

HF Trust Limited

HF Trust - 1 Foxlydiate Mews

Inspection report

1 Foxlydiate Mews
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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 

Overall summary

This inspection took place on 24 August 2015 and was unannounced. Foxlydiate Mews is a short break service which provides accommodation and personal care for up to five people with a learning disability. The service also provides a day care service, which, while the Care Quality Commission does not regulate, it did provide us with the opportunity to meet people who use the short break service and talk with the staff who provide care across

both services. At the time of our inspection there were no people using the short break service, however we were able to speak with people and their relatives of those who had stayed over the weekend period.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People lived in a safe environment as staff knew how to protect people from harm. We found that staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

People told us there were enough staff to help them when they needed them. Relatives and staff told us there were enough staff to provide safe care and support to people. Advanced planning meant that staffing levels were reviewed and reflected the needs of people who stayed at the service. People's medicines were checked and managed in a safe way.

People received care and support that met their needs. Care and support was provided to people with prior consent and agreement. Staff understood and recognised the importance of this. We found people's independence to eat a healthy balanced diet was promoted. People were supported with enough fluids to keep them healthy. We found that the service provision had close working relationships with external healthcare professionals, such as the learning disabilities nurse and people's social worker.

We saw that people and their families were involved in the planning around their care. People's views and decisions they had made about their care were listened and acted upon. We found that staff treated people kindly, with dignity and their privacy was respected.

Information was provided to people in how they could raise a complaint should this be required. Relatives told us that they would know how to make a complaint and felt comfortable to do this should they feel they needed to. Where the provider had received complaints, these had been responded to. While there were no patterns to the complaints, learning had been taken from complaints received and actions were put into place to address these.

The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively. We found the provider encouraged people's learning and development and gave recognition where staff had made positive differences to people's lives.

We found that the checks the registered manager completed focused upon the experiences people received. Sharing knowledge and improvements with the providers other services took place. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve the service provision.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were cared for by staff who had the knowledge to protect people from the risk harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People were promoted their independence with maintaining a health balanced diet. People received care they had consented to and staff understood the importance of this.

Good



Is the service caring?

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Good



Is the service well-led?

The service was well-led.

People were included in the way the service was run and were listened too. Clear and visible leadership meant people received good quality care to a good standard. Staff were involved in improving and developing the service.

Good



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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 24 August 2015 and was unannounced. The inspection team consisted of one inspector.

As part of the 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 by law.

We spoke with three people who used the service and two relatives. We spoke with two external healthcare professionals who work with the service provision. We also spoke with five staff and the registered manager. We looked at one person's care record. We also looked at provider audits for environment, complaints, people and staff meeting minutes.

Is the service safe?

Our findings

All people we spoke with told us they felt safe when they visited the service. People told us that they were happy and with the staff who supported them. They said that if they needed staff during the night time staff were there to support them. Relatives we spoke with felt that the service provided people with a safe environment. One relative said, “I have got confidence in the staff that they look after (the person) and take care of their wellbeing”.

Staff showed a good awareness of how they would protect people from harm of abuse. They shared examples of what they would report to management or other external agencies if required. Relatives confirmed that the home encouraged them to discuss any concerns that they may have.

We saw that the registered manager had assessed people's individual risks in a way that protected people and promoted their independence. For example, one person was at risk of injury should they have a seizure. All staff we spoke with knew the person well and how to support the person during a seizure to protect them from injury. We found that where the person had sustained some bruising, these were recorded, checked by the registered manager and where necessary external health care professionals to ensure the bruising was through the seizure and not physical abuse.

Relatives told us they felt there was enough staff on duty to keep people safe. Relatives told us that they had no

concerns about staffing levels within the service. Staff we spoke with felt the way the service was managed meant the staffing levels were safe and did not impact on the people who used the service. All relatives, staff and external healthcare professionals felt that people's needs were met in a way that kept people safe.

The registered manager explained to us how they ensured there were enough staff to meet people's needs in a safe way. The registered manager had detailed assessments which provided information about individuals care needs. The registered manager used this information along with selected dates for the person to stay for their short break to schedule for the year ahead. This ensured there was a suitable skill mix of staff to meet people's health and social care needs. The registered manager told us how these dates may change, for example if the relative had booked a holiday. They told us people short stay dates could be re-arrange by working with other families.

Relatives we spoke with raised no concerns about people receiving their medication. A relative said, “They check it all in with two staff and then check it all back out again when they come home”. Staff spoke about people's medication, how and when they needed it and what affects they were likely to have on people. Where people had medication prescribed ‘when required’, for example, a rescue medication for a person had a seizure, staff were able to demonstrate a good understanding about when this should be given and how much. All staff knew where this information could be found in the event of an emergency.

Is the service effective?

Our findings

While people may have been unable to tell us how knowledgeable the staff were to carry out their roles effectively we did speak with their relatives. Both relatives we spoke with felt that staff who cared for their family members knew how to meet their needs in the right way. One relative said, “I’m happy with the care and the staff”. A relative told us, “The staff have been good in getting to know them and have really built up their confidence”. A healthcare professional told us, “The staff always seem to be able to work to people’s individual strengths”. Another healthcare professional told us how the registered manager and staff sought and followed their guidance and advice and “recognised the impact their care and treatment have for the person”. They went on to say that the staff work “very well in supporting people with their care”.

Staff told us that they had completed training that was relevant to people they cared for. They told us that they received further training where people’s care and support needs changed. Staff provided an example where as a person developed a dementia related illness, the provider ensured staff attended dementia awareness training. Staff told us that with this knowledge they could continue to support and meet the person’s needs.

We spoke with two staff members who had recently begun working for the service. They told us that they felt supported within their role. They told us that training, discussions with senior staff and the registered manager was a large part of their learning. They told us that where people had specific care needs, they did not provide the person with support until they had completed the training and were assessed to be competent within that role. For example, staff spoke of a person who was at risk of choking when they ate. They knew that specific training was required before they supported the person while they ate.

Staff told us how they were given time to read people’s care records to gain an understanding into the support they required. They told us they had the opportunity to discuss their learning and development at regular one to one conversations with the registered manager. All staff we spoke with told us they were well supported by the registered manager and their colleagues and felt confident to ask questions.

Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. We saw that people’s capacity was considered when consent was needed. The registered manager told us about people who felt they were being restricted of their rights. The registered manager told us how they were in the process of taking appropriate action and submitted the applications to the relevant local authority.

People who we spoke with told us they enjoyed the food at the home. We found that people were supported to maintain their independence and would plan, prepare and cook their own food. Staff spoke of how people were given the choice of cooking in the home or going out for a meal if they wished.

Staff were able to tell us about people’s individual diet and fluid intake. They could tell us about a person who was required to sit in a certain position to reduce the risk of choking. They explained to us about how a person was monitored for their fluid intake, as they were at risk of drinking too many unhealthy drinks and how this could affect their health. They gave examples of how they supported people to maintain their independence in making their own drinks.

The registered manager and staff told us about the close working relationships that they have with external healthcare professionals. They explained how they worked with the healthcare professionals when a person was beginning to use the service, for example, transitioning from children’s services to adult services. Or when a person’s care needs had changed and a review of the person’s care was required or advice was needed. We spoke with two external healthcare professionals who told us that the registered manager and staff had people and their relative’s best interests at heart. They explained how staff took the time to work with them to ensure they were meeting the person’s needs. One healthcare professional told us how they had worked with a person with complex healthcare needs. They explained that staff recognised the impact their care had on the person and wanted to achieve the best possible outcome for them. They said, “They always go the extra mile to support the person”.

Is the service caring?

Our findings

People told us that staff were kind towards them. A relative we spoke with told us how the registered manager and staff knew people well. They went on to say how the registered manager acknowledged a friendship that had developed with another person who used the service. They told us that plans had been put in place to ensure that, where possible, they attended short break stays together so that they could continue their friendship. The relative told us that the person was, “Happy when the other person was around”.

Staff we spoke with knew people well. They spoke about people as individuals and told us about how people’s independence was promoted, for example, making their own drinks, to tidying the arts and craft equipment following their art session.

A relative told us that their family member had attended ‘tea visits’. These are periods where the person visits the short break service for a few hours to be able to have the time to settle in and familiarise themselves with the staff, other people who use the service and the environment. They then progressed onto overnight stays. The relative told us that the service had, “Given (the person) confidence”. A healthcare professional told us how people they had worked with to transition into the service had done so well because of the staff support. They said, “The staff take the time to get to know people and they seem to settle well”.

Staff told us how they worked with people to ensure their views about their care and support were listened to. Staff provided an example of a person whose temperament would fluctuate. They told us of the initial signs they would look for to indicate the person was not enjoying a particular activity that they were doing. Staff knew the person well and knew what activities the person enjoyed so they would offer the choice of the person’s favourite activity. They told us that when this happened the person would be calm and settled.

Staff told us how some people had a favourite room they preferred to stay in. Staff told us how important this was to people, as consistency was a paramount in supporting people. One person who we spoke with told us that they were able to choose their favourite room.

Relatives told us that there were always staff present to greet the person on their arrival, who ensured the person was settled before they left. Relatives told us that the staff were always welcoming. We were able to have the opportunity to see that staff spoke to people in a respectful way and maintained people’s dignity. Where staff were required to discuss people’s needs, these were not openly discussed with others. Staff spoke respectfully at all times about people when they were talking to us or when talking with other staff members.

Is the service responsive?

Our findings

People and their relatives were involved in the development and review of their care. A relative told us how they could talk to staff at any time, or write updates in the communication book that was shared between staff and the relative.

We found that people's needs were assessed and reviewed when these needs changed. The service worked with external healthcare professionals to ensure that individuals were receiving the care and treatment was planned and delivered in line with their individual care plan. Healthcare professionals confirmed that the staff worked with them and the families. One healthcare professional said, "They always go the extra mile to provide people with the right support". For example, when one person's healthcare needs had changed staff worked with the learning disabilities nurse and the person's family to ensure all aspects of the person's care needs were being met.

We found that staff worked with the families and were able to recognise when the person may require further short breaks in order for the relative to care for their own well-being. Staff told us that building relationships with the families was important to be able to build the person's trust. We spoke with staff about some people's care needs. All staff we spoke with knew about the person's health care needs and what support the person required. Staff told us that people's most recent information was on the provider's computer system. It would highlight to staff the most relevant and up-to date information about the person's care and support needs. Staff told us that they would speak with the person to ensure they were providing care to them the way in which they preferred. Relatives we spoke with told us that staff always respected people's decisions about their care.

Staff knew people well and their likes and dislikes. This information was initially found from assessment of the person's care and then through continual communication. Staff gave examples of how one person enjoyed swimming and they took the person most days. One staff member told us, "They are really good at swimming and they really do enjoy it".

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had provided information to people about how to raise a complaint; this was also available in an easy read format. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome.

Relatives, staff and external healthcare professionals felt confident that something would be done about their concerns if they raised a complaint. A relative who we spoke with said, "I would ring [the registered manager] if I needed to, but everything is fine, I haven't needed to complain".

We looked at the provider's complaints over the last twelve months and saw that two complaints had been received. We found that these had been responded to with satisfactory outcomes for the person who had raised the complaint. There were no patterns or trends to the complaints raised, however we did see systems were in place that showed lessons had been learnt. For example, where there had been a complaint regarding transport costs, due to lack of clarity given, a letter explaining transport costs was sent to all relatives to provide a clear explanation.

Is the service well-led?

Our findings

People had the opportunity to contribute to the development the way the service was run. We saw examples where the registered manager had listened and promoted the views of people who used the service. For example, following a survey that was sent to people a theme was recognised. This theme was that due to the nature of the service, some people would not see the friends they had made during their stay for long period of time. The registered manager told us how they had discussions with people as to the best approach for this. People suggested a club, where they could meet at organised events throughout the year. These clubs were organised by the staff and ranged from, outings to the pub for a quiz, to going on a group holiday.

Relatives we spoke with told us that they had the opportunity to contribute to the running of the service through organised coffee mornings. This gave relatives the opportunity to discuss the service provision. The registered manager told us that a survey had been sent out to relatives; however the results were not back in. They told us from previous surveys relatives had also raised their thoughts about people being given the opportunity to develop friendships made during their stay at the service. Relatives told us that if they had anything they wanted to discuss with the registered manager they were available and listened to them.

Staff told us they felt supported by the registered manager and their colleague. All staff members we spoke with told us they enjoyed their role. Staff had confidence in the registered manager to be able to make positive changes should they have any concerns. One staff member said,

“You can always put your suggestions forward”. All staff we spoke with told us that people worked as a team. We saw staff were encouraged in their development and learning and recognition was given for the good work staff had done. We were told of four staff members who had been given a Going the Extra Mile (GEM) award for their care and understanding for one of persons they had supported.

Relatives and staff told us that the registered manager was visible within the service. External healthcare professionals confirmed that the registered manager's communication was good and they had a good working relationship with them. We were told by all who we spoke with that they were approachable and felt able to talk to them in passing, or to visit them in their office. Staff told us that the registered manager was hands on with care and spent time talking with people to make sure they were okay.

The registered manager had checks in place to continually assess and monitor the performance of the service. They looked at areas such as environment, care records, staffing and training. This identified areas where action was needed to ensure shortfalls were being met. For example, it was identified that staff member's annual appraisals had not been completed. This was due to senior members of staff being away from work. The registered manager put plans in place to ensure all staff received their annual appraisal promptly.

The registered manager told us they felt supported by the provider. The registered manager had the opportunity to share learning across the providers other services to share knowledge of what works well in other service provisions. The registered manager talked about their support they received and their own opportunities for development and learning.