

HF Trust Limited Hermitage Way - Telford

Inspection report

| 58 Hermitage Way |
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| Madeley |
| Telford |
| Shropshire |
| TF7 5SZ |

Date of inspection visit: 04 February 2020

Good

Date of publication: 26 February 2020

Tel: 01952586224

Ratings

Overall rating for this service

| 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

Hermitage Way - Telford provides accommodation and Nursing or personal care for up to seven people. On the day of our inspection, six people were receiving services. Hermitage Way - Telford supports people who have a learning disability or autistic spectrum disorder.

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's experience of using this service and what we found People received safe care and support as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people.

People were encouraged to take responsibility for their own medicines and were supported by trained and competent staff members.

The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

People and staff members followed effective infection prevention and control procedure and had access to appropriate personal protection equipment.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

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 at Hermitage Way - Telford supported this practice.

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 support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People had access to additional healthcare services when required. Staff members knew people's individual health outcomes and supported them appropriately.

People were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships.

People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were provided with information in a way they could understand.

The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities within which people lived.

The management team and provider had systems in place to identify improvements and drive good care.

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

Rating at last inspection The last rating for this service was 'Good' (published 10 October 2017).

Why we inspected This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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. | |



Hermitage Way - Telford 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

Hermitage Way - Telford 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 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

This inspection was announced. 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 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 asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service. In addition, we spoke with three members of staff including the registered manager and two care staff members.

We reviewed a range of records. These included two people's care records and records of medicines administration. We confirmed the safe recruitment of two staff members and viewed a variety of records relating to the management of the service, including quality monitoring checks and incident and accident records.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

• All those we spoke with told us they felt safe and protected at Hermitage Way - Telford. One person said, "I feel very safe and happy here. I have never felt anything else."

• People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.

• Information was available to people, staff, relatives and visitors on how to report any concerns.

- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.
- The physical environment where people lived was safe and well maintained.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support.
- We saw assessments of risks associated with people's care had been accurately completed. These included going out in the local community, cooking and safe use of medicines. One person told us they were assessed to manage their own medicines which they did safely and with only minimal staff support.
- The staff members knew about the individual risks to people and how to safely support them.

Staffing and recruitment

• People were supported by enough staff who were available to safely support them. We saw people were promptly supported when needed or requested.

• The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely

• People were encouraged and supported to take responsibility for their own medicine. When it was required they were safely supported by a trained and competent staff team.

• Everyone we spoke with told us they had their medicines when they needed them.

• The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of people or the staff members concerned.

• People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Preventing and controlling infection

• People and staff members followed effective infection prevention and control and knew how to minimise the risks of infectious illnesses. One person said, "We all do the cleaning and we buy the cleaning stuff we need."

• People and staff members had access to personal protection equipment which they used appropriately when needed.

Learning lessons when things go wrong

• The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

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 • People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. Two people shared their care and support plans with us. They told us they were fully involved and agreed their plans met their needs. These plans included, but was not limited to, oral health, diet and nutrition.

- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences. One person told us they had identified a specific faith but no longer wished to practice it. They went on to say this would probably be removed when they reviewed their plan.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained staff team who felt supported by the management team. Staff members told us they received support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, basic food hygiene and safeguarding adults.

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

• People told us, and we saw, they had a choice of the meals provided. One person talked us through the weeks menu and explained they decided what meals to prepare as a team. We saw one person independently preparing their lunch.

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

• Staff members had effective communication systems in place. This helped to share appropriate information between themselves and with others involved in the support of people who received services from Hermitage Way - Telford.

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

- We saw people were comfortable with the physical environment and moved safely around Hermitage Way
- Telford. Signage was kept to a minimum in keeping with a homely environment.

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

• People had access to additional healthcare professionals including GP's, Psychologists and dentists. When it was needed people were referred promptly for assessment. We saw one person attended a Doctor's appointment. When they returned they told staff about the appointment, so the outcome could be recorded to assist in providing consistent support.

• Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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.

• We saw the provider had made appropriate applications in line with the MCA. However, no one living at Hermitage Way – Telford was subject to an authorised DoLS.

• Staff, and the management team, followed best practice when assessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned.

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

• People told us they were treated with care by a helpful, considerate and friendly staff team. People described staff members as, "Nice," "Friendly," and "Good." One person said, "I think they (staff) are all very good. I like them all and they treat me nicely."

• All staff members talked about those they supported with fondness, compassion and genuine positive regard.

• Throughout this inspection we saw people and staff members interacted in a relaxed and friendly way. This indicated to us people were happy and comfortable with those who supported them.

Supporting people to express their views and be involved in making decisions about their care • All those we spoke with told us they made decisions about their care and they were involved in the development of their care and support plans. One person told us they had been fully involved in the completion of their care plan. They went on to say, "I need to change something in my plan. I will talk to [staff members name] and we will get a new one printed."

• Throughout this inspection we saw people making decisions about what they wanted to do, where they wanted to go and what medical treatment they thought would be best to meet their needs.

Respecting and promoting people's privacy, dignity and independence

• People told us they were treated with dignity and respect and their privacy was supported by staff members. We saw information which was confidential to the individual was kept securely and only accessed by those with authority to do so.

• One person told us about their feelings of anxiety and how staff members supported them to express themselves in an appropriate way. They told us they found this helpful and "Just what I need sometimes."

• People were encouraged to develop their independence. One person told us they were working on skills, like cooking and money management, to develop their potential of living independently.

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 were involved in the development and review of their own care and support plans. We saw these plans gave staff the necessary information on how people wanted to be assisted.

• These plans included what people had done throughout their lives so far and what they wanted to achieve next. The plans included small achievable goals for people and focused on them as individuals, their needs and their desires for the future.

• Staff members could tell us about those they supported, in detail, indicating they knew people well.

• We saw people's care and support plans were reviewed to account for any personal or health changes.

These plans also reflected advice and guidance from visiting healthcare professionals.

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 information presented in a way that they found accessible and, in a format, they could easily comprehend.

• People had access to adapted items of communication. For example, one person showed us their phone which had been adapted for them to use. This supported their independence whilst providing a safe method of requesting support if they wished.

Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation

• People told us they were supported to maintain relationships that mattered to them. One person told us they regularly stayed with family members whilst another told us they were part of a social group which met regularly. People told us they found these relationships were supportive and the management team encouraged their attendance to avoid social isolation.

• People told us they were involved in activities they enjoyed and found stimulating. These included, but were not limited to, sports, education and employment. One person told us about the work they did in their local community. They said, "I feel quite proud at helping out."

Improving care quality in response to complaints or concerns

• We saw information was available to people, in a format appropriate to their communication styles, on

how to raise a complaint or a concern if they needed to do so.

• The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

• Hermitage Way - Telford was not supporting anyone at the end of their lives at this inspection. However, the management team were developing the care and support planning process to encouraged people to identify the things which mattered to them including spirituality and religion. When people had expressed preference for their care after death this was recorded.

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

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

• Hermitage Way - Telford had a registered manager in post who was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

• We saw the last rated inspection was displayed in accordance with the law at Hermitage Way - Telford and on their website.

• The management team and provider had systems in place to identify improvements and drive good care. Following these checks the registered manager had a continuous action plan which they used to guide improvements.

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

• People and relatives told us they had a positive relationship with the management team who they found to be accessible and engaging. Everyone we spoke with was complementary about the management team and felt supported by them. One person said, "If I need I can go to any staff member or [registered manager's name]. I don't have a problem with that at all."

• Staff members told us they found the management team supportive and approachable.

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

• We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

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

• People were involved in decisions about their care and support and were asked for their opinion. One person told us following a recent house meeting they decided they wanted new pictures displayed in the building. We saw they were then involved in deciding what pictures they wanted.

• Staff members told us they found the management team supportive and their opinions were welcomed and valued. They took part in staff meetings where they could discuss elements of the work they completed.

• Staff members understood the policies and procedures which informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and

provider should they ever need to raise such a concern.

Continuous learning and improving care

• The manager kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular support from their line manager and contact with other managers within the organisation.

Working in partnership with others

• The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices, dentists and local shops.