HF Trust Limited

HF Trust - 330 Westward Road

Inspection report

330 Westward Road
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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

This inspection took place on 5 December 2016 and was unannounced. The home at 330 Westward Road provides accommodation for six people who require personal care. There were five people living in the home at the time of our inspection. The home provided personal care and support for people with learning disabilities. The home had a lounge and a kitchen/dining room area, and six bedrooms set across two floors. People could freely move around the home and had access to a secure and private back garden.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

People required various levels of support. Some people were independent in their personal care, managing their medicines and activities in the community, whilst others needed full support from staff. They had access to a variety of activities in the home and in the local community. Staff supported people to contribute towards daily activities and cleaning chores around the home.

People felt safe living at the home. They were cared for by staff who were kind and caring. Staff understood their responsibility to protect people from harm and support them to manage their risks.
Staff were aware of their responsibilities to report any accidents, incidents or safeguarding concerns. They showed concern for people's wellbeing in a caring and meaningful way and responded to their needs quickly. People's care records showed relevant health and social care professionals were involved with people's care. People received their medicines as prescribed by staff who had been trained in the management of their medicines.

People were involved in the planning for their support. Their support plans were personalised and reflected their support needs and preferences. However, people's daily activities and well-being were not consistently recorded. Where there had been some shortfalls in the recordings of people's risks, daily activities and medicines this was addressed immediately.

Staff understood the importance in providing choices to people and acting in people's best interests. They were encouraged to contribute towards the planning, shopping and preparation of their meals. There were adequate numbers of staff to support people in the home and attend activities in the community. Systems were in place to ensure new staff were appropriately recruited. Staff were suitably trained and supported to carry out their role.

The provider and staff valued people's opinions and experiences of the support they received. People had the opportunity to attend house meetings or provider meetings (both locally and nationally) to express their views. People's day to day concerns and issues were addressed immediately. Relatives felt confident in the management and the running of the home. The managers and provider monitored the quality of the service

provided by carrying out regular checks.

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

This service was safe.

Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse. People's risks had been identified and were being managed well. People's finances and medicines were managed well.

There were sufficient numbers of staff to meet the needs of the people. Adequate recruitment processes were in place to ensure people were cared for by suitable staff.

Is the service effective?

Good

This service was effective.

Staff had been supported and trained to carry out their role.

Staff understood the importance in providing choices to people and acting in people's best interests.

People were supported to maintain a healthy diet.

Staff were knowledgeable and trained to support people with complex needs.

Is the service caring?

Good

The service was caring.

People were supported and spoken to politely. Their privacy and decisions were respected and valued by staff.

People were encouraged to become more independent.

Staff were kind and knew people well. People were positive about the support they received from staff.

Is the service responsive?

Good

The service was responsive.

People's care records were being updated to reflect their physical, social and emotional support needs. People's concerns and problems were addressed and acted on.

People were supported to carry out activities in the home and community. They had been encouraged to be independent in their daily living activities.

Is the service well-led?

Good

This service was well- led.

Regular monitoring checks were carried out by the provider and staff to ensure people's needs were being met. People's opinions and feedback were valued.

The registered manager felt supported by the provider and was confident in the staffing team at the home.

HF Trust - 330 Westward Road

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 5 December 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We looked around the home and talked with three people and observed other people interacting with staff. We also spoke with three members of staff and the manager on the day of our inspection. We also spoke with one relative by telephone. We looked at the care records of three people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports.

Good

Is the service safe?

Our findings

People benefited from a safe service where staff and managers understood their safeguarding responsibilities. People told us they felt safe living in the home. One person said, "I like it here. I do feel safe here. The staff are kind to me." One relative confirmed they felt their loved one was protected from harm and were safe when supported by the service. One relative said, "I'm confident in the staff. I know he is looked after well."

Staff received training in safeguarding as part of their induction and received regular update training. Staff told us the actions they would take if they were concerned about people's safety. One staff member said, "If I thought anyone here was being harmed or abused I would immediately report it and would take it further if I felt it was being dealt with by the managers." Staff had access to the provider's safeguarding policy which had links with the whistleblowing policy (A whistle blower is when a staff member passes on information of concern or wrongdoing.)

The registered manager was aware of their responsibility to investigate any concerns raised and to share any safeguarding information with other agencies including CQC. A designated member of staff carried out regular financial audits and checks of people's personal finances to reduce the risk of financial abuse. The staff member also ensured that any agreements to people's financial support was linked to their care plans and risk assessments. Any discrepancies in people's finances were highlighted to the registered manager who carried out an investigation to ensure all people's money was being managed safely and effectively.

Staff were knowledgeable about people's risks. For example, they were able to tell us how they managed situations if people became angry or upset. Staff had taken controlled and positive risks to help people progress in their level of independence, such as using public transport or being actively more independent in recreational activities of people's choice. Staff had worked with people to improve their self-awareness of their own safety such as informing them of dangers associated with the environment or speaking to strangers in the community. We were told that one person had been supported to contact the police when they had been harassed in the community.

People's risks had been assessed and were being managed by staff, however some of their risks were not always clearly recorded. For example, there was no specific risk assessment in relation to one person who was at risk of falling. However, information about how to prevent them from falling was addressed in different parts of their care plan. We found that staff were knowledgeable about the actions they should take to reduce the risks identified and therefore there was no impact on the person. People had personal emergency evacuation plans in place; however it was not clear when the plans had been last reviewed. We raised our concerns with the registered manager. The registered manager contacted us the day after our inspection and told us they had reviewed people's risks assessment's to reflect their needs and reviewed the evacuation plans with people to ensure people and staff were aware of the actions that should be taken in the event of a fire. The home held frequent fire drills. Amendments to the evacuation roll call forms had been made to capture specific details about the evacuation including date, time, staff on duty and the time it took for each person to evacuate.

People were supported by a familiar and consistent staff team. Many staff had worked at the home for several years and had built strong relationships with people. The day to day running of the home was overviewed by an established senior staff team. The staffing needs were determined by people's physical and social needs, especially around activities outside the home. For example, additional staff were made available in the mornings or as needed to support people with their appointment or activities. The registered manager and the provider's on-call system were available if staff needed additional support and advice.

Where there had been a shortage of staff, the provider's bank staff were requested or other staff carried out additional shifts to ensure people were fully supported. We were told that agency staff were only used in an emergency. A file had been developed which provided any temporary staff with a quick overview of people's support needs, backgrounds and preferred routines.

Since our last inspection there had been no new staff recruited. However, we were told that some staff had transferred from the provider's other homes for various reasons. We were therefore unable to inspect the effectiveness of the provider's recruitment process. However, the registered manager talked us through their recruitment procedure and we reviewed the provider's recruitment policy. We were assured that satisfactory employment and criminal record check would be carried out before new staff worked with people. Staff signed every six months to declare that no recent criminal convictions had been made against them. We were told as part of the interview process, potential new staff were required to watch a video and asked to observe and note any good and poor practices. This helped the registered manager to determine whether staff understood the importance of providing personalised care and would know how to protect them from harm. The registered manager also valued people's opinions about new staff as they were invited to meet potential staff at the second stage of the interview process.

People were supported to take their prescribed medicines by staff who were knowledgeable about the management of people's medicines. Staff had received training on the home's medicines system as part of their induction. They were observed on three separate occasions to check if they were competent to safely administer and document people's medicines. Staff competencies to manage people's medicines were regularly observed. Where any errors had occurred these had been investigated into.

Effective systems were in place to ensure peoples' medicines were ordered, administered and recorded to protect people from risks. The range of support that people required to manage their own medicines varied. Staff were encouraged to give people opportunities to have as much control over their medicines as possible. Assessments of people's risks and their mental capacity to manage their own medicines had been carried out. Other people required full support in the management and administration of their medicines. People were supported to have an understanding of their prescribed medicines. A pictorial easy read document was available for each person which explained what their prescribed medicines were for, when they needed to take them and what may happen if they took too little or too much of a prescribed medicine. Staff were clear of the actions they would take if people refused their medicines and the disposal of people's unused medicines.

We raised concerns with the registered manager that there were no clear protocols in place for people who may need medicines 'as required' or for people to take homely remedies (over the counter medicines) when they had minor illnesses. We were told that people's medicines care plans were being updated and that 'as required' medicines and homely remedies protocols would be put into place as a matter of priority.

Staff carried out weekly stock checks of all medicines. However we noted that the stock and volume level of liquid medicines were not always correctly recorded. Again, this was immediately addressed and a new

system was immediately put into place to identify the correct volume levels of liquids and other medicines. The medicines cabinet had not been fixed to the wall. However, we were shown that a purchase order had been raised to authorise a contractor to fix the cabinet to the wall.

The home was well maintained and regularly cleaned. People were encouraged and supported to take part in communal household tasks as well as being supported with their own housekeeping chores such as laundry and cleaning their bedrooms. Staff demonstrated good knowledge of infection control and food hygiene in their care and support practices.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills and understanding needed to carry out their roles. Staff told us they had the training and skills they needed to meet people's needs. One staff member said, "I am happy working here. We are all trained well and all help each other if we need support."

Staff received ongoing training through the provider's internal training system. They had received on-line and face to face training which included safeguarding, fire safety and moving & handling. A staff member with a designated role as the training coordinator for the provider across the county was responsible for the management and coordination of staff training. The training records showed most staff had completed the required training. Plans were in place to update staff training as needed.

Staff told us they had the training they needed when they started working at the home and were supported to refresh their training. New staff were expected to complete a three day corporate induction course; e-learning training as well as shadowing experienced staff. The provider was aware of the new care certificate which helps to monitor the competences of staff against expected standards of care. A care certificate decision tree assisted the provider's managers to determine whether new staff needed to complete all or parts of the care certificate or for managers to complete a supervision observation to ensure experienced new staff members were competent to carry out their new role. The provider's managers across the county were piloting a new system to measure and monitor the skills and knowledge of new staff. A checklist was being implemented to ensure staff had completed specific induction tasks such as reading people's care plans, the provider's policies and being aware of fire procedures. The induction requirements were expected to be completed over ten shifts before new staff could be signed off to work alone.

A management line structure was in place to ensure all staff were regularly supervised. Staff received six supervisions sessions (private one to one meetings with their line manager) and an annual appraisal per year. As part of the staff appraisals, the registered manager consulted with people using an easy read questionnaire and asked them about their views on care and support they received from staff.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

Staff supported and encouraged people to make decisions about their day and life in the home, for example, what they would like to eat or where they would like to go on holiday. They were supported to be involved in the planning of the care and support they received. Staff knew people well as most people had lived in the home for several years.

People's mental capacity to make decisions about their day to day care had been assessed in line with the

principles of MCA. For example, people had been assessed if they had the capacity to manage and make decisions about their finances or medicines. Staff had used various methods of communication to help people to understand the decision making process. The outcome of the assessments had been clearly recorded. For example, people's mental capacity to manage and self-administer their own medicines had been assessed. Information about their medicines had been given to them verbally and with pictures. Records showed that people's ability to retain and weigh up the information had been assessed and that on balance they had the mental capacity to manage their own medicines. However there was no recorded evidence that people's mental capacity had been made about other specific decisions about their care, although we observed staff supporting people within the spirit and the principles of the MCA.

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 are called the Deprivation of Liberty Safeguards (DoLS). Staff used a 'pre-application consideration' tool to help them determine whether they needed to apply to restrict people's liberty. At the time of our inspection, nobody was being deprived of their liberty.

We were shown a four week menu which had been planned with people. The meals chosen were based on healthier options. People met weekly to discuss and plan the menu for the following week. Alternative meals were discussed at the meeting if people didn't like the options which had been planned. Some people contributed to the shopping and preparation of the meals according to their abilities and wishes. We observed people helping to prepare the planned meals and set the dining table. People were weighed monthly to ensure they maintained a steady weight. One person told us they had been supported to lose weight. We observed that people freely helped themselves to drinks and to make snacks and lighter meals throughout the day with support from staff as needed. For example we observed one person being supported from a distance to make themselves an egg sandwich at lunchtime.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Those who required support were supported to regularly attend specialist appointments and other routine health appointments such as dentists and doctor appointments. Staff supported people to act on the health and social care professional's recommendations and advice.

Good

Is the service caring?

Our findings

At the start of inspection, one person answered our knock at the front door. With support from staff they checked our identification card and asked us to sign the visitor's book. We immediately noticed the home had a warm homely feel about it. There was a sense that the home belonged to the people who lived there. People's art had been displayed around the home and they had contributed towards the colour scheme and decoration. One person offered to show us around the home. People's bedrooms were personalised and decorated to their taste. One person lived in a self-contained annexe in the home's grounds. They showed us around the annexe which was decorated with personal objects and photographs of their choice. They told us they enjoyed living alone but often visited the main house if they needed company or support from staff. People had access to a large secure garden. One person told us how they enjoyed maintaining the garden.

Staff supported people in a kind and compassionate manner and ensured they were supported to have a good quality of life. People appeared happy and contented in the presence of staff and around each other. Staff maintained dignified and professional boundaries at all times but approached people in a friendly and warm way. We observed that staff had close relationships with people but spoke to them respectfully. Staff explained to people why we were visiting their home.

People told us they were supported and cared for by staff who were kind and caring. We received positive comments such as: "I like all the staff. They are kind"; "The staff are nice to me. I can always speak to them if I needed to" and "Yeah, I like them all but I have my favourites." People and their relatives had been involved in the planning and reviewing of people's care needs. We were told that the provider's aim was to build strong relationships with people's relatives and to work more collaboratively with them. We spoke with one relative who was overwhelmingly complimentary about the approach and caring nature of staff. They said, "The care staff have provided has been impeccable. I can't fault them, they have been excellent."

People's privacy was respected. Some people needed support with their personal care, whilst others required either prompting or monitoring if they managed their personal care independently. Staff explained how they encouraged people to remain independent but monitored people from a respectful distance to ensure their safety.

Staff were aware of respecting people's needs and wishes. We saw staff interacting with people in a positive manner and were sensitive to people needs and preferences. Staff communicated with people in a kind and considerate manner. When staff provided people with instructions they spoke to people clearly and altered their approach to ensure people fully understood. People's privacy and own space was respected. Staff knocked on people's bedroom door and waited to be invited in before entering their bedrooms. People's care plans gave staff guidance on how to care for people in a respectful and dignified manner such as support with their personal care. The staff valued people's opinions about their dignity and privacy within the home. For example, records showed the topic of how staff respected people's dignity and privacy had been discussed at the 'Voices to be heard' meeting (a forum where people can advise the provider on matters that improving or assist the management on projects to improve the service.)

Good

Is the service responsive?

Our findings

People were supported by staff who understood their needs and valued their opinions and wishes. The provider had developed a 'fusion model of support' which put the people they supported at the centre of their care. The provider states on their website that the model identifies the staff skills required to provide excellent support and continually improve. We found this approach embedded in to staff practices. We were told that all staff were trained in Personal Centre Active Support (PCAS) to ensure that they looked for opportunities at every moment to develop people's potential.

Not everyone who lived at the home required staff support with the regulated activity of personal care. Some people were independent with their personal care or just required prompting or monitoring from a distance. Three people were generally independent in most activities of daily living and accessing the community such as taking themselves to appointments, shopping trip or to the pub. One person's goal was to become independent on the bus. Staff assisted the person to research the bus route. They initially supported the person getting on and off the bus but slowly withdrew and monitored them from a distance. This person was now independent in travelling on a bus. Another person told us they enjoyed visiting the library independently and attending appointments. Some people had their own mobile phones so they can keep in contact with staff.

People enjoyed a variety of activities in the home and out in the community. They had a timetable of activities which they had planned together with staff. They were supported to follow their interests and take part in social activities such as voluntary work, dancing, gardening and trips into the local community. People told us they often attended church on a Sunday morning followed by Sunday lunch. One person enjoyed using the computer. Another person told us they had cleared the garden ready for winter and on the day of our inspection was visiting the local recycling centre with the support of staff to dispose the garden waste. People had also been supported to develop their confidence and abilities to contribute to household tasks. Each person had their own jobs which helped to towards the cleanliness and running of the home. People enjoyed holidays with the support of staff. One person told us they were looking forward to a Christmas shopping trip to a nearby seaside town. They were staying at a holiday resort and were looking forward to shopping and dancing in the evening.

Pictorial documents provided people with information about their support and involvement in their support plan which was reinforced at home's weekly meetings. Some people required full support with their personal care. Their support plans were personalised and provided staff with details of people's daily routines and support requirements such as how they wished to achieve their personal hygiene in morning routine. People's care records were mainly stored electronically. A pen picture profile provided staff with an overview of their support needs, as well as their family background, communication and mobility.

Designated keyworkers overviewed people's individual care and regularly reviewed people's care needs with them. However there was an inconsistent approach to the regularity of recording people's physical/emotional/mental/social well-being on their daily notes. The registered manager acted on concerns and provided staff guidance on the writing of people's daily notes. This would help staff to have an

overview of people's wellbeing and progress. The provider ensured the service they provided met peoples individual needs. For example, due to changes in one person needs they had moved from the home to another service ran by the provider which was more suited to their needs. Another person who was more independent in their daily living skills was being supported to move into the community.

People were involved in running their home. They were invited to attend a weekly house meeting which gave people the opportunity to meet together with staff to discuss any concerns. People had the opportunity to make suggestion such as activities and also have their say about the running of the home. Staff also reinforced topics such as the safeguarding and complaints policy and reminded people of issues such as 'stranger danger'. Pictorial minutes of the meeting were produced and shared with people. The provider and staff valued people's feedback about the service being provided. People had the opportunity to express their feeling and experiences about the service they received at the provider's 'Voices to be heard meetings.' People were invited to attend the meetings and represent the home or the providers home's within the local area both locally and nationally. Information from the provider's divisional 'Voices to be heard meetings' were also cascaded at the meeting.

Plans were in place to carry out a survey of the feelings of family members. The registered manager explained that the results of the survey would be analysed and the provider/staff actions would be reported back to the family members. People's day to day concerns and complaints were encouraged, explored and responded to in good time. Concerns and complaints were used as an opportunity for learning or improvement. We were told the home had received no complaints since our last inspection. People were reminded how to make a complaints at their weekly meetings. The providers complaints policy as well as a large print pictorial complaints policy was available to people. We were told all compliments and complaints were logged centrally on the provider's internal system and reviewed by the senior managers.

Good

Is the service well-led?

Our findings

The registered manager had been in post for several years. Due to a recent restructure of the provider's managers, the registered manager was now a 'cluster manager' of three of the provider's services. The registered manager was responsible for the day-to-day management of their own services within the cluster but worked together with other cluster managers as a team, sharing skills and good practice developments. The registered manager then held regular team meetings with the staff team to cascade any information and any issues or updates regarding people who used the service and the running of the home.

The registered manager told us they split their time dependent on the level of support required at each service. The day to day running of the home was carried out by an established senior staff team who had worked at the home for several years. The registered manager told us they had built up a good team and were confident in their abilities. A competence frame work for senior support staff had been put into place to help develop senior staff in their role. For example, senior staff needed to evidence that they understood and demonstrated that they were able to lead and develop their team and work collaboratively with others to drive improvement across the service.

The registered manager explained that the providers aim was to ensure people were supported 'to live the best life possible' and a strong team helped to embed these standards. People and their relatives confirmed that they were given every opportunity to live a positive life and that they felt valued. The registered manager informed us that their main challenge had been to recognise and plan for people's changing needs and to ensure everyone enjoyed meaningful activities.

All staff were positive about the team they worked with and the management. Everyone told us they loved working in the home. One staff member said, "It's like home from home." The senior staff and registered manager had acted promptly where concerns had been raised about people's needs changing or the protection of people. The registered manager was aware of their responsibility to notify CQC of all incidents that affect the health, safety and welfare of people who use services. However we received mixed comments about the management of a recent incident. We raised this with the registered manager who explained that they had seen the incident as a learning opportunity for senior staff and had delegated some of the responsibility of the investigation. They told us the concerns raised would be readdressed to ensure all staff felt supported and informed about the outcome of the investigation.

A representative of the provider carried out a monthly cluster inspection of one of the services within the registered manager's cluster. This covered an evaluation of the health safety of the home, staff development and people's associated care records. An ongoing working action plan was produced at the end of each inspection visit; any outstanding actions were addressed at each visit.

The representative of the provider also provided direct support to the registered manager. The registered manager stated they felt supported and their line manager always responded promptly and positively with any concerns or suggestions about developing the home.

As well as the provider inspections, the registered manager and senior staff carried out other internal audits to monitor the quality of the service being provided, such as regular health and safety checks including weekly fire safety checks and monthly environmental checks. Accidents and incidents were logged on a central internal system and reviewed by the registered manager and the provider.