HF Trust Limited

HF Trust - Oaktree House

Inspection report

Oak Tree House
Barnhay, Bampton
Tiverton
Devon
EX16 9NB

Tel: 01398331446

Date of inspection visit:
01 September 2016
09 September 2016

Date of publication:
17 October 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

This unannounced inspection took place on 1 September 2016. We returned on 9 September 2016 to complete the inspection. This was HF Trust – Oaktree House' first inspection since registering in November 2014.

HF Trust – Oaktree House can accommodate a maximum of seven people who have a learning disability.

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.

People were safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

There were effective staff recruitment and selection processes in place. Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of effective methods were used to assess the quality and safety of the service people received and make continuous improvements.

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.

People were safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well through regular contact with community health professionals.

People's rights were protected because the service followed the appropriate guidance.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good

The service was caring.

People said staff were caring and kind.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they

liked to be supported.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive.

Care was personalised and care files reflected personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

A number of effective methods were used to assess the quality and safety of the service people received.

HF Trust - Oaktree 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.

This unannounced inspection took place on 1 September 2016. We returned on 9 September 2016 to complete the inspection.

The inspection was completed by one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with six people receiving a service and six members of staff, which included the registered manager. After our visit we spoke with two relatives.

We reviewed two people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We did not receive any feedback from professionals.

Good

Is the service safe?

Our findings

People felt safe and supported by staff. Comments included: "I would speak to any of the staff if I was worried about anything" and "The staff are very good, keep me safe." Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld. Relatives commented: "The staff create a safe environment for (person)" and "The staff look after (person) very well. I have no concerns."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for the management of medicines, finances, behaviour, mobility and accessing the local community. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, we observed people accessing the community independently to attend hair appointments.

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. Staff were available during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and local community. A relative commented: "The staff work very hard."

The registered manager explained that during the daytime there were at least two members of staff on duty. In addition, staffing levels increased dependent on what activities people had planned. At night there was one staff member who slept in and was always available if required. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that regular staff would fill in to cover the shortfall, so people's needs could be met by the staff members that understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. The on-call arrangements were shared between members of the organisation's management team.

There were effective recruitment and selection processes in place and people were actively involved in the process. Staff had completed application forms and interviews had been undertaken. In addition, pre-

employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a weekly basis. When the home received the medicines from the pharmacy they had been checked in and the amount of stock documented to ensure accuracy.

Medicines were kept safely in locked medicine cupboards. The cupboards were kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered and certain people also self-administered with staff observing them. People were asked if they needed any medicines which were prescribed 'as needed' (known as PRN), such as pain relief. Medicines records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. People had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Good

Is the service effective?

Our findings

People said staff were well trained. One person commented: "The staff know what they are doing. Lots of training." Relatives commented: "The staff are competent in what they do" and "New staff are well supported."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GPs, hospital consultants and nurses. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. People also had hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction enabled the organisation to assess staff competency and suitability to work for the service. Part of the induction required staff to complete the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Employers are expected to implement the care certificate for all applicable new starters from April 2015.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), autism awareness, dementia awareness and first aid. Staff had also completed varying levels of nationally recognised qualifications in health and social care. Staff commented: "The training and support is very good."

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision in order for them to feel supported in their roles. Staff files and staff confirmed that supervision sessions took place on both a formal and informal basis. There had been a gap in staff receiving an annual appraisal in order to identify any future professional development opportunities. These appraisals had recently commenced following the service recognising a gap in how staff were supported. However, staff confirmed that they felt supported by the management team when it came to

their professional development.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. No one was subject to DoLS at the time of our inspection. We discussed why this was the case with the registered manager. They explained they had worked within the principles of the MCA and the Supreme Court's judgement of March 2014 and established that people were not subject to constant supervision and were free to leave. We were unable to see any formal documentation to confirm these decisions. This we raised with the registered manager and agreed these decisions should be formally documented.

People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for future medical treatment and dental work needed.

People were supported to maintain a balanced diet. People were actively involved in choosing the menu with staff support to meet their individual preferences. One person commented: "I choose the menu and cook Friday nights." Another person was also following a healthy eating plan and chose to attend a slimming club to help her lose weight. A staff member commented: "People are involved in choosing the menu. There are always alternatives." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care.

Good

Is the service caring?

Our findings

We spent time talking with people and observing the interactions between them and staff. Interactions were good humoured and caring. The atmosphere was relaxed and happy. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. People commented: "The staff are nice" and "They (staff) really care about you." Other people agreed staff were caring and kind. Relatives commented: "The staff are very good. They helped (person) organise their birthday party. One staff member plays in a folk band and played at the party. We are very pleased how (person) is looked after" and "The home has a family atmosphere."

Staff treated people with dignity and respect when helping them with daily living tasks. People were keen to show us their bedrooms. These gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as DVD's, various ornaments and pictures. People commented: "I enjoy living here, the company" and "I have a lovely bedroom, a nice room. I chose the colours for my room." Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. People were completing a variety of activities and accessing the local community during our inspection.

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, one member of staff said, "It's about what people want to do. Choice and independence." Staff were trained in the delivery of 'Person Centred Active Support' (PCAS) which is a way of encouraging greater independence and engagement of people regardless of their level of disability. PCAS is a graded approach with people at the centre of leading specific tasks. The registered manager also conducted observations within the service to assess what people were doing and the level of engagement of staff. These observations were then discussed with staff during supervisions and 'helpful tips' given. This enabled staff to develop their approach when helping people to keep and develop their skills in order for them to remain as independent as possible.

Staff gave information to people, such as when activities were due to take place. Staff communicated with people in a respectful way. Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people's changing moods and responded appropriately. For example, if a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. Staff recognised effective communication as an important way of supporting people, to aid their general well-being.

Staff showed a commitment to working in partnership with people. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They were able to speak confidently about the people living at Oaktree House and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything. One person commented: "My key worker agrees my care plan with me."

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. The service had responded to a person's request to move bedrooms which enabled them to have better mobility. They showed us their bedroom and it was clear they were very proud of it.

Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their well-being and sense of value. A staff member commented: "We work as a team and provide people with a lovely home. It feels like home here."

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, social activities and eating and drinking.

Activities formed an important part of people's lives. People engaged in wide variety of activities and spent time in the local community going to specific places of interest. For example, shopping, meals out, arts and crafts, piano lessons and a dementia group for a session entitled 'singing to remember'. People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. People's comments included: "Piano lesson today"; "Going shopping"; "Arts and crafts today. Making pompom owls" and "Off to Taunton tomorrow on the number 25 bus. Lunch and shopping." A relative commented: "The service is excellent and support is centred around (relative') interests."

There were regular opportunities for people, and people that mattered to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority, ombudsman and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where complaints had been made, these had been followed up appropriately by the registered manager.

Good

Is the service well-led?

Our findings

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. A member of staff said, "The support I get from the registered manager is great." Another said, "What we do well is team working."

Staff confirmed they had regular discussions with the management team. They were kept up to date with things affecting the service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change and at certain points during the day. In addition, a 'team pathway' exercise had been conducted as a result of the organisation's restructure. The exercise mapped where we are, where we want to be, what's important and core strengths of team members. The purpose of the exercise was to develop the service that people received in order to meet their specific needs and aspirations.

People's views and suggestions were taken into account to improve the service. For example, the registered manager ensured they spent time with people on a regular basis, to identify particular activities and food choices. 'Loneliness and isolation' survey's had also been completed by people receiving a service. These asked questions about any specific activities people wanted to partake in. For example, one person wished to go hunting. As a result, the management team were looking for specific volunteers to work with people to meet their wishes.

One person also attended a 'voices to be heard' group on a monthly basis. This enabled people's views to be heard. As a result of the group, policies and procedures had been discussed, easy read documents had been developed (for example, with regards to local elections) and a 'keeping safe' pack produced. In addition, surveys had recently been completed by relatives. The surveys asked specific questions about the standard of the service and the support it gave people. These were in the process of being collated and any action points would be discussed as a team. The registered manager recognised the importance of constantly improving the service to meet people's individual needs.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, personalised care, empowerment and people having a sense of worth and value. The organisations philosophy was embedded in Oaktree House.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and various consultants. Regular medical reviews took place to ensure people's current and changing needs were being met.

There was evidence that learning from incidents and investigations took place and appropriate changes

were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis as part of monitoring the service provided. These checks were completed in line with the Care Quality Commission's 'five questions.' For example, the checks reviewed people's care plans and risk assessments, medicines, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed and risk assessments updated.