

HF Trust Limited

HF Trust - Milton Heights

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

HF Trust Milton Heights is a residential care home providing accommodation and personal care to 24 people with learning disabilities/ or autism at the time of the inspection. The care home can accommodate up to 25 people across six homes on one site.

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.

The service was on a campus type setting (meaning people's homes were on one site). This setting does not meet current best practice guidance. However, this issue was mitigated as the provider was in the process of identifying alternative accommodation for people to address this. In the interim, the provider was aware of the need to ensure people could access their local facilities with staff support.

The service applied the principles and values of Registering the Right Support and other best practice guidance. This ensured that people using the service could live as full a life as possible and achieve the best possible outcomes that included control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

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

At the last two inspections we found that people's accommodation needed improvements. At this inspection, the required improvements had been made and the provider was no longer in breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, the provider's systems and processes to monitor the safety of the environment had not been used consistently. This included weekly and monthly checks to ensure the safety of each of the premises such as fire and water safety. This meant the provider continued to be in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's up to date records were not always available in a format for non-permanent staff to refer to. Medicine records and checks were not always managed safely. However, people received their medicines as prescribed and the service had safe medicine storage systems in place. People and their relatives expressed no concerns about their safety.

The service had not improved the rating of Well Led from Requires Improvement to Good. This was because

quality assurance systems had not been used effectively to ensure the health and safety of the environment was safe. Therefore, the provider had not ensured that continuous learning and improving care had taken place to rectify all previous breaches of the regulations.

People and relatives told us they felt the service had a positive culture with good outcomes and staff said they felt supported. People and their relatives had opportunities to provide feedback through surveys. The information gathered was used to improve the service. The service worked in close partnership with the relevant external services to support safe care provision.

Staff were respectful and caring with the people they supported. A person told us, "I love it here, everything about it, the staff are nice". Staff ensured people received flexible care to support them in areas such as hospital visits. People's equality, diversity and human rights were respected, and they were treated with dignity.

People received care and support specific to their needs, preferences and routines. People were encouraged to be involved. Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. People had information on how they best communicated. Staff supported people to access activities, employment and contact with the wider 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.

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 September 2018) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that actions had been met in relation to regulation 15, however we found further additional evidence that the provider continued to be in breach of regulation 17. This service remains rated requires improvement. This service has been rated requires improvement at the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

Enforcement

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

HF Trust - Milton Heights

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 team consisted of one inspector and an assistant inspector on the first day of the inspection. The inspector returned alone to complete the inspection.

Service and service type

HF Trust Milton Heights is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 22 people living in accommodation across six separate houses, each of which had separate facilities. The houses were situated on the HF Trust Milton Heights site which also comprises of day support facilities and supported living accommodation.

The service had two registered managers. This means that the registered managers and provider were legally responsible for how the service is run and for the quality and safety of the care provided. One registered manager was responsible one of the houses and the other registered manager for the other five houses.

Notice of inspection: This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We used the information the provider sent us in 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 looked at notifications received from the provider. A

notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We reviewed the action plan which the provider had submitted following the last inspection. We also reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and looked at six people's care and medicine records (MAR). We looked around the homes and observed the way staff interacted with people. We spoke with the two registered managers, the operational development manager and regional manager. We spoke with one senior support worker and two support workers. We reviewed a range of records relating to the management of the homes, including policies and procedures. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from the local authority and professionals who work with the service. We had feedback from three relatives and three support workers.

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 two inspections this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

At the previous two inspections the provider had failed to ensure people's homes were maintained to a satisfactory level. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- People's accommodation and environment had been updated and improvements made where required.
- The provider had an infection control policy in place and staff received training on infection control. Staff were aware of the provider's infection control policy and adhered to it.
- People's bedrooms and communal areas were well maintained and clean.

Assessing risk, safety monitoring and management

- The provider had systems and processes to monitor the safety of the environment and equipment. However, where audits had taken place, there was no action taken as a result of the findings. For example, we saw an audit which had recorded for three continuous months that not all health and safety checks had taken place. There was no record of any actions taken to investigate this and remedy the findings.
- A fire risk assessment had been undertaken in February 2019 with a number of actions to be completed for houses 6, 6a, 7, 8 and 10. The registered manager had a planned absence from the service and an acting manager was in place. However, the acting manager was absent from the service from May until August 2019. There was no evidence of these actions being followed up or escalated by any other member of the management team until the acting manager's return to work in August 2019. The health and safety processes and systems were not being used effectively to identify and manage areas that needed improvement. This meant that people could be exposed to risks in the event of a fire.
- People's risk assessments included areas such as their health conditions, mobility and nutrition. However, updated information was not always readily available to agency staff who did not have access to electronic systems. This meant up to date records were not always available in a format for non-permanent staff to access.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff regularly assessed other risks associated with people's care and well-being and took appropriate

action to ensure they were safe.

- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Using medicines safely

- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. However, not all checks had taken place as per the provider's policy to ensure that automatic pill dispensers were operating as they should. We also found that not all medicines were recorded in line with national guidance and in line with the provider's policy. This meant people were not assured of having their medicines safely managed at all times.
- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- Staff had been trained in administering medicines and their competency checked.

Learning lessons when things go wrong

- The provider and management team had not taken enough action to ensure that this key question improved to good following the last two inspections.
- The provider and management team had not ensured that all findings from quality assurance checks were used to improve the safety of the service for people.
- Accident and incident records were kept and analysed to identify any actions that may be required to keep people safe.

Staffing and recruitment

- The service used regular relief staff to cover absences. Agency staff were also regularly working at the service and agency staff familiar to people in the service were requested. However, we found that some paper records were not up to date. As agency staff could not access the electronic recording system this meant there was no assurance that they could always access up to date and accurate information. We have reported further on this in the Well Led section of this report.
- There were enough staff to meet people's needs. We saw people were supported in a timely manner and staff were not rushed. People received support when they needed it.
- The vacancy rate for permanent staff was reducing. This had been assisted by the provider's pay review which had led to improved recruitment.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with expressed no concerns in relation to their safety.
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "I would go to my manager or the local authority to report any concerns".
- A whistleblowing concern had been made to CQC and the service had taken the appropriate action to investigate the concerns and updated the local authority safeguarding team.
- The provider had safeguarding policies in place and the team reported concerns accordingly.

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

- There had been no new admissions to the service since the last inspection and so we did not see any recent assessments. However, people's support plans evidenced that people's physical, mental and social needs were holistically assessed. Care and support were being delivered in line with legislation, standards and evidence-based guidance to achieve effective outcomes.
- The registered managers ensured they remained up to date with relevant national guidance and updates via electronic subscriptions from relevant bodies. The provider was a member of many organisations including British Institute for Learning Disabilities (BILD) and Association for Real Change (ARC). This assisted registered managers to remain up to date with current guidance and best practice.

Staff support: induction, training, skills and experience

- New staff completed an induction and shadowed more experienced colleagues. Their competency was assessed before they began to provide people with support independently.
- Staff were provided with supervision and appraisals where they could reflect on their role with their line manager. Staff told us they felt supported and could also ask for advice and support at any time.
- Training was monitored to make sure staff refreshed their knowledge and kept up to date with best practice. Training topics were based on people's support needs, for example epilepsy management.

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

- People were encouraged to understand healthy food choices and make decisions about what they wanted to eat and drink. People received support to get involved in preparing their own meals.
- People's food and drink related preferences were recorded and understood by staff.
- Referrals were made, and assessments completed by health professionals such as dieticians and Speech and Language Therapists (SALT). The provider had developed a dysphagia screening toolkit to identify anyone at risk of choking.

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

- Staff worked closely with other agencies such as social workers, GPs and hospitals to make sure that people's needs were met.
- People had up-to-date Health Action Plans and hospital passports to ensure crucial information was easily shared between services.
- People were supported to stay healthy and their care records described the support they needed. The service had systems and processes for referring people to external services. Records confirmed that detailed

documentation from health and social care professionals were available in people's care files.

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

- The provider was in the process of working with local commissioners to ensure their service met the requirements of Building and Registering the Right Support principles. The service currently comprised of separate homes on a campus type development. Plans were underway for people in one of the houses to move to a newly renovated bungalow in a local village at the end of October 2019. This would allow people to participate in their own local communities more effectively. Plans were in progress to move all people on the current site to more community style living.
- People had been supported to comment on the recent environment improvements. For example, choices such as new wall and carpet colours.
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected and people were in control of their support.
- Staff understood the importance of gaining consent before providing support. The provider had a clear process for obtaining consent before care and treatment were provided.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "This is something you use every day in giving people the choice to choose what they want to do. Everyone is deemed to be able to make a choice even if it is one you don't agree with yourself as you may think it not a wise choice."

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff talking to people in a polite and respectful manner. We heard staff and people communicating with appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were happy in the presence of staff. A person told us, "I love it here, everything about it, the staff are nice". A relative commented, "Finding somewhere where [person] could live in peace, with people who understand and cope with [their] ways, was I thought going to be impossible. Thankfully Milton Heights accepted [person] and to my surprise, is now living contentedly."
- We heard staff were flexible to ensure people received caring support. For example, one person was undergoing regular treatment for a health condition and due to their anxiety needed assistance to prepare and be supported at the hospital. Careful planning and consideration had taken place with the person to manage their anxiety at the hospital.
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this. For example, the service tried to match staff at the recruitment stage to support people from the same culture and or background.

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

- People, and where relevant, relatives were involved in the planning of ongoing care.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.

Respecting and promoting people's privacy, dignity and independence

- People's care plans highlighted the importance of respecting privacy and dignity.
- People's independence was promoted by using appropriate assistive technology. These included devices for self-medicating, and equipment to alert staff when individuals may be having a seizure.
- The provider was compliant with the Data Protection Act and other legislation designed to keep people's information confidential. Records were kept securely, and online records required passwords for access.

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

- People received care and support specific to their needs, preferences and routines. Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat.
- People were encouraged to be involved in describing what support they wanted such as being involved in recruiting potential new staff. Interview assessment days were arranged and people in the service could attend parts of these days. People had an opportunity to meet their potential new staff, carry out an exercise with them and part of the process was observation of how candidates engaged and interacted with people.

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.

- People had communication needs assessments completed as part of the care planning process. If assistance was needed with communication, referrals were made to the Speech and Language Therapists (SALT).
- Each person's support plan had information on how the person communicated. People had been involved to design and create new documents to ensure information was understandable such as accessible timetables and person-centred plans. Staff received training in specific communication methods.

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

- Care staff supported people to access activities, employment and contact with the wider community. The service linked people's hobbies to activities. For example, one person had their own shed which their relative said was important to the person.
- Most of the people in the service had lived in the area for many years and were supported to become involved in their local community. This included accessing local clubs and pubs, using local facilities such as leisure centres. Where possible, people were in paid or voluntary employment.
- People in the service had formed friendships and relationships with others they shared a home with. These relationships were considered in planning moves to new premises to ensure their preferences about who they lived with were acknowledged.
- People were assisted to keep in touch with family and friends. This was assisted by arranging visits, writing

letters, using technology such as computer visual calls. Relatives were also invited, where appropriate, to share special occasions such as Christmas dinner and annual garden parties.

- Local businesses supported and sponsored fundraising events. A fashion show had taken place; the event was a way to both raise the profile of the local service and assist fundraising. Two people supported in the service took part in the fashion show.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, including an easy read version called 'Making Things Better'. No complaints had been made since the last inspection. We saw that compliments had been received from health professionals in respect of staff support to an individual.

End of life care and support

- There were no people receiving end of life support at the time of our inspection. The team occasionally supported people with end of life care and they would work closely with other professionals to ensure people had a dignified and pain free death.

- The service had explored people's preferences and choices in relation to end of life care. These were recorded and included spiritual needs, funeral arrangements and preferences relating to support. Where people did not wish to discuss end of life planning, this was evidenced and was reviewed regularly about whether they wished to do so.

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 two inspections this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last two inspections in July 2017 and June 2018, we rated the overall service as Requires Improvement. At the last inspection there was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to submit an action plan to explain how and when they were going to ensure compliance. Although we found that regulation 15 had been met at this inspection, we found ongoing concerns in respect of regulation 17. The action plan had stated that the registered managers would keep a list of any works reported to the maintenance contractor in each property and check that they had been actioned on a monthly basis. It stated the records would also be monitored by the Operational Manager/Regional Manager as part of their monthly cluster visits to ensure works had been completed. However, we saw that in the absence of the registered manager, the actions from the fire risk assessment had not been escalated until the return of the acting manager. The provider was still in breach of regulation 17.

- The provider had quality assurance systems in place and the provider information return that had been submitted prior to the inspection noted that internal health and safety audits were completed regularly. It stated there was a compliance system to undertake monthly inspections of the service. However, we found these systems had not been used effectively to review and monitor safety. Not all health and safety checks had been completed as per the provider's policy and procedures. Audits on these checks had identified checks had not been completed but there was no action taken to follow up these findings. There was a risk that health and safety processes and systems not being operated effectively as designed, could put people at risk of harm.
- Where the registered manager and acting manager had been absent from the service for a period of time, the provider had not ensured that systems and processes were operated effectively to monitor the safety of the service in their absence. This included checks on fire safety, medicines, water safety and temperatures and first aid kits.
- The provider had not ensured that continuous learning and improving care had taken place to rectify previous breaches.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a

continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team responded immediately during and after the inspection. An action plan was put in place to ensure that effective monitoring of the service continued in the absence of key staff.

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

- People and relatives told us they felt the service had a positive culture with good outcomes. A relative said, "I have every confidence in the way HFT are looking after my [relative]. I am most grateful for the care she has received in the (number of) years or so under their care. Milton Heights has been a wonderful home for her, with dedicated staff, and she has been very happy there. I do not receive regular reports but keep in touch through telephone calls when necessary."
- Staff told us they felt supported. One commented, "My [manager] is very approachable and staff are able to go straight to (regional manager) if she wasn't available for advice. The people we support are able to lead the lives they choose and staff try to empower them as much as possible. Most of the day to day management is now back on track. Once we are back fully staffed it will be much easier."

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 provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered managers were aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People were involved in developing the service. A recent recruitment campaign involved people in the service helping prepare the venue, greeting members of the public supported by staff, and handing out recruitment packs and leaflets.
- People and their relatives had opportunities to provide feedback through surveys. The information gathered was used to improve the service. For example, some comments raised were that the service was good at caring for the individual needs of the people supported. Some feedback referred to staffing and the number of agency staff used. We saw earlier that the provider was addressing this issue to increase permanent levels of staff.

Working in partnership with others

- All staff completed 'Commitment to Partnership' training to ensure they understood the need for partnership working and how this should be achieved. We saw that necessary referrals to professionals had been made. For example, referrals had been made to occupational therapist and physiotherapist to assess people's needs for their new accommodation, such as access and equipment.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not taken all action to ensure that Regulation 17 Good governance was met. This was the third consecutive inspection that a Requires Improvement rating had been issued.

The enforcement action we took:

A warning notice was issued.