Metropolitan Housing Trust Limited

Popis Gardens

Inspection report

1 & 2 Popis Gardens
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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

The inspection took place on 12 October 2016 and was unannounced.

Popis Gardens provides supported accommodation and personal care for up to ten adults with learning disabilities. The accommodation is arranged over two bungalows. There were eight people living at Popis Gardens at the time of this inspection.

The service did not have a registered manager at the time of this inspection. However, the new manager had commenced the process to become registered. 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.

When we last inspected the service on 05 October 2015 we identified a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to maintain effective infection control practice in relation to the environment. For example, the kitchens and bathrooms in both bungalows had been in need of refurbishment to help ensure flooring and services were 'wipe clean' to support the control of infection.

Following the comprehensive inspection, the provider wrote to us on 27 November 2015 to tell us how they would make the required improvements to meet the legal requirements. At this inspection we found that the provider had made the necessary improvements to help ensure that effective infection control was maintained.

People felt safe living at Popis Gardens. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. 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. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements in place to receive feedback from people who used the service, their

relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the staff management team if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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 supported by sufficient numbers staff who had been safely recruited.

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

Potential risks to people's health, well-being or safety had been identified, assessed and reviewed regularly to take account of their changing needs and circumstances.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received support from staff who received training and were supported to perform their roles.

People were supported to enjoy a healthy diet.

Staff sought people's consent before providing all aspects of care and support.

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

Is the service caring?

Good

The service was caring.

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 advocacy services.

People's dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People's care plans were 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 supported to engage in a variety of activities.

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

People's concerns were taken seriously.

Is the service well-led?

Good

The service was not always well-led.

The service did not have a registered manager.

There was a range of internal audits to help ensure that the service provided was safe and appropriate to meet people's needs.

The provider had arrangements to monitor and audit the quality of the service.

People had confidence in staff and the management team.

The management team promoted an open and respectful culture at the home.

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 12 October 2016 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.

During the inspection we observed staff support people who used the service, we spoke with two people who used the service, five staff members, a representative of the senior management team and the home manager. We spoke with relatives of three 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. 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.

Good

Is the service safe?

Our findings

At the previous inspection of Popis Gardens in October 2015 we had noted that the décor throughout both bungalows was in need of refurbishment in order to maintain effective infection control. For example the laminate had broken down on the kitchen cabinets in one bungalow and the flooring in a bathroom was stained and ripped. At this inspection, we noted that some refurbishment had taken place, kitchens had been refitted, the bathroom had new flooring and communal areas had been redecorated which created a bright and cheery environment for people to live in. The management team were able to confirm that further redecoration of people's personal accommodation was planned.

The front doors to the individual bungalows were not locked. This meant that people were able to let themselves into the home without staff members always being aware they were there. Staff told us that the front doors were locked when they were involved in delivering personal care and not available in the communal areas of the home. Some people who used the service were independently mobile and lacked awareness of their personal safety outside the home. The management team acknowledged there was an element of risk to people's safety and wellbeing which they had not identified or assessed and they undertook immediate action to address this safety concern. The doors to both bungalows were immediately locked and a sign was put in place advising people to ring the bell for attention. This showed us that the management team were responsive to suggestions to support people's safety and wellbeing.

People told us that they felt safe living at Popis Gardens. One person told us, "I am so happy living here, I feel safe and looked after." A relative of a person who used the service told us, "I think [relative] is safe, they (staff) try extremely hard to make sure people are safe."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. They told us that they would not hesitate to use these procedures where necessary and encouraged other staff to do the same. Information and guidance about how to report concerns, together with relevant contact numbers, was available in the home and easily accessible to staff. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

People, their relatives and staff all told us that there were enough staff available to meet their needs. However, one relative told us, "My only concern is that there are too many agency staff and not enough permanent staff. We are always seeing new faces. I think it is important that people have staff that they know providing their intimate care and support." The management team had been making efforts to recruit more permanent staff but still had some vacancies at the time of this inspection. Vacancies were covered by

regular agency staff and regular bank staff who knew people's needs and were able to provide consistent support. Throughout the course of the day we noted that there was a calm atmosphere in the home and that people received their care and support when they needed it and wanted it.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of a recently recruited staff member and found that all the required documentation was in place including two written references and a criminal record check. The staff member confirmed that they had attended a face to face interview and that they had not been able to start to work at the home until all the necessary checks had been made. People who used the service were involved in the recruitment process where they were able.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. Since the previous inspection in October 2015 the provider had installed individual lockable cabinets in people's bedrooms to store their medicines. One person who had expressed a wish to manage their own medicines was supported to do so as far as they were able. People's relatives told us that they were confident that people medicines were managed safely. We checked a random sample of boxed medicines and found that stocks held agreed with the records maintained.

Good

Is the service effective?

Our findings

People's relatives told us that the care and support provided at Popis Gardens was appropriate to meet people's needs. One relative said, "[Person] is looked after well and they are very happy there." Another relative told us, "I am pretty happy with the staff, they look after people well. I can't really fault them at all to be honest."

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. Records showed and staff members confirmed that training had been recently been completed in areas such as food hygiene, personal safety and choice, control and independence. Staff told us that some training was delivered via e-learning modules and some elements were undertaken as classroom learning. The management team showed us that competency assessments were undertaken after e-learning modules to confirm staff's awareness and understanding.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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. All staff had completed relevant training and had an understanding of their role in protecting people's rights in accordance with this legislation. A person who used the service told us that staff always asked them for their consent to care. However, some people who used the service did not have the capacity to understand what they were being asked or to provide their consent. Mental capacity assessments were in the process of being completed for all people who used the service in conjunction with local authority representatives.

The management team demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restriction placed on a person's liberty was lawful. At the time of the inspection applications had been made to the local authority in relation to all the people who lived at Popis Gardens and were pending authorisation.

People told us that they were provided with a good choice of food and that they had a weekly house

meeting in each bungalow where the menu was decided upon for the week incorporating people's choices.

At the previous inspection in October 2015 we were advised that the provider's policy was for home managers to do food shopping online with a nominated supermarket. One person who used the service had the capacity to use a computer independently and they enjoyed helping with the shopping in this way. This was still the case however, the management team reported that there was a company-wide awareness that this process restricted people's independence and opportunity to make realistic choices and decisions about what they had to eat and drink and that this was currently under review. We saw an example where a person was offered a choice of lunch by being shown four options. The person indicated their choice by pointing and this was then provided for them by staff member. This showed that the staff team did as much as they could to maximise people's choices in relation to the food.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people`s needs. Records showed that where a concern was identified staff monitored people's weight and any concerns were managed with support from the GP and an external dietician.

Relatives told us that people's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. One relative told us that their family member lived with a condition which required constant monitoring to keep them safe and well. They said, "They seem to manage [Person's] health needs well, they are fit and well."

Records confirmed that appropriate referrals had been made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists.

Good

Is the service caring?

Our findings

Not all of the people who used the service were able to tell us about the care and support they received due to their complex needs. People that were able to communicate told us that staff treated them with kindness and respect. People's relatives told us that they were satisfied with the staff members who cared for their family members. One relative said, "Incredibly so. [Person] loves Popis, within weeks of living there [Person] was calling it home."

Staff were calm and gentle in their approach towards people and appeared genuinely happy in their roles. Staff respected people's dignity at all times and making sure they supported people in the way they wished and encouraging them to remain as independent as possible. During our inspection we observed that staff were always courteous and kind towards people they supported. For example, after a person had eaten their lunch we observed a staff member approach them with a cloth and they said, "I just want to give your mouth a wipe, is that all right?" This showed us that staff tried to involve people with decisions about their support whilst helping promote their dignity by supporting them to be well presented.

Throughout the day we noted there was good communication between staff and the people who used the service and they offered people choices. For example a person was offered a choice of lunch by being physically shown four options. The person indicated their choice and this was then provided for them by a staff member. Another example was where a staff member supported a person to choose a coat to wear for an outing by showing them two coats to decide between.

The environment throughout the home was warm and welcoming. People's bedrooms were decorated individually and reflected the person living there.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with support staff and management alike. We observed all staff interacting with people in a warm and caring manner listening to what people had to say and taking action where appropriate.

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

Relatives and friends of people who used the service were encouraged to visit at any time. One relative said, "Visitors are very much encouraged. [Team Leader] is trying to arrange regular social events in the home to help to further development family involvement." Another relative told us, I drop in when I am passing, there have never been any restrictions."

Good

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans.

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. People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example one person's care plan stated, "I don't like it when people turn their backs to me when we are talking", and, "I like to be independent and do more for myself so I don't like it when people take over, I will ask for support when I need it."

Care plans included clear information for staff about equipment that people needed in their daily lives such as wheelchairs, grab rails and bedrails. There was guidance for staff about how people used these pieces of equipment to maximise their independence and the additional support that staff needed to provide.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs. For example, we noted one person's care plan had been updated in response to them experiencing some falls. Previously, the care plan had stated that the person could be left to relax in the bath without supervision. Subsequent to the falls the person's care plan had been amended to indicate that they should not be unsupervised in the interests of their safety and wellbeing.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. A relative told us, "They move very quickly. [Person's] needs have changed very fast in the past few months. We have been kept up to date and been included in plans to help meet [Person's] changing needs." This demonstrated that people's needs were responded to and actions were completed to improve outcomes for people.

People's relatives were invited to attend monthly review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives. There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Popis Gardens.

There were a variety of activities arranged for people who used the service. For example, we noted that arts and crafts events had taken place and an external musician had visited the home and entertained people with individually personalised songs. People had been supported to go to a weekly club, to the cinema, to events at a local theatre and have birthday parties and movie nights. People were supported to go on outings to places of interest such as a zoo and a museum of aviation history. Members of management team told us that people's relatives had been invited over to dinner to help promote family interaction. They told us that this had been successful and had made people's faces light up with pleasure. The management team told us of plans to further increase people's social experiences by inviting people's friends and relatives to events such as a Halloween party, a family quiz night and an 80's disco at New Year.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the management team. The home manager told us that no written complaints had been received since they had been in post at the home. They told us that any concerns raised verbally were managed in the same method in accordance with the provider's policies and procedures.

Good

Is the service well-led?

Our findings

People who used the service and their relatives knew the manager by name and felt that they were approachable with any problems. One relative told us, "The management team are very much on top of things and I have seen gradual improvement in such areas as the environment."

The service did not have a registered manager at the time of this inspection however, a newly appointed home manager had commenced the process of applying to register with CQC.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. One staff member said, "The manager is very good. They look after staff and their well-being." Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home.

The manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

There were a range of checks undertaken routinely to help ensure that the service was safe and met people's needs. These included such areas as routine health and safety checks, records keeping, infection control and staffing matters. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. This showed us that the manager and provider were committed to providing a safe service.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the manager along with suggested actions. We noted that annual satisfaction questionnaires had been recently distributed and some relatives we spoke with confirmed they had completed and returned the surveys.

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