

HF Trust Limited

HF Trust - Trelowen

Inspection report

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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

We inspected HF Trust – Trelowen on 20 September 2017, the inspection was announced. This was because it is a small service and we wanted to be sure people and staff would be available to speak with us.

HF Trust – Trelowen provides care and accommodation for up to seven people who have a learning disability. At the time of the inspection six people were living at the service. The service was last inspected in August 2015 when it was rated as Good. At this inspection we found the service remained Good.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

We saw people and staff interacting and engaging with each other in a friendly and relaxed manner. Staff had completed training in how to recognise the signs of abuse. People received their medicines safely and as prescribed.

Staff were well supported by a system of induction, training and supervision. Training was refreshed regularly. Staff meetings were an opportunity to contribute to the running of the service. Staff told us they were well supported by the management team and each other.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Information was produced using easy read techniques, e.g. limited text and photographs and pictures. People's preferred communication styles were identified and respected. However, care plans were not available in an accessible format.

People were supported to understand systems for raising concerns. House meetings were held regularly. Staff encouraged people to use these to voice their ideas and suggestions.

There were clear lines of responsibility in place. The registered manager was supported by a senior support worker. People had been assigned key workers with responsibility for their day to day care. Relatives told us management were approachable and they would not hesitate to approach them with any concerns or suggestions they might have.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

HF Trust - Trelowen

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 comprehensive inspection took place on 20 September 2017 and was announced. This was because this is a small service and we wanted to make sure people would be available to talk with us. The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Return (PIR) which had been completed by the provider. A PIR 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 met and spoke with five people who lived at Trelowen. We also spoke with the registered manager and two care workers. Following the inspection we contacted three relatives to hear their views of the service.

We looked at detailed care records for two individuals, staff training records, four staff files and other records relating to the running of the service.

Is the service safe?

Our findings

On the day of the inspection we saw people were comfortable and at ease in their environment. People engaged with staff in a positive and friendly manner. Relatives told us they believed their family members were safe living at Trelowen. One relative told us; "[Person's name] is fine, he does well there."

There was sufficient staff on duty to support people to attend appointments and engage in daily chores and routines. Agency workers were sometimes used to cover staff sickness or annual leave. The registered manager told us they were looking to overstaff the service to ensure staff who were familiar with people and their needs would always be available to support them. Staff rotas were flexible to enable people to take part in social activities in the evening and at weekends. For example, the week before the inspection one person had attended a party. The rota had been rearranged to allow them to do this without impacting on the support other people received.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were followed up. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Staff knew where to go outside the organisation to report any concerns which were not acted upon.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. The information described what the risk was, the circumstances when the risk was likely to be present and strategies staff should take to avoid this or alleviate any distress or anxiety for people. Risk assessments covered a range of areas which were relevant to the individual. For example, one person had assessments in place for swimming, using a computer and accessing the community.

People's medicines were stored securely in a locked cupboard in a spare room which was also kept locked. There were appropriate storage facilities available for medicines that required stricter controls. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these tallied.

Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering this. The guidance stated; "Attempt to eliminate these symptoms before giving [name of medicine] by other means such as pain relief, repositioning, spending time with her." If this was unsuccessful staff were required to get authority from a senior member of the team before administering the medicine. This helped ensure there was a consistent approach to the use of PRN.

People's personal money was kept in individual money bags in a safe. Systems were in place to protect

people from the risk of financial abuse. All transactions were recorded and any receipts kept. After any money was taken from, or returned to individual money bags, staff checked the amount and signed. An HF Trust employee, not associated directly with Trelowen, carried out monthly reconciliations on people's cash to help ensure a level of independent oversight. Annual financial audits were carried out by a member of staff from HF Trusts head office.

There was a system of health and safety risk assessment in place. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. Regular fire drills took place. Personal Emergency Evacuation Plans (PEEPs) had been developed for each individual. These gave guidance for staff and responders on how to support the person in case of an emergency. The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. A current gas safety certificate was in place.

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. Staff talked about people knowledgeably and we observed people being supported according to their individual needs and preferences. People had allocated key workers who worked closely with them to help ensure they received consistent care and support. People had been involved in choosing which member of staff was their allocated key worker. Relatives told us staff knew people well. One commented; "He loves all the staff."

New staff were required to undertake an induction process consisting of a mix of training and shadowing and observing more experienced staff. The induction process had been updated to include the Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. Training included areas identified by the provider as necessary for the service such as fire safety, infection control and food hygiene. There was a period of shadowing experienced staff for all new employees and competency assessments were carried out for medicines administration and financial recording. There was a probationary period of six months in place which could be extended up to nine months if necessary. After three months a review took place where any areas for improvement were identified.

Training records showed staff were up to date in all areas including safeguarding and the Mental Capacity Act 2005. Staff had also received training in areas specific to the needs of people they supported such as epilepsy and diabetes. One member of staff had been off work for some time and arrangements were being put in place for them to have refresher training in a number of areas before they returned to work. Staff told us the training was good and they felt they had the knowledge and skills to support people at all times.

Staff received face to face and observational supervisions throughout the year. Some staff had not had a supervision for several months. However, staff told us they felt well supported and were able to ask for advice and guidance at any time. One commented; "If there's anything I'm unsure of I just ask. There's always someone to go to, it's almost like permanent supervision!"

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. The authorisation 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. Mental capacity assessments had been carried out appropriately. DoLS applications had been made for people and the service was awaiting the outcome from the local authority. The registered manager had discussed the progress of the applications with the local DoLS team.

People had access to a varied and healthy diet. Kitchen cupboards were unlocked and snacks readily accessible. People were supported to choose what they ate with the use of pictures and photographs. Care plans recorded people's likes and dislikes regarding food. There was a pictorial menu for the week on display in the dining area. One person enjoyed a light snack and drink when they returned from the day centre in the afternoon and this was recorded in their care plan. We observed staff hand the person a snack box when they came in and they prepared themselves a hot drink.

People were supported to access other healthcare professionals as necessary, for example GP's, dieticians, opticians and dentists. One person's health had deteriorated recently and records showed they had been having regular health appointments to try and alleviate the problems.

Is the service caring?

Our findings

People were relaxed and comfortable with staff, asking for support when they needed it. We observed people returning from the day centre and heard them talking with staff about how they had spent their day.

Bedrooms were furnished and decorated to reflect people's personal taste. People were able to lock their doors if they wished and staff respected their right to privacy. Bedrooms on the upper floor were not en-suite and the people using these rooms were a mix of male and female. Staff explained to us how they supported people when using the shared bathroom in a way which helped ensure their privacy and dignity was respected and protected at all times.

Care plans gave clear guidance for staff on protecting people's dignity while they were receiving personal care. One care plan stated directed staff to always explain what was happening before starting any personal care and to close the door and curtains and ensure there were no interruptions. It also stated; "Discussing other issues while supporting [person's name] is poor practice."

People were supported to develop and maintain independent living skills around the service. We saw people accessing the kitchen and making drinks for themselves during the day. Some people were encouraged to complete simple chores.

Staff spoke positively about people and demonstrated a concern for their well-being. One person was planning a short holiday and we discussed the plans with the member of staff who would be supporting them. They were enthusiastic about the activities they had planned and how much they hoped the person would enjoy it. They told us; "It's their time, when they get to do what they want to do. If he wants to spend two hours in the bookshop he can." The person had been supported to choose the kind of holiday they wanted by looking at pictures and photographs on the internet. The member of staff told us while the person did not respond well to photographs they had used the computer effectively to indicate their preferences.

Staff were aware of people's preferred communication styles and abilities. One person used sequence strips and pictures to enable him to organise his day. The registered manager told us; "It's given him some control. Instead of telling him what he will be doing we're asking him, "What routine do you want?" It's just communication really."

In the hall, lounge and dining areas we saw information on a range of subjects was displayed in pictorial form with minimal text. We saw people approach the boards to see what staff were due on shift and to find out what the evening meal would be. This demonstrated the information was presented in a way which was meaningful for people.

A member of staff who was a key worker for someone who did not use words to communicate explained what they looked for to identify how the person was feeling. They explained what signs might indicate if the person was uncomfortable or feeling unwell and the actions they could take to alleviate this. They

commented; "I know [person's name] quite well now. I just know when she's not well."

People were supported to develop and maintain meaningful relationships outside of the service. One person was in a relationship and went out regularly without the support of staff. Staff had identified places where the couple would feel comfortable and had considered their safety and well-being. The person told us they were going out the following week and were looking forward to it.

Relatives told us they visited the service regularly and unannounced. One told us their family member sometimes indicated they wanted to see them. They told us; "They [staff] will ring me straight away and I go over."

Is the service responsive?

Our findings

Care plans were stored electronically on the providers support planning, assessment and recording system (SPARS). They contained a wide range of information in respect of people's support needs across a number of areas including communication, behaviour and social needs. The registered manager told us full care plan reviews were held annually. Changes were also made when necessary in response to any changes in people's needs. They described the care plans as, "fluid."

The care plans were only available on the computer system and there were no easy read versions in place. This meant people had not been able to sign the care plans to evidence they were in agreement with them. It is important people have access to information about their plan of care to help enable them to engage with the process.

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. The logs had been completed appropriately and were detailed and informative. Staff also used a communication book to make sure they were all kept up to date with any developments. A verbal handover took place at each change of shift.

Staff told us people had busy lives. People attended local day centres throughout the week. One person was regularly declining to attend the day centre and efforts were being made to identify an alternative for them.

Where people had identified particular interests activities had been put in place in line with this. For example, one person was supported to visit the local library every week. A member of staff told us; "We're pretty good at making sure they get to do what they want to do." One person took part in 'rebound therapy' which is an exercise therapy using trampolines. Some staff had completed training in the therapy to enable the person to use it more often. A member of staff commented; "She absolutely loves it, you can tell by her face." Another person had recently started to attend a creative workshop. They told us they very much enjoyed this. Activities also took place some evenings and at weekends. For example, most people attended a local weekly social event. Staff rotas had been arranged to accommodate this. A relative told us; "She's certainly a busy girl."

House meetings were held every other month. These gave people an opportunity to express an interest in trying new activities or continuing old ones. One person had said they wanted to attend the cinema more often and this had been arranged. People were also encouraged to raise any concerns they might have. House meeting minutes recorded how one person had been taken through the complaints procedure and given clear information on how to raise any concerns. Minutes of the meetings were produced using limited text and pictures. The latest minutes were available on the kitchen notice board.

There was a complaints policy in place and a complaints form was available in an easy read format. This was displayed on a notice board in the corridor.

Relatives told us they had not made official complaints but would speak with senior staff if they had any

concerns and were confident they would be acted on appropriately. Staff told us that if people wanted to complain they would explain the process to them and support them to complete the form.

Is the service well-led?

Our findings

There was a registered manager in post who also had responsibility for oversight of two other HF Trust services. They were supported by two senior support workers, one of whom worked at Trelowen full time, either in a managerial role or as a support worker. Rotas were organised so a senior member of staff was always on duty and available to staff for support and guidance. Staff said they felt very well supported. They told us there was an open culture and they were comfortable raising any concerns or putting forward ideas and suggestions. One told us; "It's a really good team here, we all work together." The registered manager said they were also well supported. They commented; "You can get an answer and support if you need it."

The staff team had access to HF Trust's internal specialist skills team. Where it was identified that the support in place for people was not effectively meeting their needs a referral to the team could be made. They were able to provide training and help develop a support plan to meet individuals specific needs.

Staff meetings took place regularly and were used to discuss any developments in working practices and people's individual support needs. Registered managers met on a monthly basis. The senior support workers completed additional training to help them meet their managerial duties. This included areas such as performance management and sickness and absence management.

Incidents were recorded on the on-line system by staff. This triggered an automatic email to the manager in charge who would then oversee any follow up actions and identify any trends. Senior management would also check the incident records at regular intervals. Where it was identified that changes to systems might further protect people these were implemented. For example, following a medicines error the way in which medicines were stored had been altered to help prevent a repeat incident. This demonstrated the management team recognised the opportunity to learn from any negative events.

Staff considered how they could improve people's experience of the service. For example, one member of staff was planning a sensory garden. They told us how they thought this might benefit people and described the plans to us.

Questionnaires asking families for their opinions of the service were circulated annually to all HF Trust services in Cornwall. At the time of the inspection the 2017 survey had recently been circulated. The results were not yet available. Relatives told us management were approachable and the service seemed to be well organised.

The registered manager had ensured CQC registration requirements, including the submission of notifications, had been complied with. The last CQC report was displayed in the service in line with legal requirements. The Easy Read version of the last Inspection Report was also displayed.