HF Trust Limited

HF Trust - Kingswalden Villas

Inspection report

40 The Baulk
Biggleswade
Bedfordshire SG18 0PX
Tel: 01767 318674
info @hft.org.uk

Date of inspection visit: 29 January 2015
Date of publication: 18/05/2015

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

Overall summary

We carried out an unannounced inspection at Kings Walden Villas on 29 January 2015. This service provides accommodation and personal care for up to 7 people with learning disabilities. At the time of our inspection there were 5 people living at the service.

There was a registered manager in place at the time of the inspection. 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.

At our last inspection in 09 June 2014 we found the service was not meeting required standards in relation to cleanliness and infection prevention and control. The provider sent us an action plan identifying how they were going to address these shortfalls and told us they were going to meet the standards by 31 July 2014. At this inspection, we found that the registered manager had taken appropriate action to meet these standards.

Summary of findings

People were safe and were able to raise any concerns they had with the staff or the manager.

There were effective processes in place to protect people and accidents and incidents were managed well to enable preventative action to be taken. People's medicines were managed appropriately.

There were sufficient, skilled staff that were well trained and used their training effectively to support people appropriately and protect them from any harm or abuse. The staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards.

People were supported to eat well and were encouraged to choose healthier food options to maintain their health and well-being.

Staff were caring and respected people's privacy and dignity. People had access to advocacy groups and services. They were supported to make decisions and were involved in assessing their needs and planning their care. Staff supported people to follow their hobbies and interests and maintain relationships that were important to them.

People were aware of the provider's complaints system and information about this was available in easy read format.

The manager was approachable. Staff knew and understood the provider's vision and values which were embedded into everything they did to support people. Staff were supported by the manager, were aware of their roles and responsibilities and accepted accountability for their actions.

The manager had effective systems in place to monitor the quality of the service. The provider had introduced a self-assessment programme to review the quality of care provided at the home and this was regularly checked by the provider's regional manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Medicines were administered and stored safely.

Staff had an understanding of processes to safeguard people from abuse and how to report abuse.

People were involved in deciding what risks they wished to take and measures were in place to keep people safe whilst promoting their independence.

Good

Is the service effective?
The service was effective

Staff training was kept up to date and staff were able to explain how training developed their skills to support people well.

Consent was obtained before support was provided.

People had enough to eat and drink.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards were met.

Good

Is the service caring?
The service was caring.

Staff interacted well with people.

People's privacy and dignity were respected.

People were included in making decisions about their care and had support from advocacy groups when required.

Good

Is the service responsive?
The service was responsive.

People were involved in assessing their needs and planning their care.

Staff respected people's choices and they were supported to follow their interests.

People were aware of how to make a complaint and there was easy read information available to support them to do so.

Good

Is the service well-led?
The service was well led.

The service promoted a positive culture where people were respected, involved and their dignity was upheld.

The provider had an effective system for monitoring the quality of the service they provided.

Good

HF Trust - Kingswalden Villas

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 inspection took place on 29 January 2015. One inspector carried out this inspection.

Before our inspection we reviewed the information we had about the service. We looked at the notifications that the provider had sent us. A notification is information about important events that the provider is required to send us by law. We looked at the report from the previous inspection held on 09 June 2014.

During the inspection we spoke with four people who used the service. We also spoke with the registered manager, a deputy manager, and three care staff. We carried out observations. Following the inspection, we spoke with two relatives of people who used the service and one health and social care professional who visited the service.

We reviewed the care records and risk assessments for three people who lived at the home. We checked medicines administration and reviewed how complaints were managed. We looked at training records, and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

At our previous inspection in June 2014 we found that appropriate standards of cleanliness had not been maintained in some areas of the home. During this inspection we found that the registered manager had taken appropriate steps to address these shortfalls. The home was cleaned to an appropriate standard, although the carpets in some areas remained stained. The registered manager told us they had been provided with a carpet shampooer that was used regularly to freshen the carpets. However, it had proved ineffective at removing the stains. The manager told us they had been in discussion with the provider regarding replacing them although this had not yet been confirmed. We saw people had designated cleaning days for cleaning their own room, which they did with support from staff, and that everyone participated in cleaning the communal areas. One person cleaning a lounge area during our inspection and they told us, "I do a good job. I like to pull all the furniture out to clean behind it." The registered manager had effective systems in place to monitor the cleanliness of the service and the control of infection.

People told us they felt safe. One person said," I feel safe here. I am living with friends. I talk to [staff name] about keeping safe here and outside." Another person said, "I would tell [staff name] or [manager's name] if anyone did anything bad." All the people we spoke with told us they had regular discussions with staff about their personal safety, what to do if they were worried, or if someone did something that made them upset or frightened. One person told us. "We always check who people are before we let them in our house." This was shown to be the case when we arrived at the house to carry out the inspection. The person who answered the door put the chain on the door and checked our identification before letting us in. We saw there was safeguarding information on display throughout the home alongside an easy read document about what to do if someone 'does something to you that you do not like.' The provider had an up to date policy on safeguarding people. Staff told us that they had received training on safeguarding from the local authority. They had a good understanding of what constituted abuse and told us of the procedures they would follow if they suspected abuse had occurred. The manager understood their responsibility to report incidents of concern to the local authority and to the Care Quality Commission and our records showed that they report concerns appropriately.

People told us that they were involved in decisions about the level of risk that they were exposed to. One person told us that they travelled independently both locally, and when visiting family further away. They told us, "We make the plans so I know where I am going. I have a mobile phone for if I need help or get lost and I always take ID with me. I like being independent." We saw that there were personalised risk assessments for each person who lived at the home. Each assessment identified where the person was at risk. The balance between the benefits of the activity to the person and the steps put in place to minimise the risk were clearly documented. Staff had clear guidance on what to do should an incident occur. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them. Staff told us how they kept themselves updated about the identified risks for each person and how these should be managed. This included looking at people's support plans, using the daily electronic reporting system used by the provider, and talking about people's experiences and any changes in their support needs at shift handovers. This provided staff with up to date information and enabled them to protect people from the risk of harm.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment. These included fire risk assessments and the testing of electrical appliances. The provider had plans in place for emergencies, such as a gas or water leak. Each person had a personal emergency evacuation plan (PEEP) which detailed the assistance the individual required to vacate the premises in an emergency.

Records of incidents were kept and the manager reviewed these on a regular basis to identify any trends so that action could be taken to reduce them. There were few incidents recorded for the home and no pattern or trend had been identified.

People we spoke with told us that there were always enough staff, who knew their needs, to support them. A support worker told us that the number of staff varied with either one or two support workers on duty depending on the needs and the number of people at any time in the

Good

Is the service safe?

home during the day. Duty times were flexible to take account of people's support needs and activities. Most people were out during the day on activities, in college or at the day centre. Staff absences or vacancies were covered by relief staff that the people who used the service were familiar with and that knew their needs well.

The provider carried out all recruitment centrally. Before taking up their duties, all new staff underwent a full interview and pre-employment checks to determine their suitability to the role. These checks included supplying evidence of their identity and right to work in this country, references from previous employers, and a Disclosure and Barring Service (DBS) check.

People's medicines were administered safely and as prescribed by staff that had been trained and assessed as competent to do so. We looked at the medicines administration record (MAR) for four people and found that these had been completed correctly with no discrepancies. Records relating to people's medicines were clearly laid out, identifying allergy information where relevant, and had a photograph of the person on the front page to ensure that medicine was given to the right person. There was a system in place to order and return unused medicines to the pharmacy. The registered manager completed monthly spot checks on the MAR sheets and medicine stock records to ensure that, should any errors occur, they were addressed in a timely manner.

Good

Is the service effective?

Our findings

People told us that they were supported well by staff. We saw that the provider had a comprehensive induction programme, which included areas such as infection control, health and safety and safeguarding people, as well as an ongoing training programme to provide staff with the skills needed to support people who lived at the home. Training was provided by a mixture of computer learning, face to face training and shadowing experienced staff. One member of staff told us, "They are pretty good on training. The computer system allows you to advance your learning beyond the basics if you want to or if you are really interested in an area."

We saw that most staff were up to date with training the provider considered necessary to support people effectively. There were systems in place to ensure staff completed their training. Staff received reminders by email when their training was nearly due and continued to receive reminders until the training had been completed. Staff told us that they received regular supervision where they could identify any training and development that they wanted to undertake. One member of staff told us that training had helped them to work with people differently and to be, "more in the background, so that the person has more empowerment." Staff had opportunities to develop their skills and undertake further professional qualifications that were relevant to their duties. All the staff had completed level two National Vocational Qualifications (NVQ), and some had completed, or were working towards, level three.

People told us that staff asked them whether they wanted support before it was provided and we observed that this was the case. Staff told us that they respected people's decisions as to their daily care and support needs, such as the time they get up, what they wear or what they want to eat. One member of staff told us "It's not about me is it? I'm not going to tell someone else what to wear."

Staff were able to demonstrate a good understanding of the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They told us that all the people at the home were deemed to have capacity to make decisions about their day to day care. However they were able to explain how decisions would be made in people's best interests if they lacked the capacity to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs were met. Most people who used the service were able to go out into the community without supervision. However, the registered manager told us that a DoLS application had been made to the local authority for one person because they required staff to accompany them if they left the service. However no decision had yet been made on this application.

People were happy with how meals and snacks were planned and provided. One person told us. "I do my own shopping and get my own snacks." and another person said. "We take turns to cook and if we don't want something we can always have something different. We can have snacks and drinks when we want them." People decided on menus for the main meals at weekly meetings. Staff told us that people were encouraged to eat a balanced diet and we saw that fresh fruit and vegetables were included on the menus. Although some biscuits and crisps were available for snacks, we saw that healthy options such as yogurts were also available. People accompanied staff to local shops to buy the food for the meals that they had chosen for the week and took turns to assist staff to prepare their evening meal. The registered manager told us that there were processes in place to manage any concerns about people's dietary needs and that referrals would be made to dieticians if this was required.

People told us that staff supported them to have their health needs met. One person told us that staff had assisted them to seek the right type of support to meet their health needs by explaining the various options available to them and helping them to access local services. Records showed that people were supported to maintain their health and well-being. Staff told us that they made appointments for people to attend healthcare services, such as GPs, dentists and opticians, and that staff accompanied people to their appointments unless the person wished to attend these independently and was able to do so. People's care plans clearly identified any health issues that a person had.

Good

Is the service caring?

Our findings

People told us that the staff were caring. One person told us, “the staff are nice, very kind. I can talk to them about things. I’m happy living here.” Another person said, “The staff are a good laugh.”

We observed staff interact with people in a caring way. We saw that staff were attentive to people and chatted with them about day to day matters. There was a relaxed atmosphere in the home and people were clearly at ease in the company of staff. Staff knew people well and were able to tell us about each person’s needs, preferences and personal history. We saw that people were actively involved in making decisions about the way in which their support was provided. People’s rooms were personalised and reflected their individual interests and tastes. We saw that staff were flexible about the support they offered and were happy for people to take control over when and how assistance was provided. For example, it was one person’s morning for cleaning their room, but they wanted to do it later on. Staff accepted this and rearranged their own tasks for the morning to accommodate the person’s wishes. This showed that the support provided was determined by what people wanted rather than the task being undertaken.

People told us that staff always respected their privacy and dignity. They told us that staff always knocked on their doors and waited to be invited in, and that staff spoke to them in private about personal or confidential matters. A social care professional who visited the home said that they were impressed by how caring the staff were towards people and that they treated them with dignity and respect. We saw that staff spoke to people with respect, used their preferred name, and maintained people’s dignity at all times when offering them assistance.

We saw that staff took time to explain information to people, using simple language and gestures where necessary. A number of documents were available to people in formats they found easier to understand, which supported them to make informed decisions about their service. People also had access to an advocacy service and a self-advocacy group to support them to make their views heard. People were supported to maintain relationships with people that were important to them. Staff told us that people’s relatives and friends were able to visit at any time and one person said, “I go out a lot. I can ring my friends and have a chit chat. We always meet up for birthdays and things like that.”

Good

Is the service responsive?

Our findings

People told us that they were involved in assessing their support needs and staff respected their choices. One person told us, "I get involved in meetings. I meet my link worker and she helps me plan and make decisions. She helps me with budgeting as well." Another person said "Yes, I make decisions. I choose what I want to do and what I want to wear. I stay up late if I want to and I can plan for things I want to do in the future, like a hairdressing course." We saw that support records included personal information and reflected people's wishes and aspirations. The plans included information on people's communication, behavioural and care needs and detailed how people wished to be supported in these. The records showed that people's support needs were reviewed regularly. People had regular meetings with their link workers at which goals to maintain and improve their independence were agreed and support plans amended accordingly.

People told us that they were supported to follow their interests and had meetings on a weekly basis at which they discussed the activities they wanted to do. One person told us, "I went to an Abba Tribute concert" Another person said they enjoyed karate and music and that they had been supported by staff to go,"DJ'ing at Bedford Hospital radio." A third person said, "I like to go down the pub and meet up with friends. I really enjoyed going on holiday and will do that again this summer." People attended college and also the provider's day centre where varied activities were available to them most days of the week. They also attended gatherings and parties in other homes run by the provider. This enabled them to increase their social contacts and reduce the risk of social isolation.

One person told us they had made a complaint once and were happy with the way in which it was managed. They said, "I know from that time that I can say something if I'm unhappy and they will listen and do something about it." People were aware of the provider's complaints system and we saw that information about this was available in easy read format. People said that they could discuss any issues with their link worker at their weekly meetings but they were comfortable about talking to the manager about concerns as well. Staff we spoke with told us they would assist people to make a formal complaint if they wanted to. The manager showed us that complaints were recorded on the provider's centralised computer system and were managed through this with reminders being set automatically to ensure that the complaints were followed through. The electronic system allowed the provider to analyse causes and trends for complaints. The manager told us that, as well as recording formal complaints, they had introduced a 'grumbles book' to log concerns raised by people who did not wish to make a formal complaint. This enabled the manager to keep track of any concerns raised and take appropriate action before the situation escalated to the point where a formal complaint was necessary.

The manager told us that the provider sent satisfaction surveys to relatives of people who lived at their homes. The results from these were collated centrally and feedback from them was used to inform future improvements. Relatives we spoke with confirmed that they received satisfaction surveys but also commented that they felt communication from both the service and the provider could be improved. One relative commented that although they were "happy with the care broadly speaking", they would like to be more involved in decisions that were made. They said that although they were aware that their family member was an adult and made their own decisions, they would still like to feel their views were taken on board.

Good

Is the service well-led?

Our findings

The home was well- led and we saw that people were involved in running the service. People told us they had regular weekly meetings where they were able to talk about anything to do with the home and staff. They told us that the manager was easy to talk to and that she listened to their views and acted on them One person told us, “It’s our home. The staff don’t live here, they are here to help us when we want them to.” Another person told us about a self- advocacy group organised by the provider. The group was made up of representatives from all the provider’s homes in the local area and was used to discuss issues relating to the services provided and any future plans.

Staff were aware of the provider’s whistleblowing policy and procedures and said that they would not hesitate to use them. One member of staff told us that they had previously raised a whistleblowing with the provider and, although it had been a stressful experience, they had been supported well and they would do it again should the need arise.

Staff we spoke with told us that the provider’s vision and values were clearly understood by everyone who worked at the home and these were embedded in their day to day practice. They all said that the manager had a ‘hands on’ approach to her role and demonstrated good practice at all times. One member of staff explained that the values of the service were to, “empower people, support them to get the most out of their life and to support people without undermining them or taking over.”

The manager told us that they worked closely with the support workers and were able to observe their practice and interactions with people who lived at the home. Staff confirmed this and told us they felt supported by the manager and were aware of their roles and responsibilities. They said they were encouraged to participate in the discussions and make suggestions for improvements to the service. They told us that formal supervision took place regularly, which gave them the opportunity to discuss their views about the quality of the service. Staff felt that the manager respected and took their views into consideration when making improvements to the service.

A range of quality audits had been completed, including infection control, medicine administration, people’s finances and health and safety. Where actions had arisen from these audits we saw that these were monitored until they had been completed. The provider had introduced an on- line self- assessment system for managers to assess and monitor the quality of the service provided. This system required the manager to assess aspects of the service including safety, training, protection of people’s dignity and privacy, communications with people and responding to concerns and management. The results of the self-assessment were discussed as part of the manager’s supervision and appraisal meetings. The Regional Manager checked if the manager’s self-assessment report reflected the standards within the service by completing an unannounced check of some of the areas audited. They also ensured action plans of any required improvement were written and followed.