

HF Trust Limited

# HF Trust - Thetford Road

## Inspection report

Thetford Road  
New Malden  
London  
KT3 5DN

Tel: 02083360134  
Website: [www.hft.org.uk](http://www.hft.org.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This announced inspection took place on 19 July 2016. We told the provider one day before our visit that we would be coming. At the last inspection in September 2014 the service was meeting the regulations we checked.

HF Trust - Thetford Road provides accommodation for up to eight people who require care and support on a daily basis. The home specialises in looking after adults with a learning disability. At the time of our visit, there were eight people using the service.

The home had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff understood what constituted abuse and the action they would take to protect people if they had a concern.

Risks were managed so that people were protected and supported in a non-restrictive way. We saw that risk assessments and support plans were appropriate to meet people's needs. Where risks were identified, risk management plans were in place. We saw that regular checks of maintenance and service records were conducted. This helped to keep people and the environment safe.

We observed there were sufficient numbers of qualified staff to support people and to meet their individual needs. We saw that the provider's recruitment process helped to ensure that staff were suitable to work with people using the service.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored securely and staff received annual medicines training to ensure that medicines administration was managed safely.

Staff had the skills, experiences and a good understanding of how to meet people's needs. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. DoLS were in place to protect people where they did not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others.

Detailed records of the support people received were kept. People had access to healthcare professionals when they needed them. People were supported to eat and drink sufficient amounts to meet their needs.

People were supported by caring staff and we observed people were relaxed with staff who knew and supported them. We saw that people had the privacy they needed and they were treated with dignity and respect at all times.

The provider had arrangements in place to respond appropriately to people's concerns and complaints.

People's needs were assessed and information from these assessments had been used to plan the support they received.

People had the opportunity to engage in activities according to their preferences. Records showed activities were risk assessed to ensure the person and others were safe. This helped to ensure the person enjoyed a good experience of the activity of their choosing.

From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The provider had policies and procedures in place and these were readily available for staff to refer to when necessary. There were systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home. The provider's quality assurance systems were effective in identifying areas where improvements were required so they could take the necessary action to address any concerns.

## 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. Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take.

Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to support people and to meet their needs. The recruitment practices were safe and ensured staff were suitable for their roles□

### Is the service effective?

Good ●

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their role.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.□

### Is the service caring?

Good ●

The service was caring. We observed staff treated people with dignity, respect and kindness.

Staff were knowledgeable about people's needs, likes, interests and preferences.

People were listened to and staff encouraged and supported people to make their own decisions.

### Is the service responsive?

Good ●

The service was responsive to people's needs. Assessments were undertaken to identify people's needs and these were used to develop support plans for people.

Changes in people's health and support needs were acted upon to help protect people's wellbeing.

Relatives we spoke with told us they felt able to raise concerns and knew the process to follow to complain if they needed to.

### **Is the service well-led?**

**Good** ●

The service was well-led. An experienced registered manager was in place who promoted the highest standards of support for people to ensure their quality of life.

Staff told us they felt well supported by the registered manager who was approachable and listened to their views.

Staff understood the management structure in the home and were aware of their roles and responsibilities. We found there was a relaxed and friendly atmosphere to the home.

# HF Trust - Thetford Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 19 July 2016. The provider was given 24 hours' notice because people, supported by staff can often be out all day at work or engaging in activities. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

This inspection was carried out by one inspector. We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with six people living at Thetford Road. We spoke with the registered manager and four staff.

We observed staff supporting people in the communal areas. We looked at three care records and four staff records and reviewed records related to the management of the service.

After the inspection we telephoned and spoke with four relatives.

# Is the service safe?

## Our findings

When asked if they were happy living at Thetford Road people commented "This is my home, I like it here," and "we are a family." Relatives commented "My relative has told me 'I am very lucky, I have two homes and I'm very happy here' "top class care," "this is one big family, staff do an amazing job," "staff understand our relative's needs and respond to them" and "our relative has a very happy life here, it's a very good home." One member of staff said "We are here to keep people safe and happy and ensure they keep their skills, for whatever they want to do."

The provider helped to protect people from abuse. Staff we spoke with were aware and could explain to us what constituted abuse and the actions they should take to report it. Staff told us the home had a very open culture and they felt able to speak up at any time if they were unhappy about a person's care. Records confirmed staff had received training in safeguarding adults.

When we spoke with the registered manager they indicated they were aware of their responsibility to refer any safeguarding concerns that arose to the local authority. They understood it had the statutory responsibility to investigate any safeguarding alerts. We saw the service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read.

Risks to people were being managed so that people were protected and supported in the least restrictive way. We saw that risk assessments and support plans were appropriate to meet people's needs. This included assessments for people's finances and when they were out in the community. People had received training in traveling safely and the actions to take if they were unhappy while in the community or at work. Assessments were made of all areas of the house and garden that people used and for the activities that people took part in. Where risks were identified risk management plans were in place, which gave details of the risks and the preventative measures necessary to help prevent an incident occurring. We saw that risk assessments were well written and updated regularly.

Staff were aware of the fire emergency plans and these were kept up to date. Records showed staff had received training in fire safety. Each person had a personal emergency evacuation plan (PEEP). One of the people who lived at Thetford Road with the support of staff tested the fire alarm system weekly, including checking the fire doors automatically closed and the alarm sounded throughout the building. We saw the records that showed they had signed to say the systems were working correctly. Staff told us that people understood the need to leave the building when the alarm was sounded and did so with support from staff. Procedures were in place if a person refused to leave the building, that would help to keep staff and the person safe until the fire service arrived. We saw that the service had contracts in place for the maintenance of equipment used in the home, including fire extinguishers and emergency lighting.

Throughout the inspection we saw staff were available, visible and engaging with people. Some people also had a personal assistant [PA] and received one to one support during the week. The staff rotas we looked at confirmed there were sufficient staff available throughout the day and additional staff were available when

required.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. Contact details for staff and people were kept securely and the majority of the information about people and the home was kept on line and accessed through password protected computers. Paper records were also available which could be used to identify people's daily needs. There was a contingency plan in place should Thetford Road be effected by a flood or fire.

Many of the Thetford Road staff worked as well for HF Trust [HFT] Domiciliary Care Agency [DCA] which also supports people with learning disabilities in the community. During our previous inspection of Thetford Road and the DCA we looked at the staff files and as the staff team were the same as during our previous inspections we did not feel it was necessary to recheck HFT recruitment processes at Thetford Road. We found that during those previous inspections all the appropriate checks were made prior to staff starting work with the service. This included a completed application form, two references, and proof of identity and criminal records checks.

Medicines were administered safely. Only staff trained in medicines administration could give medicines to people using the service. The medicines administration record [MAR] chart for each person included a photograph of the person, details of their GP, and information about any allergies they may have. The MAR charts were up to date, accurate and no gaps in the administration of medicines were evident. Medicines were stored securely in a locked cabinet.

The home had a medicines policy that was available for all staff to read. Records showed that staff received regular training and competency assessments for medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Audits of the home included a health and safety check of the premises and garden. Infection control measures were in place, heating and hot water were at the correct temperature and potential trip hazards were dealt with to help prevent any falls. Any equipment used in the house such as gas and electrical appliances were also checked and maintained and we saw there were satisfactory certificates for these checks.

# Is the service effective?

## Our findings

People were cared for by staff who received appropriate training and support. Two people described staff as "Good, all of them," and "very nice and kind." Relatives said about staff "They are a very hard working crew," and "I am in awe of the staff here and they are lovely." Staff members commented "We work well as a team," and "its great working here."

Staff had the skills, experiences and a good understanding of how to meet people's needs. Records showed staff had attended recent training in first aid, moving and handling people and equality and diversity. Training was a mix of classroom and on line training. The registered manager told us that where a staff member was struggling with the on line training they would sit with them and work through the training together, to help the staff member understand and achieve the required pass mark for the course. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for. Records showed that staff had received an induction when they started work at the service.

Staff told us they were fully supported by the registered manager. Staff received one to one supervision every four to six weeks plus an annual appraisal. Records we looked at confirmed this. Records also confirmed that staff meetings were held every two months and link or key worker meetings held every month.

As part of this inspection, we checked whether the provider was meeting the requirements of the Mental Capacity Act (MCA). The 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. Staff we spoke with were aware of their duties and requirements within the MCA. We found that the provider had assessed people's mental capacity to consent to different aspects of their care. The assessments covered criteria specified in the MCA Code of Practice. Where people were determined not to have capacity, there was evidence that "best interests" decisions had been made, involving those who knew the person well such as family and doctors, in line with the MCA Code of Practice.

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. The application procedures for this in care homes and hospitals are 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 were being met. We saw the correct procedures had been followed and an application to deprive a person of the liberties had been sent to the local authority for verification.

People were supported to eat and drink sufficient amounts to meet their needs. One person showed us around the kitchen/dining room and said "This is where we all eat together as a family." We heard from a relative that on one occasion when their family member was unwell and unable to manage their own food, another person helped them with this without being asked. People could also choose to eat at a separate

table or in their rooms. This demonstrated to us the supportive family type nature of the home where people look after each other.

People at Thetford Road planned and prepared their own meals together. Each person had the opportunity to say what they would like to see on the menu for the main meal of the day and then to cook this with the support of others and staff. People could choose and make their own breakfast and lunch meal. During our visit we saw staff and people sat together for lunch. We joined in with this meal and heard people and staff chatting freely together about current affairs, television programmes and what they were planning for the afternoon. We saw when people came home from work, an activity or the day centre they came into the kitchen and made themselves a drink and snack, supported by staff when needed. Staff told us after the evening meal everyone joined in the process of clearing the table, kitchen and washing up.

On the day of our visit two people and a staff member walked to the local shops to buy groceries for the evening, having first made a list of what was needed. Staff and people told us these shopping trips very often included a coffee break stop or lunch out at the local pub. One person told us "It's too hot today to eat out so we came back." We saw that food was labelled and stored correctly. Fridge and freezer temperatures were taken daily and were within the correct ranges. Daily notes detailed what people had eaten each day. This information helped to ensure people were supported appropriately with their nutrition.

People were supported to maintain good health and have appropriate access to healthcare services. Care files we inspected confirmed that people were registered with a local GP. Their health care needs were well documented in their care plans. Each person had a hospital passport. A hospital passport assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

We saw that Thetford Road was an old house that would need constant maintenance to keep it to a standard for people to live in. We could see some areas of the home, walls, woodwork, carpets and furnishings needed painting and replacing. In response the registered manager told us a new kitchen had recently been installed and a new sofa ordered to replace the ripped sofa in the lounge. Communal areas and bedrooms were gradually being repainted with people's involvement in choosing paint colours and furnishings but they still had more to do. We did see the home including people's bedrooms were clean, tidy, light and fresh and that people liked living there.

# Is the service caring?

## Our findings

People were supported by caring staff. We could see that people were happy with the staff during our visit. People appeared to know the staff well and could share jokes with them and staff knew people well and understood their needs.

Four relatives commented "Staff are really kind, they have hearts of gold," "my relative is very happy here, they have a very happy life, I'm very glad they are here," "staff are very caring, they do their best for the guys [residents]" and "the good care our relative receives is a real relief to us as a family."

We saw evidence of the care people received during our visit and the close relationships they had with staff. We could see that staff and people were relaxed with one another; we watched and listened as people told staff about their day and asked staff questions. We saw that staff showed people care, support and respect when engaging with them. This knowledge of people gave staff the opportunity to support people in the most effective way.

People were encouraged and supported by staff to maintain their home and each person had a flexible routine of chores to be achieved each day, this included shopping, cleaning, laundry and cooking. Each person's bedroom was individually decorated and furnished. On the top floor of the house there was a self-contained flat consisting of a bedroom, bathroom, kitchen and sitting room. The sitting room was currently being used by a married couple who lived at Thetford Road as a place they could go, apart from their bedroom for privacy and time alone. Another person used the kitchen with the support of staff to prepare meals and eat privately when they wanted to. This showed staff had cared and thought about people's personal needs and in consultation with people had made arrangements for them to have their own personal space.

Staff supported people with their spiritual needs. Care plans showed that people had been asked about their spiritual needs and when people wanted to they were supported to attend church services.

We saw that people had the privacy they needed and they were treated with dignity and respect at all times. We saw that staff knocked on people's bedroom doors before they went in and spoke quietly to people. People's daily notes also detailed that any support given with personal care was kept to a minimum, so people's independence was promoted. This helped to ensure the person's dignity was maintained.

People were supported by staff to make decisions about their end of life care. The registered manager told us people had been asked if they would like to make an advanced plan and people had been helped to do so. Each person had written and signed their end of life plan. Staff had received training on end of life care from an internal trainer which had also given them the opportunity to speak through an issue or concerns they had about the training or about individual people's needs.

## Is the service responsive?

### Our findings

Two relatives commented "Staff know my relative well" and "staff go above and beyond because they understand my relative."

People's needs were assessed before they moved into the home and care was planned in response to their needs. Assessments detailed the care requirements of a person for daily living, including general health, medicines, hearing and vision, dietary needs and communication. People's records included information on the person's background which enabled staff to understand them as an individual and to support them appropriately.

People's support plans were organised and securely stored both on line on the providers internal web site and in paper copy. Care plans contained information and guidance to help staff know about how people's care and support needs should be met. The information included how a person would like to be addressed, their likes and dislikes, details of family and friends, the person's health history and past life. The registered manager told us that people's care plans were developed using the information gathered at the person's initial assessment. Many of the records we looked at were also in an easy read version so people could more easily understand what was written and the support they had agreed to.

Staff at Thetford Road were responding to peoples changing health needs. One relative told us "Staff have been wonderful in helping me and my relative through a difficult health period." We heard how following an operation one person went home to recuperate and how staff had kept in touch with the person by visiting them at home. The relative commented "Staff say [to us], tell us what you need and we'll do it."

Staff told us and records showed that two other people had been diagnosed with life changing conditions and staff had responded by ensuring the other people in the home knew and understood what these changes meant. The speech and language team [SALT] had put on special training for staff and people living at Thetford Road. SALT used people with a learning disability to act out a role play scenario to explain what the condition meant and how it could affect the person. Further easy to understand explanations had been given to people about another person's changing health. Staff told us people were being very supportive of one another. Many times during our visit we heard people, staff and relatives describing Thetford Road as being their 'home and family.'

Each person had a daily schedule of activities. Many of the people at Thetford Road were employed part time in the community. Two people told us about their jobs and what they did each time they went to work. Both people said they enjoyed their jobs and liked the people they worked with. People's jobs were varied from office work, gardening, and working in a kitchen, to work at the local hospital and at a local fast food outlet.

Apart from work people also had a variety of social activities they enjoyed doing and attending, including dancing, camera club, going to the gym or weight watchers, shopping, the cinema club and football. People also went on a holiday of their choice supported by staff. We heard from people about a recent holiday to a

hotel by the south coast and looked at the photos taken on the holiday. Staff told us people had enjoyed the activities on offer at the hotel and they had gone there a few times now and the hotel staff knew and welcomed people back.

The majority of people were able to fund their own holidays but where this was not possible Thetford Road had responded by fund raising to enable everyone to enjoy activities, holidays and outings. We heard from staff and saw the application forms requesting additional funds made to a local charity. These documented what the person would like to do, how the person would also financially contribute to the activity, such as saving an amount from their allowances and the benefit this type of activity would bring to the person. We looked at the photos of the activities and could see the benefit the person had gained from doing something they wanted to do. Relatives commented "They are always out and about having fun somewhere," "I couldn't do all they do at Thetford Road if they were at home with me, it's wonderful."

The provider had arrangements in place to respond appropriately to people's concerns and complaints. The complaints procedure was also in an easy read version and people had access to an advocate to help them with the complaints process if needed. Relatives said they felt happy to speak to staff or the registered manager when necessary. They had confidence that the registered manager would deal with any concerns promptly. One relative commented "Staff just deal with and resolve any concerns or problems." The registered manager told us they dealt with any incident as it arose so as to ensure a resolution was found quickly and to the satisfaction of the people involved.

## Is the service well-led?

### Our findings

We could see that people who lived at Thetford Road knew who the registered manager and staff were by name and could engage with them at any time. Throughout our visit we saw staff and people engaging together, we saw lots of smiles, talking and laughter between staff and people.

Three relatives commented that communication with staff and management was good and one other relative said it was good but sometimes they felt they would like more information. Although they went on to say if they asked about their family member, staff and management were open and informative. The registered manager commented "Since our last survey where relatives felt communication could be improved, we have made changes to our communication methods. Families now have better contact with keyworkers and staff from the house."

The service was led by a registered manager. From our discussions with the registered manager it was clear they had a good understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes. The registered manager was part of the care team and was fully aware of what was happening within the service and was available to people when needed.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. Staff said they had access to the policies and any changes were discussed at team meetings.

Systems were in place to monitor and improve the quality of the service. People using the service were asked for their views on the service during their key worker meetings and at house meetings. We could see that people were able to express their views and were comfortable to speak with staff about the support they received. The registered manager told us that relatives and families were very involved with the people at the home and could help them to express their views if necessary.

The provider, HF Trust had conducted a staff survey in 2015 which was for all staff at the different homes they operated. The registered manager was unable to find a copy of the survey results during our visit and said they would contact the head office and forward us a copy. Staff confirmed they had completed the provider survey. The registered manager held individual discussions with staff to gain their views on the service. Staff we spoke with felt fully involved with the home and that their ideas and comments would be taken seriously and actioned when needed.

The views of relatives were gathered through an annual survey and contact during visits or meetings with staff. We saw the results of the last survey in July 2015; a new survey for 2016 was just being sent out. Results of the 2015 survey showed that overall relatives were happy with the home and the support their family members received. One area that relatives were not so satisfied with in the 2015 survey and also when we spoke with relatives over the phone was the internal decoration and general maintenance of the building. The relatives we spoke with commented "It does need decorating, especially the office," "the decoration is poor in places" and "it could do with a lick of paint but then again it's not what's on the outside but the care

on the inside that counts". The registered manager said an action plan had been developed to ensure the home was well decorated and maintained.

The registered manager, staff and people conducted daily, weekly and monthly audits of the home and their findings and actions were logged on a computer system. Records showed the people living at Thetford Road were responsible, with staff support for ensuring their home was safe. These audits helped to ensure the safety of the home and the people who lived there.