

HF Trust Limited

HF Trust - Trelawney

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

HF Trust - Trelawney is a residential care home for up to 6 autistic people or people who have a learning disability. At the time of the inspection 6 people were living at the service. Accommodation was spread over 2 floors. There was a shared dining room/conservatory, living room and kitchen. A small bedroom was used to store medicines staff records and other records relating to the service. This room was also used as a staff sleep-in room.

People's experience of using this service and what we found

Right Support

Staff supported people to be independent and have control over their own lives.

People were supported by staff to pursue their interests.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their physical needs.

People had a choice about their living environment and were able to personalise their rooms.

Staff supported people to take part in activities and pursue their interests in their local area.

Staff enabled people to access specialist health and social care support in the community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

Staff understood how to protect people from poor care and abuse. They had training on how to recognise and report abuse and knew how to apply it. However, we identified one occasion when a potential safeguarding concern had not been reported externally.

The service had staff vacancies and was using agency staff to meet people's needs and keep them safe.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People could take part in activities and pursue interests that were meaningful to them.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

They understood and responded to their individual needs.

Right Culture:

Staff knew and understood people well and were responsive to their needs.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

Policies did not guide services to ensure risks of a closed culture were minimised.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 June 2019).

Why we inspected

This inspection was prompted by a review of the information we held about the provider. We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HF Trust - Trelawney on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about the reporting of any safeguarding concerns.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well-led.

HF Trust - Trelawney

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

HF Trust – Trelawney House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. HF Trust – Trelawney House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people available to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with 5 people and spoke with 7 staff members including the registered manager, residential operations manager and HF Trusts head of care and support for the region. We reviewed 2 people's care records, 2 people's medicines records and a range of records related to the management of the service, such as meeting minutes and audits. We spoke with 4 relatives by phone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We identified one occasion when a possible safeguarding concern had not been notified to CQC or the local authority. We discussed this with the registered manager who assured us the event had not impacted on anyone living at Trelawney. However, it is important external agencies are informed of any potential safeguarding concerns.

We recommend the provider seeks advice and guidance from a reputable source about escalating untoward events to relevant authorities.

- Staff received training on how to recognise and report abuse. Safeguarding issues were discussed at supervision.
- Staff were able to describe the action they would take if they suspected abuse. They told us they were confident the registered manager would deal with any concerns appropriately.
- People told us they felt safe living at Trelawney. Relatives also told us they had no concern about people's safety.

Assessing risk, safety monitoring and management

- Financial transactions were monitored, and people's personal monies and the associated records were regularly audited.
- Staff told us some peoples' needs and associated risks could change on a daily basis. They continually monitored people to support them to be as independent as possible at all times.
- Relatives described how staff supported people to minimise any risks when they were outside of the service. They explained how people were encouraged to be independent while remaining safe.
- Staff managed the safety of the living environment and equipment in it well, through checks and action to minimise risk.
- Personal Emergency Evacuation Plans (PEEPs) were in place to provide information on how to support people to leave the building in an emergency. The format of PEEPs had recently been changed to make the information more accessible and records were in the process of being updated.

Staffing and recruitment

- There were several vacancies at the service and the core staff team were supported by agency staff. The registered manager told us, as far as possible, they used staff who were familiar with the service and people's needs.
- Information about agency staff skills and knowledge was shared with the service to enable them to check

agency staff had the appropriate experience.

- New staff and agency staff had access to short profiles containing essential information about people's needs to help ensure they could see quickly how best to support them.
- Staff recruitment and induction training processes promoted safety, including those for agency staff.

Using medicines safely

- The registered manager told us they were considering how to support people to take their medicines in private when appropriate and safe.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- One person had a prescribed medicine with a varying dose. To mitigate the risk of error additional checks had been put in place when this medicine was administered.
- Following any error, the staff responsible were required to retake the relevant training and undergo competency assessments.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visitors were encouraged and welcomed into the service.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- The service recorded any use of restrictions on people's freedom, and managers reviewed the use of restrictions to look for ways to reduce them.
- When things went wrong, the manager reviewed processes and made changes to mitigate risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff, including agency staff, had completed training in relation to supporting people with a learning disability.
- People's changing needs were assessed and adaptations made to their care plans to guide staff on how to support people with their medical and health needs.
- Daily notes lacked detail. This meant it was difficult to evidence people's quality of life and whether they were being supported to increase their independent skills. We discussed this with the registered manager, the residential operations manager and HF Trust's regional head of care and support who told us the system in use was new and they would look at how recording could be improved.

Staff support: induction, training, skills and experience

- Staff completed training which had been identified as necessary to meet the needs of people living at the service.
- Not all agency staff or relief staff had completed training in all areas relevant to the needs of everyone living at HF Trust - Trelawney. The registered manager told us they were hoping to address this in the near future. The rota was organised to ensure there was always a member of staff available with the relevant skills and knowledge.
- Staff received supervisions, and these were an opportunity to raise any ideas or suggestions or identify any gaps in their knowledge.
- The service checked staff's competency to ensure they understood and applied training and best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- If people had difficulties associated with swallowing there was clear guidance in place for staff to follow.
- There were limited opportunities for people to be involved in choosing their food, shopping, and planning their meals.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.
- Relatives told us they had no concerns about people's diet. One commented; "[Name] is very healthy, never seems to get a cold, so they must be eating well."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed the service worked with other agencies to support people's wellbeing and help them to live healthy lives.
- People had hospital passports which were designed to give hospital staff an overview of peoples' needs if they needed to be admitted.
- People were supported to attend annual health checks and appropriate screening checks.
- Relatives told us staff knew people well and were skilled at recognising if they were unwell and needed support from other agencies.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment.
- People told us they liked their bedrooms which they decorated according to their personal taste. One person told us they were planning on repainting their room and had picked out a colour.
- The environment was homely. Handrails had been fitted to help people maintain their independence. Corridors were wide and could accommodate large wheelchairs.
- Staff had considered people's differing needs and had arranged furniture to support this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- DoLS applications had been made for people who lacked capacity to consent to their care. The registered manager informed the local DoLS team if there were any changes in the restrictions in place.
- Capacity assessments had been completed across a range of areas. These lacked detail about how people had been supported to understand and retain the information provided. The operations manager told us the pro forma was being updated and this would prompt staff to provide more information.
- When specific, one-off decisions were made on people's behalf the best interest process was followed. For example, decisions in relation to large purchases.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they were well supported by the registered manager. They told us they saw them regularly and were able to approach them for advice and guidance.
- Relatives said they were always welcomed at the service and staff were flexible in arranging visits. One told us; "It is their home."
- On the day of the inspection 2 of the 3 staff on shift were related to each other. This practice is associated with the development of closed cultures. We discussed this with the registered manager who told us relatives would only work together if another member of staff was also on duty, and then only if there was no alternative.
- HF Trusts policy covering relatives working together had not been updated since 2019. It contained limited guidance or information. The head of care and support for the region told us all policies were due to be updated and they would raise this as an issue with the organisation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty and learned from mistakes in line with the requirements of the duty of candour.
- Relatives told us the service informed them of any changes in their family member's needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- The registered manager was supported by a senior support worker who had a good knowledge of people's needs and the systems in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held to enable staff to discuss any concerns or make suggestions.
- Residents meetings were organised when people were asked what they would like to do in the future.
- Relatives told us they had been sent questionnaires in the past asking for their views of the service, but this had not happened for a long time. One commented; "It's a shame, a questionnaire is a good way of getting your opinion across."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they had completed manager training to enable them to understand and use new systems which were being introduced across the organisation.
- Regular manager meetings were held. This helped managers keep up to date with any organisational changes and share examples of good working practice.
- Records showed the service worked with other agencies, when necessary, to help ensure people were receiving the right support.