopping but when Metropolitan took over (New care provider took over this service in December 2014) they removed the cash float so people now do not get the chance to go out and choose the food they eat."

We did not see any activities taking place in either of the bungalows during the inspection. A person who used the service told us, "I think that staff could join in more with what we do. Such as watch DVDs with us, talking with us, listen to music with us." A person told us, "I wish there was a bit more to do, more arts crafts and photography and maybe going out with staff not necessarily agency though. I just sit and watch TV or DVDs. I enjoy that but sometimes I want to do more." Relatives of people who used the service told us that they felt there should be more opportunities for engagement provided. One relative said, "There could be more for people to do. [Person] does a lot of sitting and watching television, maybe some exercise would be good."

Staff told us that there was a lack of activity items such as games and arts and craft items in the home. We discussed this with the manager who acknowledged this shortfall. The interim regional manager confirmed that this was an area easy to address quickly and told us that they would ensure this happened.

An external agency arrived to take a person out for lunch as they did every week. However, the person did not have any money available so they had to stay at home. The manager was able to explain that the person's money was not available for them to use because a second signatory was needed to access money from the person's bank account and this had not been arranged. We were told that this was not a one off situation and that sometimes staff put money in from their own pocket and claimed it back later. Staff from the external agency said, "Sometimes we struggle to access the money needed to take people out."

Staff members told us that the minibus that was available to take people out and about had a broken tail lift and staff told us that this had been the case for at least three weeks. External agency staff told us that this sometimes limited them taking people out because the other service vehicle was being used to transport people to and from the day centre.

We were told that there were occasions when people's personal care had clearly not been provided when the external agency arrived to support people to go out. We were also told there were occasions where the external agency staff had to ask staff to dry people's hair because it was still wet from the shower. We were told of instances where people were inappropriately dressed to go out, for example, flimsy clothing when

the weather was cold or inclement.

We were told that, in order to manage people's needs safely when the staff team were short people were all moved to the one bungalow. This did not take into account individual people's wishes and preferences. People told us that their daily routines were not always arranged around their wishes and needs. For example, where there were instances of just one staff member on duty in one of the bungalows people's routines needed to be flexible. People who used the service said this did not concern them unduly except that it had an effect on activities and engagement.

These shortfalls amounted to a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many personal items such as pictures and ornaments.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, we noted that information was available to help staff to support people if they became upset or anxious. Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs.

We reviewed records of complaints. These were documented to confirm that an acknowledgement was sent to the complainant, an investigation was undertaken and then further contact was made with the complainant to advise them of the outcome of the investigation. However, we noted that one relative had not been satisfied because actions had not been taken in relation to a concern they had raised with the management team.

Is the service well-led?

Our findings

Staff told us that they did not always find the management team to be experienced and approachable and said that they did not always have confidence in the management team. Popis Gardens had experienced four changes of manager in the past two years which had contributed to this lack of confidence. Several staff also reported to us concerns about how a regional manager spoke to them on more than one occasion. We raised this element of concern directly with the provider subsequent to this inspection site visit.

We were told of an audit tool that had been developed to be used by a representative of the provider to undertake routine monitoring of all aspects of the service. The tool was detailed and covered all areas of the service including the environment, health and safety, the diet and quality of the food provided, the level of people's involvement, speaking with people and staff team. The interim regional manager had been in post for just a few days at the time of this inspection and had not yet had the opportunity to undertake this audit at Popis Gardens. Given the level of concerns we identified at this inspection we asked to see the previous two audits undertaken by a representative of the provider. These were not able to be located.

In October 2016 we were advised that there was a company-wide awareness that the on-line food ordering process restricted people's independence and opportunity to make realistic choices and decisions about what they had to eat and drink and that this would be reviewed. Prior to this inspection we had received a concern about a lack of food available for people at the service. We noted that whilst there was a good stock of vegetables in the freezer and a good supply of tinned soup in the cupboard, the fridges were empty. There were no potatoes, no washing powder and we saw limited supplies of ingredients to make healthy meals. Staff told us that the manager had ordered food online in accordance with the provider's policies and procedures but that it had not been delivered and they did not know why. Staff told us that this was not an isolated incident and that they had raised these concerns within the organisation previously. The manager told us that the purchasing card had been declined by the supermarket because the budget set by the provider had been exceeded and there was no cash float available at the home to cover for such emergencies. We noted that there was sufficient ingredients available so that people who used the service would have a cooked meal that day. We escalated this issue to the local authority safeguarding team and to the provider's nominated individual for action to be taken.

Subsequent to this inspection we received confirmation from the manager that the system of food shopping had been changed with immediate effect. They advised us, "People will now be supported to participate in weekly food shopping at supermarkets. This will then eliminate the issue of failed deliveries due to payments being processed. This in turn will ensure that there is sufficient and adequate stocks of food at all times."

We found that continued concerns in relation to staffing levels, significantly high use of agency staff with an instance where an agency staff member worked excessive hours and the lack of funds at a local level to purchase foods had not been recognised as a safeguarding matter by the management team and had not been escalated to the relevant agencies as a safeguarding concern.

These shortfalls represented a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The manager was already aware of the issues that we identified during the course of this inspection. The manager did not have previous service management experience and told us that they had made a request to the provider's human resources department for coaching and mentoring. The interim regional manager had made a commitment to support the manager in addressing areas of concern in the service starting with the staffing concerns. They told us they had already had preliminary discussions around re-arranging the work flow of the day in consultation with the people who used the service, their relatives and staff with a view to removing the stress points which in turn would reduce recording errors and enable staff to spend more quality time with people.

The manager had been in post since October 2016 and had started the process to register with CQC.

We saw that people who used the service responded openly to the manager. One person told us, "The manager is fun, she is very helpful, she explains things to me. She is always very cheerful and that makes me happy here. She takes any fears worries or upsets away."

We were told of a buddy system that had been introduced to share good practice and provide support for the individual service managers. This was planned to start at the end of March 2017.

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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that people received care and support that was personalised to meet their individual needs and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not made arrangements to assess and review the risks to the health and safety of service users. The provider had not ensured that equipment used at Popis Gardens was used in a safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not operated effective governance systems to identify shortfalls in the service provision and to drive forward improvements.