

HF Trust Limited

HF Trust - Gaston House & Dolphin House

Inspection report

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Date of inspection visit:
19 February 2016
22 February 2016

Date of publication:
17 March 2016

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

We inspected Gaston House & Dolphin House on 19 and 22 February 2016. The first day of our inspection visit was unannounced.

The service provides accommodation and personal care for up to nine people with learning disabilities including autistic spectrum disorder. Care and support is provided from two adjoined houses and at the time of our visit there were four people living in Gaston House and three people living in Dolphin House.

A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection.

Gaston House and Dolphin House provided homely environments where people appeared relaxed. Relatives were happy with the caring attitude of staff who took time to understand their family member's needs. Staff were patient and kind in their approach towards people and communicated effectively with them. Staff supported people to maintain relationships with their relatives who felt fully informed and consulted about their family members' care.

There were enough staff to support people safely in the home and outside in the community. Staff received an induction into the organisation, and a programme of training to support them in meeting people's needs safely and effectively. Identified risks associated with people's care were assessed and managed in a way that supported people's independence and safety. Staff understood their responsibilities to keep people safe and report any concerns they had about people's health or wellbeing.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) to ensure people were looked after in a way that did not inappropriately restrict their freedom. This included authorisation by the relevant authority for any restrictions to people's freedom deemed necessary to keep them safe; known as Deprivation of Liberty Safeguards (DoLS).

People were supported to choose what they wanted to eat and staff had a good understanding of any identified risks around people's nutritional needs.

People were encouraged to participate in activities and care was planned to meet people's individual needs, abilities and preferences. Staff told us communication amongst the team was good so they were able to respond to any changes in people's needs. Staff referred people to other health professionals for advice and support when their health needs changed. People received their medicines as prescribed.

There was a stable management team who staff said were approachable and supportive. Staff were given

opportunities to discuss the needs of the people living in the home in regular meetings.

The provider had processes to monitor the quality of the service provided through a system of regular checks and asking for people's views on the quality of care. Relatives felt they were listened to and any queries were responded to promptly.

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.

There were enough staff to keep people safe both inside and outside the home. All staff received training in recognising the possible signs of abuse and how to report any suspicions. There were risk management plans to encourage people to be as independent as possible, whilst remaining safe. People received their medicines as prescribed to manage their health conditions.

Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of the needs of the people living in the home and communicated with them effectively. Staff received training and support to provide safe and effective care. The registered manager was aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards. Where people had capacity, staff supported them to make their own decisions. People were supported to access a variety of healthcare services to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

Staff listened to what people had to say and respected their choices. Staff supported people to maintain their privacy and dignity and independence around the home. Staff understood the importance of people maintaining relationships with friends and family members.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided staff with the information they needed to respond to people's physical and emotional needs. Staff read the plans so they were clear about people's choices and preferences. There were processes to share information so staff could

respond to changes in people's needs. Relatives told us they would not hesitate to raise any concerns about the care provided.

Is the service well-led?

Good ●

The service was well-led.

There was a clear management structure in place to support staff carry out their roles. Staff understood their roles and responsibilities and felt supported by the management team and their colleagues. There were systems to monitor the quality of the service to ensure people received a safe, effective and responsive service.

HF Trust - Gaston House & Dolphin House

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.

The inspection took place on 19 and 22 February 2016. The first day of the inspection visit was unannounced. The inspection was undertaken by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information in the PIR during our inspection. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

People who lived at the home could not tell us about their care and support due to their complex healthcare needs. We spent time in the communal areas observing how people were cared for and supported and how staff interacted with people. This helped us get an understanding of the care people received and to assess whether people's needs were appropriately met.

We spoke with the registered manager and four members of care staff. We also spoke with three relatives by telephone. We reviewed two people's care records to see how their support was planned and delivered. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.

Is the service safe?

Our findings

People who lived in the home looked relaxed in the company of staff. People's relatives told us they had no concerns about safety in the home. When asked if they thought their family members were cared for in a safe environment, responses included: "Yes, I couldn't see any possibility of any danger" and "Yes, completely."

All staff received training in recognising the possible signs of abuse and how to report any suspicions. There was information in people's care plans about changes in people's behaviour that might indicate they were worried or unhappy. The home had policies and procedures in relation to safeguarding people from abuse and procedures on 'whistleblowing' for staff to follow if they felt concerns they had reported had not been followed up. All staff were made aware of these policies. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One staff member told us, "Abuse is all sorts of things, hitting and shouting or not letting people do what they want to do. If somebody said a person couldn't do something, I would ask why. I would report it immediately." Another said, "There are so many forms of abuse, including physical, psychological and financial. It is anything that compromises an individual's health and wellbeing. Anything that makes a person feel at risk or uncomfortable or unsafe in their own home. If anybody reported anything it would be treated with the utmost importance." The registered manager understood their responsibilities in following safeguarding procedures. There had been no safeguarding concerns in the 12 months prior to our visit.

Staff and people's relatives told us they thought there were enough staff to meet people's needs and keep them safe. One staff member told us, "There are always four staff on, a two and a two in each house. Some days there are five. It works well with two because we work as a team." At times of staff shortage due to illness or sickness, the gaps were filled by 'relief' staff employed by the provider. This meant that people were cared for by staff who knew them and their needs. The senior care worker explained, "In the year I have been here, I have used agency twice. We work on a two week rolling rota so everybody knows where they are going to be. Relief staff are longstanding and well known to the guys which is important. Continuity of support is vital, especially with those people who have autism."

The provider had recruitment procedures to ensure staff were of a suitable character to work with people who lived at the home. Staff had to have Disclosure and Barring Service (DBS) checks and references in place before they started. The DBS provides information about a person's criminal record and whether they are barred from working with people who use services. A staff member we spoke with confirmed that all the checks were in place before they were allowed to start working in the home.

People were encouraged to be as independent as possible, whilst remaining safe. Staff had assessed the risks associated with people's medical conditions and behaviour as well as those relating to the use of equipment, such as kitchen implements. This was to make sure any risks identified could be minimised and managed. Risk assessments showed that staff had also considered risks in relation to the environment and any activities which may have posed a risk to staff or people living in the home. Where people had indicated they wanted to do something such as attend a local gym or go swimming, there was a risk assessment to

enable them to do this, rather than restricting them.

Some people could display anxieties or behaviours at times of stress. There were plans and guidelines in place for staff to follow so they knew how to interact with the person to manage and calm any situations before they escalated. This meant staff did not have to use physical intervention because they understood how to avoid or manage stressful situations that could trigger anxiety. On the second day of our visit, one person was confused about when they were next going to see their family. Staff acted promptly to give the person the correct information so they knew when to expect a visit and thereby manage their concerns.

The provider had processes to manage risks associated with the environment. There was information for staff about the action to take in the event of an emergency and what support each person needed to evacuate the home. A 'disaster plan' provided staff with important contact details so they could ensure people were safe and there was continuity of care.

People needed support to take their prescribed medicines. Staff completed training before they were able to administer medicines and had regular checks to make sure they remained competent to do so. This ensured staff continued to manage medicines to the required standards so people received their medicines as prescribed. .

The service had recently moved to a new method of medicine administration. All medicines that were to be administered at set times of the day arrived in vacuum sealed pots with the date and time of administration recorded on them. Liquid medicines arrived in separate pots in exact dosages. Staff told us they found this system easy to use and that it reduced the risk of medication errors. The registered manager explained, "The 'bio-dose system' took away a lot of risk factors." Some medicines were still given directly from their packets and boxes. There was an audit process to check these medicines had been given as prescribed. We found some improvements were required around the storage of medicines to ensure each person's medicines were kept separate. The registered manager told us they were having a visit from the pharmacist the week following our visit and would seek their advice about a suitable storage system to accommodate the 'bio-dose' medication.

Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these medicines to make sure they were only used when necessary. There were records of the circumstances when they had been given to ensure recommended doses were not exceeded.

Is the service effective?

Our findings

Relatives told us staff knew their family members well, communicated with them effectively and provided the support they required. One relative told us, "Autism is a strange thing not everybody can handle. Each person has a different trait and reacts differently to different things. They (staff) understand what [person] wants and can calm them down when they get upset about something. Autistic people see the world in a different way and they (staff) understand that. The staff really look after [person] and know how to handle the little things they get upset about." Our observations found the staff team had a good understanding of the needs of the people they supported and they communicated effectively and openly with them and with one another.

Although no new staff had started working at the home in the last 12 months, there were arrangements in place to enable new staff to have an induction to the home. This included face to face and online training, working alongside experienced staff and being observed in practice before they worked independently. The induction training was linked to the 'Care Certificate.' The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support to people. The senior care worker had completed assessor training for the Care Certificate so they could check staff competences and ensure the training was fully implemented.

Staff told us they received regular training in all areas considered essential for meeting the needs of people in a care environment safely and effectively. Staff training records showed that training was up to date to help ensure staff followed best practice. A staff member told us, "[Registered manager] is extremely hot on everybody doing their training." All staff had done training in Person Centred Active Support (PCAS). This training supported staff in understanding how to put people at the centre of everything they did so their needs were effectively met. Staff competence following the training was checked by a system of observational supervision.

Most staff had completed Non Abusive Physical Intervention (NAPI) training although rarely had to put it into practice. The registered manager explained, "As staff have gained experience with people and their needs, we don't have any issues. Staff know what to look for and how to deflect issues before they arise." One member of staff told us, "We could do with a bit more training around autism, but that is being addressed." We were told autism training via distance learning was being put in place at the time of our visit.

Staff told us they felt supported by the manager and other staff because they had opportunities to talk about their practice and personal development through supervision, annual appraisals and staff meetings. Supervision is a meeting for staff to discuss and improve their practice, raise issues and access the support required to fulfil their role in a formal meeting. An appraisal is an annual meeting where objectives for the year are set and performance for the previous year is reviewed. One staff member explained, "We discuss training requirements and we always discuss the people we support."

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 people 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Where required, mental capacity assessments had been undertaken to establish where people had the capacity to make decisions. Where people had important decisions to make, staff supported them using a 'decision making pathway'. For example, one person wanted to buy a new television for their room. We saw a pictorial record of who had been involved in the decision and how the person had been supported in weighing up the pros and cons of which television to buy. The person had signed the document to confirm they were happy with their purchase. One relative told us, "It is nice [person] can make choices." Where people did not have capacity to make decisions, families told us they were involved in decision making.

The registered manager understood their responsibilities under DoLS. They had identified that people's freedom was being restricted in a way that was necessary to keep them safe. For example, people were not able to leave the home and some could not go into kitchen areas unsupervised because this compromised their safety. Records showed that DoLS applications had been submitted. Two had been authorised and the others were awaiting formal authorisation by the relevant local authority.

People were involved in choosing their own meals with support from staff. The support people received at meal times was dependant on their individual needs. Where people required assistance; staff sat with the person offering encouragement or support. Some people had problems swallowing or rushing their meals. They had been referred to a speech and language therapist (SALT) for support. Staff we spoke with were knowledgeable about people's individual nutritional needs and how they needed their meals prepared to minimise any risks to their health. At lunch time we saw people were given meals that had been prepared in accordance with advice provided. Some people used specially adapted equipment so they could continue to eat independently and to minimise any identified risks around eating.

Staff supported people to manage their physical and mental health. Staff recorded people's appointments with health professionals, such as psychiatrists, dentists and doctors, together with the advice provided. Information was clearly documented in people's Health Action Plans (HAP's). A HAP is a personal plan about what people need to do to stay healthy.

Is the service caring?

Our findings

Gaston House and Dolphin House provided homely environments where people appeared relaxed. Staff were caring and respectful in their interactions with people and listened to what they had to say. Relatives were happy with the caring attitude of staff who took time to understand their family member's needs. Comments included: "The care is excellent, I can't fault it. [Person] is really happy there. They look after [person's] needs and are almost like a family to them." "They are caring staff." "We couldn't have asked for kinder more empathetic care. They are completely understanding."

We found staff communicated well with people. Most of the people had limited verbal communication, but staff demonstrated they were able to communicate with people and offer them choices by using simple sentences or gestures. Many of the staff had worked with the people in the home for several years and had a good understanding of their needs and communication methods. One staff member told us, "We have a well established staff team with many years of experience who know the individuals very well, almost like family members." A relative told us, "[Person] gets to see the same people all the time so they are used to them."

We asked the registered manager whether they felt the home provided a caring environment for the people who lived there. They responded, "I think you can see it in the people we support. They are happy. The staff team are good and very dedicated to the job. Everybody puts the individual at the centre of their care. We all do the best we can to promote a caring environment." One staff member described the staff as "very" caring and explained, "The staff have been here a long time which shows they care." Another staff member said, "We are all very fond of them (people). I have spent a lot of time with them over the years and you do become very fond." Another said, "I love my job. I just love caring and making sure they have the life they deserve." During our visit we observed staff were patient and kind in their approach towards people and responded to them as individuals.

Staff followed the 'Person Centred Active Support' approach which meant that people were supported to develop and maintain independent skills around the service. The registered manager explained, "It is basically supporting the individual to take part in as much as they can. If they can't complete the whole task, it is about encouraging them to do as much as they can. It is about giving them as much achievement in life as we can." We were told of one person who could not make a cup of tea independently, but was encouraged to get involved in part of the process. Another person was able to make drinks for themselves using a one cup kettle. This made the task more achievable and protected them from the risk of scalding by over filling their cup.

People were able when possible to make choices about how they spent their day. For example, one person preferred to spend time watching television in their bedroom rather than in the communal areas. Staff respected their choice but encouraged them to spend some time with others in the communal areas to prevent isolation. The registered manager told us, "We try and let them do what they want to do. It is their home and it is not for us to tell them what to do. Breakfast is staggered and they can come and get their breakfast when they want."

Staff were aware of promoting people's privacy and dignity. The registered manager explained, "It is the little things. A lot of people with a learning disability have no inhibitions. It is about reminding them to cover up when walking from the bathroom to their bedroom. We don't allow workmen upstairs until after 9.30am. The staff are very respectful, the way I hear them speak is very respectful." During our visit we saw people had been supported with their personal care and clothing choices in a way that reflected their individuality. People were given ownership of their bedrooms and this provided them with their own private space. For example, people had been supported to choose how their rooms were decorated and furnished. We were invited into two bedrooms and saw that each bedroom was very different and reflected the person's individual needs and preferences. Some people had chosen to have keys to their rooms and were able to lock them to ensure their private space was respected. One staff member explained, "This is their home, first and foremost this is their home. You are stepping into their home and you have to be respectful of that."

People were encouraged and helped to maintain contact with friends and family members, where possible. All of the people in the home had either a relative or advocate to support them. Some people went to stay with their relatives on a regular basis and others received visits. One relative spoke about the support they and their family member had received during a particularly difficult time. They explained, "They (staff) really have been incredibly understanding and information has been delivered in a very open manner."

Is the service responsive?

Our findings

Relatives told us that staff were responsive to their family member's needs. One relative told us, "They completely understand where [person] is coming from and that they do have an intellect. They understand them and what they need."

Care plans were stored electronically on the providers support planning, assessment and recording system (SPARS). There was also a paper version if there were problems accessing the system. The plans contained detailed information in respect of people's support needs across a range of areas including communication, behaviour, emotional and social needs. The care plans were written from the person's perspective and were clear about choices, preferences and promoting independence. Staff told us they referred to the SPARs so they understood the support people required.

Staff were kept up to date with people's changing needs via a range of systems. Staff recorded information about how they had supported people on a daily basis and this was kept on SPARS. One staff member told us, "The staff here are very good at giving enough information, especially on SPARS." When staff logged on to the system they were alerted to any new information which had been entered since their last log in. The system also alerted staff of any upcoming appointments or significant dates such as birthdays. Staff coming on shift also had a 'verbal' handover where information was shared about people such as any changes to people's care and support. Staff told us communication amongst the team was good.

Relatives we spoke with told us they felt involved in making decisions about their family member's care and were invited to regular reviews. One relative told us, "If there is anything [person] needs or if anything comes up, they will call us and ask for our input. They involve us and keep us informed." Another relative said, "They are very receptive to meeting with the family and going through things and talking to us."

People were supported to access a range of activities. The home benefited from a resource centre on the same site which some people attended regularly. The centre gave people the opportunity to be involved in a range of activities such as working on the computer, handicrafts, music sessions and sensory activities such as reflexology. One person belonged to a gym in the local town which they enjoyed attending with support from staff. Another person particularly benefited from sensory activities and attended a hydrotherapy pool and multi-sensory leisure therapy centre. Most people in Gaston House were engaged in activities on the first day of our inspection visit. One person remained at home during the afternoon and chose to quietly watch television. However, when the other people who lived in the home returned from the resource centre, they all enjoyed sitting down and having a cup of tea together.

Each year people were supported to go on a holiday which met their individual needs and interests. During the previous year two people went to a holiday village where they attended entertainment shows because they liked visual stimulation. Another person liked a quieter type of holiday so had gone to a forest retreat. People who could become anxious away from home, were taken on individual trips and days out which we were told "worked really well last year."

People were encouraged to engage with the local community. They enjoyed walks in the surrounding countryside and meals out. Two people had become involved in a campaign to save the local fire station from threatened closure. The registered manager explained, "They took an active part in keeping the local fire station open. They wanted to put over their view and they were supported to do so."

The provider's complaints policy was easy to read, it had pictures to help people's understanding and it was accessible to people in a communal area. The policy informed people how to make a complaint and provided information about where they could escalate their concerns outside the organisation if they were unhappy with how their complaint had been dealt with. Relatives told us if they had any concerns or complaints they would speak to staff. One relative told us, "I don't know how to complain but I have never needed to. I suppose if I did need to complain, I would approach one of the staff." Another relative told us, "We have got the contact details for HF Trust in Bristol and the managers at Bidford." There had been no formal complaints received about the service in the past 12 months.

Is the service well-led?

Our findings

Relatives were happy with the quality of care and the support provided to their relatives. Comments included: "It is excellent. HF Trust do a really good job." "Brilliant, we are thrilled with it."

There was a guide to the service in the entrance hall and available to all visitors to the home. People and their relatives had access to the home's policies and procedures via the HF Trust website. Copies of our last inspection reports were also available. This demonstrated an open culture where people had access to information so they could assess the standards of care being delivered.

The registered manager had worked for the provider for over 20 years and had been the manager at the service for 18 months. They were supported by a senior care worker who worked alongside staff on a daily basis. All staff members we spoke with told us they enjoyed their role. Staff told us they felt supported by the registered manager, the senior care worker and their colleagues. Staff said the registered manager and senior care worker were visible and approachable. One comment was, "[Registered manager] has been working for the Trust for over 20 years. She likes things done and adhered to, making sure everything is compliant and done right. She is somebody you can go and talk to. She will listen and if she thinks it is a good idea she will go with it and not be afraid to go with it." The registered manager told us, "You have to support your staff team because without the staff you are not going to have an effective service. I have come from being a support worker so know what support staff need." Staff told us they felt listened to by the management team and said the regular team meetings provided an opportunity to discuss the care people received.

We asked the registered manager what they were most proud of and they responded that it was the commitment of the staff team. They explained, "I think the way the staff team come together when there are shortages of staff. The staff team really pull together and pull out all the stops. I do genuinely believe they do the best they can." They told us that many staff had worked in the home for a long time, but new staff had settled in well. "There is a lot of younger staff coming in with good ideas for activities." A staff member told us, "It is important staff have new ideas and fresh ideas."

Relatives told us they were involved in discussions about their family member's needs and spoke positively about the responsiveness of managers and staff if they had any queries. One relative told us, "If there is anything I need to sort out, I can always contact somebody and there will always be someone there to give me the answers." This relative told us there was a joint approach to problem solving and said, "The staff are quite happy to discuss things with you." Another relative said, "I am kept informed and they immediately reply to any emails I send."

The provider had quality monitoring systems to help identify any areas within the service requiring improvement. For example, relatives were asked their opinions of the service through questionnaires sent directly from the provider. We looked at the results of the last questionnaire and found people had responded positively about the service. Comments included: "I feel staff are friends to me and other visitors" and "I am always told what is happening and asked for input." However, the registered manager told us they

felt it was important to invite people to give their views about the service throughout the year. They told us, "If we have got something wrong, then they (relatives) don't want to wait a year for it to be resolved. These people have put their trust in us to care for their children which is why we have an open house policy. They know if it is not something I can control, I will tell them who to speak to. "

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. Each month the registered manager completed an audit against the five key questions: Is the service safe, effective, caring, responsive and well-led? The audit identified areas where improvements needed to be made, together with the timescale for implementing the improvements.

The registered manager told us they felt supported by the provider and especially their immediate manager, stating, "My line manager is really good and there is always somebody at the end of the phone in Bristol (provider's head office)." The registered manager had opportunities to meet with other managers of similar services within the provider group. They explained, "The managers will support each other, bounce ideas off each other. If we have information that can benefit a service we will pass it on. It is a good support network."

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

We asked the relatives we spoke with if there were any improvements they could think of that would make the service better. They all responded that they were happy with the quality of care provided at the home. One relative said, "I think they are doing an excellent job. They are always willing to listen to us and any suggestions we have got they look into for us."