

HF Trust Limited

# HF Trust - Clifton View

## Inspection report

72a Broad Street  
Clifton  
Shefford  
Bedfordshire  
SG17 5RP

Date of inspection visit:  
05 December 2019  
16 December 2019

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

HF Trust Clifton View is a care home providing accommodation and personal care to up to nine people. At the time of the inspection, eight people were living at the service.

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

People were safe and protected from avoidable harm. Staff understood their responsibility to reduce the risk of harm whilst also supporting people to be as independent as possible.

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 were supported to take their medicines as prescribed and were protected from the risk of infection. They had access to health and social care professionals as required.

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.

People were supported by staff who were passionate about their work and committed to providing good quality care. The manager ensured staff were supported well and received the training and encouragement to do their job well.

We have made recommendations about inclusive care planning and reviews and improving communication with those who are important to people, such as their family.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 19 March 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about safe care and treatment, including the management of medicines. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

#### 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 can be found in the Safe section below.

### Is the service effective?

Good ●

The service was effective.

Details are in the Effective section below.

### Is the service caring?

Good ●

The service was caring.

Details can be found in the Caring section below.

### Is the service responsive?

Good ●

The service was responsive.

Details can be found in the Responsive section below

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details can be found in the Well-led section below.

# HF Trust - Clifton View

## 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

One inspector carried out this inspection.

#### Service and service type

Clifton View 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 did not have a manager registered with the Care Quality Commission. However, there was a manager in post who had applied to become the registered manager. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 5 December 2019 when we visited service and ended on 16 December 2019 when we finished speaking with people's relatives and professionals.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. 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 met the people who used the service and observed the interaction between them and staff to help us understand their experience of the support provided. We spoke with three relatives by telephone about their views of the care provided to their family members. We spoke with five members of staff including the operations manager, manager, senior care workers and care workers. We sought feedback from the local authority, and professionals who work with the service. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the previous inspection, risk assessments had not been updated when people's needs changed which meant staff did not have the correct guidance to support them appropriately. This had led to agency staff using an incorrect technique to assist a person to mobilise. At this inspection improvements were made.

- Risk assessments had been regularly reviewed and kept up to date. This meant measures were in place to reduce risks and provide staff with appropriate guidance.
- Staff knew people well and had good understanding of how to identify any triggers that might result in distressed behaviour. They were aware of how people communicated their distress and were familiar with strategies to de-escalate situations. For example, giving the person space to leave a crowded place and not putting pressure on the person to greet unfamiliar visitors.

### Systems and processes to safeguard people from the risk of abuse

- People were not able to tell us whether they felt safe. However, we saw they appeared happy and comfortable in the presence of staff which led us to judge that they felt safe. Relatives confirmed this. One relative said, "We are confident [family member] is safe. It's a big responsibility that has been passed on to staff, and there have not been any incidents to make us feel otherwise."
- Staff had training in how to keep people safe. They showed a good understanding of their responsibilities to recognise signs that a person may be unsafe and reporting processes they should use if they were concerned.
- The provider had robust systems and process in place to protect people from harm, and the manager reported all incidents to the appropriate authorities. Staff were confident to report any concerns and that the manager would take action to address any concerns they had.

### Staffing and recruitment

- Relatives told us there had been a frequent turnover of staff in the last year which had an impact on their family member who needed stability. We found the management team were aware of this and they were working hard to recruit and retain staff through good support and team development.
- The manager had robust recruitment processes in place to ensure staff were of suitable character for their roles.
- There were enough staff on shift to meet people's assessed needs and staff confirmed this. The service used some agency staff but where possible, those used worked regularly at the service and were familiar with people's needs. The manager ensured that agency staff had the correct employment checks and training necessary to keep people safe from harm.

### Using medicines safely

- Medicines were managed safely.
- Staff received training in medicines administration. This included practice observations and competency checks before they were able to administer medicines.
- Where any errors in administration or recording had occurred, these had been noted swiftly and appropriate advice was taken to ensure people were not put at risk of harm. Staff who made an error were removed from administering medicines and received further training and competency checks before being allowed to resume this part of their duties.
- People who were prescribed as required (PRN) medicines had clear protocols in place which guided staff when to administer these medicines.

#### Preventing and controlling infection

- The service was visibly clean and free from any unpleasant odours.
- Staff had training in infection prevention and control. Staff were aware of how to protect people from infection.
- Staff told us they had enough supplies of personal protective equipment such as aprons and disposable gloves

#### Learning lessons when things go wrong

- The manager had developed an action plan since taking up their post which showed that incidents were used to learn from and make improvements. The manager was keen to foster a culture of learning from mistakes rather than blame. Staff recognised this and welcomed it, confirming they felt more able to raise issues in this more open environment.



# Is the service effective?

## Our findings

Our findings - Is the service effective? = Good

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 requires improvement. At this inspection this key question has now improved to 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  
At the last inspection, information about people's support needs was not always consistent across all documents relating to them. This was particularly the case where one person's needs had changed. Information had been updated in their support plan but not in their health action plan. There was inconsistent information particularly in relation to positive behaviour support. Some records relating to this appeared to be generic and not individualised to meet each person's specific needs. At this inspection the manager was aware of these issues and work was in progress to review and update all records relating to people's support to ensure it was current, consistent and person-centred.

- People had their needs assessed before receiving care. This assessment was used to develop support plans that identified people's needs and preferences in line with current best practice guidance.
- The support plans included people's needs and preferences in relation to all areas of their life including physical and mental health, communication, travel and involvement in the local community, and how to support specific behaviours and conditions such as Prader-Willi Syndrome.
- Although positive behaviour support plans were in place and were now specific to the person, last resort reactive strategies including guidance on restraint practices still contained generic information from one person's support plan to another. The manager confirmed this was to be addressed during the process of updating all support plans.

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.

At the previous inspection, where people lacked capacity to make a specific decision, best practice had not been followed in relation to making a decision in their best interests. At this inspection we found that progress had been made to improve this.

- The manager and staff team were in the process of reviewing aspects of people's care where decisions had been, or needed to be, made following a capacity assessment in their best interests. They were holding 'best interests' meetings with the appropriate representatives, family members and professionals, either in person or by email and telephone to ensure decisions were made appropriately.
- Staff had received training in the MCA and had good understanding of the principles of this legislation.
- DoLs applications had been made appropriately where it had been assessed as required.

#### Staff support: induction, training, skills and experience

At the last inspection some issues were identified in relation to staff skills, knowledge and training. In particular, this related to communication support technology for one person that was not in use because staff did not know how to use it. Induction for staff was not always thorough and staff knowledge in relation to some aspects of their role was not strong.

At this inspection improvements had been made.

- The person who used technology to support them to communicate was no longer living at the service. However, we saw evidence that staff had good understanding of people's needs in relation to any specific conditions they lived with.
- Staff confirmed they had received increased training and support over the last few months and felt more confident in their skills to provide good quality care to people. Relatives told us that staff knew their family members well and had the skills and knowledge to support them. They were aware that some staff were quite new in post, but felt they were keen to learn and showed a good attitude to their family member.
- Staff who had not received regular supervision at the last inspection reported that this was now improved. One to one supervision meetings were taking place and were a positive two-way exchange between them and their manager.
- The manager had a supervision plan which showed that all staff would be up to date with their supervision by the end of 2019.

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

- People had enough to eat and drink and meals were varied, balanced and nutritious. Staff were familiar with people's dietary requirements.
- People were involved in planning menus and the preparation of meals and drinks. We observed one person being supported to be involved in the meal preparation in the evening.
- Staff confirmed people could change their mind about what they wanted to eat on the day and that people would be supported to choose something else.

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

- The service was designed to meet people's needs. The premises were spacious and had sufficient facilities for the number of people living there.
- We saw that people's bedrooms were personalised and each reflected the personality of the person it belonged to.
- The manager was in the process of improving the communal areas of the home to make them less institutionalised. This had involved de-cluttering, removal of unnecessary notice boards throughout the building and replacing them with art work. The dining room was due to be refurbished with more homely dining furniture.

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

- Staff supported people to attend appointments with health professionals such as GPs, dentists, chiropodist, opticians and hospital consultants.
- Staff told us they ensured people had the support they needed if healthcare was required and we saw from records that referrals were made as necessary.
- The staff worked closely with other professionals when required to ensure people received effective care and made sure any advice received was used to improve their care.

# 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.

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

- We saw people were supported to make decisions and choices about their care on a day to day basis. We saw staff consulted with people about issues such as what they wanted to wear, what they wanted to do with their time that day and what to eat. Relatives confirmed this. One relative told us that their family member had expressed a clear preference for eating their meal in a quiet space away from others. Staff had recognised this and supported the person to do this.
- Relatives told us that there had not been regular meetings to review their family member's care for some time. However, they said this was due to a lack of input from external social care professionals who, in previous times, would review care annually. The new manager had a plan in place to increase the involvement of people and their relatives in reviewing and planning support going forward.

We recommend the provider consider current guidance on inclusive care planning and reviews of care and take action to update their practice accordingly.

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

- People told us they were happy and that the staff were, 'Nice.' Relatives told us that people were supported by kind, compassionate staff. One relative said, "On the whole they are good, some are phenomenally brilliant and go beyond what they have to do. They now understand that they are not care staff, but support staff. Some newer staff are still learning and need a bit of mentoring, but their attitude is still really positive."
- We observed people being treated well by professional but friendly staff. There was a warmth in their interactions, and people were clearly at ease with staff, sharing jokes and gentle banter.
- Staff were very receptive to people's individual ways of communicating their needs and were quick to respond without drawing attention to the person.
- Staff spoke about people using respectful language and with genuine interest about their abilities and personalities. A relative said, "There's no question about that [whether staff are kind]. They show an interest in [person's] life and in [their] wellbeing."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity when assisting them. They ensured discussions with people about their care were carried out in private. Records were held securely to ensure people's privacy could be maintained.
- People were supported to maintain their personal hygiene, and everyone was dressed appropriately in

clean, well-fitting clothes. A relative told us that staff took time to ensure their family member's hair was nicely done as this was something the person liked. On the day of the inspection, we saw this was the case.

- People were supported to be involved in the day to day running of the service. For example, when it was time to prepare the evening meal, a member of staff asked one person if they would like to come in the kitchen to help. They agreed that they did. Later, we saw this person was being supported to participate in the meal preparation.

## 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.

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

- People received personalised care that was individual to their needs.
- People's care plans detailed their likes, dislikes and preferences and were written in a person-centred style. Some work was in progress to explore people's goals and aspirations for their lives. Where this was not wanted by one person, their decision had been recorded.
- People were supported to maintain relationships with people who were close to them, and many people went to their family home regularly to visit.
- People participated in a range of activities based on their preferences, both in and outside the service. This included cooking, art and craft work, horse-riding, swimming, going to the cinema and bowling.
- People did the food shopping for the service with support from staff members and also went out for meals or for other shopping trips.
- Some people had one to one staff time funding. This meant staff were able to support them to participate in activities they liked more frequently. We saw that people were being supported to do a variety of activities.
- However, this had not always been communicated to families. Relatives told us they were not sure whether this one to one time was being used as well as it might be. They said, "Time away from the house is a bit hit and miss, I think. It may be happening, but I don't see the evidence of it. [Family member] used to do a lot of different activities outside, but I don't hear about that so much now." The manager had plans in place to improve links with relatives and ensure they received information about what their family members were doing.

We recommend the provider consider ways improving communication with people and relatives and take action to update their practice accordingly.

#### 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 complex communication needs and used a variety of methods to communicate their wishes. These included verbal speech, some signing, gestures, using objects or other visual cues. Staff had a good understanding of how people communicated and used these methods when working with them.
- Staff were looking at ways they could improve on current communication support methods. One member of staff told us they were developing a range of pictures to further support people to make choices about

meals and to improve their independence throughout the house.

#### Improving care quality in response to complaints or concerns

- The provider had an electronic system in place for logging and monitoring complaints. This could be viewed not only by the manager of the service but by senior manager to ensure complaints were managed in line with the provider's policy.
- There was an accessible format complaints policy to support people to make a complaint should they need to, and staff confirmed they would support people with this.
- A relative told us that the provider was very responsive to any issue raised and told us about a recent occasion where they had raised concerns. They said, "To be fair, they responded really quickly and well." They went on to explain what action the provider had taken to address the concerns they had.

#### End of life care and support

- The service was not providing end of life care at the time of inspection. Although some information had been obtained about people's end of life wishes, this mostly related to how funeral arrangements would be decided, and by whom.
- The manager confirmed they would review end of life plans to include considerations such as, where the person may wish to be cared for at this stage of their life, how they are best brought comfort when unwell, and who must be involved in decision relating to the person's care at this time.

# 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 remained the same. This meant the service management and leadership needed to make improvements to ensure the culture they created supported the delivery of high-quality, person-centred care.

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

At the last inspection, relatives expressed concern that communication between them and the service was not as good as it could be.

- At this inspection, although some improvements had been made, this continued to be an issue raised by all relatives we spoke with. One relative said, "They could be a bit better with communication. We are less involved than we were." Another relative said, "There is not an unwillingness to communicate, but there is no routine feedback on what [family member] has been doing."
- However, relatives also stated that they felt encouraged by their first impressions of the new manager and felt that communication may now improve. One relative said, "[Manager's name] raised this issue [poor communication] with me. [They] have looked into the history and seen that it needs improving. My impression of [manager] was favourable and I think they will improve this."

We recommend the provider consider current best practice guidance in relation to seeking the views of people and their relatives and improving communication updating their practice accordingly.

- Staff confirmed that they felt supported by the new manager and that they were able to share ideas about how to improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, there were concerns about the culture of the service, staff support, guidance and supervision. People's care plans and risk assessments were not always up to date and correct. At this inspection improvements had been made or were in progress.

- The manager and the provider had made a lot of progress towards making sustainable improvements at the service. However, there was still working to be done to ensure the service consistently supported people to have good outcomes.
- Some relatives remained concerned about inconsistencies in the quality of care, particularly at weekends. One relative told us that their family member would sometimes report that they had a boring weekend, but at other times they had a very busy weekend. They had found this was dependent on which staff were on



duty.

- The manager had plans in place to work with all levels of staff to clarify their roles and to ensure a consistent approach to support was offered at all times. This had started with the senior team who now had very clear guidance about the expectations of their role.
  - The service had undergone a period of instability before and since the last inspection with the loss of two registered managers in a relatively short period of time. A new manager was now in post and had already had a positive impact on the service.
  - The manager had a good understanding of their role and responsibilities. They kept up to date about best practice in relation to people with learning disabilities and used this to work with staff when planning improvements to the service.
  - Staff morale had been low, but they now reported that they felt keen and enthusiastic about their roles. The manager was clear about the vision for the service and the provider's values and was providing clear and consistent support to staff.
  - The culture of the service was greatly improved, and both people and staff appeared positive. The atmosphere in the service was warm and energetic.
  - Staff were passionate about their roles and showed a strong personal commitment to providing good quality support to people. One member of staff said, "It's a very good place to work. The best thing is the pleasure of seeing people doing what they like to do and getting joy from it. I'm so glad to help people – it's gratifying to have positive impact." One relative described the staff attitude as, "Admirable."
  - The manager carried out regular audits to monitor the quality of the service. The provider's quality team had also carried out robust audits and provided a report which formed part of the service improvement plan developed by the manager to address all improvements identified as necessary.
  - The manager reported serious incidents and events as required by law.
- 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 manager understood the duty of candour requirements which require an open and honest approach to sharing information when things go wrong.

#### Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.