

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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

HF Trust - Trelawney is a residential care home for up to six people who have a learning disability. At the time of the inspection four people were living at the service. Accommodation was spread over two 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The atmosphere at HF Trust – Trelawney was relaxed and friendly. People spent time together in shared lounges and we observed them chatting quietly with staff and sharing jokes and laughter. People were able to move around freely and there were no restrictions on people's movements in the shared areas of the service.

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. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having control over their daily lives and opportunities to take part in everyday routines.

Staff involved people in decisions about how and where they spent their days. They were skilled in communicating with people to help ensure they were able to make meaningful choices. Staff told us some people enjoyed food shopping and explained how each individual got involved in this everyday routine.

Staff and relatives told us the staff team worked well together and communicated effectively. Records were regularly reviewed and updated and were an accurate reflection of people's needs. When changes were required to how care was delivered this was carried out effectively and in partnership with other

professionals.

There were systems in place to continually drive improvement. This included gathering the views of all stakeholders and regular audits of all aspects of the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 June 2018) and there were breaches of regulation. The provider completed an action plan after that inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We found action had been taken to meet the breaches of regulation and this had been effective.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

HF Trust - Trelawney is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 at home to speak with us.

What we did before the inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and action plan and looked at the Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and observed staff as they supported people and spent time with them. We

spoke with the registered manager, senior support worker and one other member of staff. We reviewed a range of records. This included two people's detailed care records, Medicine Administration Records, records of accidents and incidents and audits and quality assurance reports. We looked at three staff files in relation to recruitment and staff supervision

After the inspection

We spoke with a further two members of staff and three relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- New staff received training in safeguarding as part of their initial induction. This was refreshed regularly for all staff.
- Staff were able to explain to us how they were able to keep people safe at all times.
- People were relaxed and at ease with staff. Relatives said they had no concerns about people's safety. One commented; "I have no problems whatsoever, I really haven't. I've never noticed or heard anything untoward."

Assessing risk, safety monitoring and management

- Risk assessments had been developed to highlight when people were at risk and guide staff on the actions to take to mitigate the risk.
- Personal Emergency Evacuation Plans were in place to inform staff and first responders of the support people would need to leave the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Staffing and recruitment

- There were enough staff to support people's needs. Staff responded quickly to people's requests for support. Agency staff were sometimes used to support the core staff team. These were usually staff who were familiar with the service and people's needs.
- Staff shift patterns were flexible so people were able to go out when they wanted to and have support when it mattered to them.
- Recruitment processes were followed to check staff were suitable for the role. For example, references were followed up and criminal checks completed.

Using medicines safely

- Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and/or additional security.
- Staff had access to information about medicines including any potential side effects.
- Medicine audits were carried out weekly so any errors could be quickly identified.

Preventing and controlling infection

- The premises were clean and smelled fresh. Staff were allocated duties on a daily basis and this included cleaning tasks.

- Staff had access to protective equipment such as aprons and gloves to use when necessary.

Learning lessons when things go wrong

- Accidents and incidents were recorded so any areas for improvement could be identified.
- Monitoring records and incident reports had been used to identify patterns and gain an understanding of people's anxieties. This information was then used to develop care plans.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Information about people's health, social and emotional needs was recorded and available for staff.
- There were two vacancies at the service and plans were in place for these vacancies to be filled. Adaptations to the building were being made to ensure one person's health needs were met while ensuring their dignity and privacy was respected.
- Everyone's needs and preferences were being considered as part of the pre-assessment process. The registered manager told us the people moving in were already known to the current housemates and they were confident everyone would get along. People would have opportunities to visit the service before moving in. The registered manager commented; "We've got time, there's no urgency."
- Staff received training in Positive Behavioural Support to enable them to deliver care in line with best practice.
- HF Trust were signed up to STOMP, a national campaign aimed at reducing the use of medicines which affect how the brain works. Medicine reviews in line with this guidance had resulted in one person's medicines being reduced.

Staff support: induction, training, skills and experience

- New employees completed an induction before starting work. This included training, learning about organisational values and working practices and a period of shadowing.
- There was a robust system in place to ensure staff skills and knowledge were regularly updated.
- Some staff had not had any previous experience working in the care sector before starting work with HF Trust. They told us they had been well supported and had been given time to build their confidence before starting to work independently. One commented; "I wasn't left to work on my own until I felt ready."
- Staff had regular supervisions which were a mix of face to face meetings and practical observations. Annual appraisals were provided for staff who had been at the service for 12 months or longer.

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

- People had access to a healthy and varied diet. A relative told us; "They have good home cooked food."
- Information about people's specific dietary requirements was recorded.

Staff working with other agencies to provide consistent, effective, timely care

- One person had been through a period of ill health. The service had worked closely with other agencies to help ensure the person received effective and appropriate care and support.
- Another person, no longer at the service at the time of the inspection, had sometimes found it difficult living with the group. Staff had worked with other professionals to help them understand the person's anxieties.
- When this person had moved to a different service the senior support worker had worked with the new staff team to help them understand how best to support the person.

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

- The service was suitable for people with restricted mobility. Some accommodation was on the ground floor and there was level access to the garden and barbeque area.
- One person's bedroom had been fitted with an overhead hoist and wet room. Another room was in the process of being redesigned in order to meet one person's needs.
- Plans were in place to update the kitchen and replace carpets in shared areas.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to attend regular health appointments, including well woman/man check-ups.
- One person was reluctant to accept support with certain personal care tasks which were important to their long term well-being. Staff worked with other health care professionals to support the person more effectively.

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 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. 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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- When people lacked capacity, DoLS applications had been made appropriately. Any restrictive practices were reviewed to check they were still necessary and proportionate.
- Best interest meetings were organised when it was necessary for others to make decisions on people's behalf. These involved staff, external healthcare professionals and families.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were treated with dignity and respect; and supported to be independent and have choice.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection we found action to protect people from identified risk was impacting negatively on people's independence and emotional well-being. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found changes had been made and the provider was no longer in breach of regulation 10.

- At our previous inspection the people living at HF Trust – Trelawney did not always get on well together and staff were required to intervene in order to keep people apart. This was impacting on people's freedom to move around freely.
- Since the previous inspection two people had moved out and there were no longer any clashes of personality. The atmosphere was relaxed and staff and people spent time chatting and laughing together.
- People were able to use the kitchen without restriction, making themselves drinks or returning crockery when it suited them.
- Relatives told us the situation was much improved. One commented; "People are moving around freely again, it's so lovely to see."

Supporting people to express their views and be involved in making decisions about their care

- People were in charge of their daily routines and able to make decisions about how their care was delivered. One member of staff commented; "They lead us."
- 'House meetings' were held to gather people's views. One member of staff was responsible for organising the meetings. The registered manager told us the staff member was always looking for more effective ways of meaningfully engaging with people.
- Key workers carried out monthly reviews for each person where they spent time with people to identify if any changes were needed to improve people's experiences.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans recorded people's needs and preferences. These were stored electronically and regularly updated to help ensure they accurately reflected people's needs.
- Daily records were kept to document the care and support people had received and information about their physical and emotional well-being.
- Staff communicated well and shared information appropriately about any changes in people's needs.
- One person had been through a period of ill health and their needs had changed rapidly. Staff had worked with other professionals to help ensure their needs could be met at all times and according to their preferences. The registered manager told us; "[The person's recovery] is a credit to staff." A relative said; "Staff could not have done more to accommodate the challenges."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. People's communication needs were recorded and highlighted in care plans.
- Communication preferences were shared appropriately with others. For example, hospital passports, developed to share with hospital staff, contained this information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of our previous inspection people had been using a local day centre on a regular basis. This service was no longer available. Staff had worked with people to identify alternative arrangements which suited their interests and hobbies.
- People had attended 'taster days' at various facilities and chosen which they preferred to attend regularly.
- One person had been bed bound for several months. Their health had improved and they were now being supported to start going out again. A relative commented; "As soon as we suggested it they were onto it straight away."
- HF Trust had other similar services in the local area. People were encouraged to socialise together and develop and maintain friendships.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was also available in an easy read format. Although no-one was able to access this independently, easy read information is a valuable tool when supporting people to understand processes.
- 'House meetings' were used as an opportunity to identify any areas of the service that could be changed to improve people's experience.
- Relatives told us they would be confident to raise a complaint if necessary. One commented; "I know which buttons to press!"

End of life care and support

- End of life care plans were in place outlining the care and support people wanted at this time of their lives. This included people's preferences for funeral arrangements and spiritual needs.
- One person had been through a period of very poor health. Staff had worked with other healthcare professionals to help the person remain comfortable and stay in their home. They had received additional training so they were able to support the person with their increased health needs.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we identified an occasion when an accident had not been recorded appropriately or in a timely manner. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- Any accidents or incidents were recorded and reviewed regularly. Where necessary these events were shared with the local safeguarding authority and CQC.

At our last inspection the provider had failed to notify CQC of a significant event in line with their legal responsibilities. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The senior support worker had completed additional training which meant they were able to complete notifications if the registered manager was not available. They told us they now felt confident to complete this task.
- The registered manager was also registered manager for two other services. They shared their time between the services which were locally based. Staff told us they visited frequently and were contactable if required.
- The service was overseen on a day to day basis by a senior support worker. They shared responsibility with the registered manager for delivering supervisions and appraisals, updating care plans and organising the rotas.
- The senior support worker did not have any protected administrative time. Although there was no evidence this had impacted on service delivery they told us this could be difficult at times. For example,

planning and scheduling face to face supervisions was not possible as they might be needed to support people. They told us; "Every day is different, and it means taking two people off the floor. It's trying to find quiet times." One member of staff commented; "You do them as and when you are on shift together."

- People had named key workers to oversee their care and support. A relative told us who their family members key worker was and confirmed they kept them up to date with any changes.

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

- Staff told us morale was good and they were a close and supportive team with a shared set of values based on supporting people to have a good life.
- The registered manager and senior support worker were both visible and available in the service. They led by example and their expectations of 'good care' were evident.

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

- Relatives told us the registered manager and provider were open and transparent and communicated with them honestly.

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

- The provider was pro-active in seeking the views of all stakeholders. Quality assurance questionnaires were sent to relatives annually.
- Staff meetings were held regularly and were an opportunity to share ideas about how to develop and improve people's experiences.
- Information was available in easy read format and formats which were accessible for anyone living with dyslexia.
- Staff at all levels told us they were well supported by their line manager. One commented; "[Manager's name] is always at the end of the phone, I couldn't wish for better support."

Continuous learning and improving care

- Areas for improvement were identified and appropriate action taken. There was a robust system of auditing in place. This involved staff at the service, the registered manager, registered managers from other HF Trust services and the area manager.
- Regular management meetings were held to support shared learning.
- When new guidance was introduced or working practices changed meetings were arranged for senior care workers to inform and update them.

Working in partnership with others

- Staff told us the frequently communicated with other healthcare professionals to help ensure good outcomes for people.
- Some relatives were active members of a fundraising group, 'St Austell Friends of HFT.' They told us the area manager regularly attended meetings and kept them updated with any organisational news.