

HF Trust Limited

# HF Trust - Hollycroft

## Inspection report

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24 March 2017

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 1 March 2017 and 21 March 2017.

HFT Trust Hollycroft provides accommodation and personal care for up to eight people with learning disabilities. At the time of the inspection, there were seven people being supported by the service.

The service has a registered manager in place. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well. Relatives we spoke with had described the staff as kind and caring. People were supported to go into the community and pursue their interests.

People had been assessed, and care plans took account of their individual needs, preferences, and choices. Staff supported people to access health and social care services when required.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

## 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 sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

### Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access health and social care services when required.

### Is the service caring?

Good ●

The service was caring.

People were made to feel as though they mattered and staff took the time to get to know people so they could provide person centred care.

People could make their own decisions and were encouraged to maintain their independence where it was possible.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans

were in place to meet their individual needs.

People's welfare was key and staff responded to people's changing needs quickly.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

**Is the service well-led?**

**Good** ●

The service was well led.

Quality assurance systems were in place and helped ensure consistently good standards were maintained.

The registered manager was committed to providing an excellent service that benefited everyone.

The provider had an open and inclusive culture.

# HF Trust - Hollycroft

## **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 over two days on 1 March 2017 and 21 March 2017, and was unannounced. We also contacted relatives of people who used the service on 24 March 2017.

The inspection team consisted of one inspector from the Care Quality Commission and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager, four staff and five people who used the service. We were able to contact four relatives of people living in the home. We looked at the care records of four people who used the service, and the recruitment and training records for four staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

# Is the service safe?

## Our findings

People living in the home told us that they felt safe. One person said, "Yes, feel safe." A second person said, "Yes I feel safe. When I am sitting here watching the TV with everyone I feel safe." Relatives we spoke with told us that they felt that their relative was kept safe. One relative said, "Yes I do always feel that [relative] is safe. A second relative said that their relative was "definitely safe."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns, they would report them to the manager. They also said that if needed, they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. One member of staff said, "Nothing really worries me because I would raise it if I had concerns."

We reviewed people's individual risk assessments and saw that these had been undertaken in relation to people's identified support needs. We saw that risk assessments were reviewed and updated annually or sooner if the person's needs changed. Risk assessments were in place for risk such as vulnerability while out and about, safe storage and administration of medicines, making hot drinks, and travelling independently and making purchases alone.

We saw that risk assessments were discussed with the person or their family members and put in place to keep people as safe as possible within the home and in the community. Staff said that they encouraged people to be as independent as they could whilst staying safe. Staff said, "We encourage people to do things for themselves, if they are cooking then we will let them but just keep an eye out for dangers. If they clean then we give them the things they need but will keep chemicals locked away". One person using the service showed us where the cleaning products were kept. They said, "This is the cleaning cupboard. When I am going to clean my room I have to ask staff to unlock for me to get the cleaning things and then when it's all done it's all locked away again."

Staff employed by the service had been through a thorough recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks were in place and had been verified by the provider before each member of staff began work within the home. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check.

We observed throughout our inspection that there was enough staff to support people with their daily activities. One the first day of our inspection there was one person present in the home and two staff. One member of staff was supporting the person while the other was carrying out administration tasks. Staff told us that there was always enough staff available to support people. One member of staff said, "We are support workers rather than carers, so we don't provide direct care, we support people to do things

themselves."

We saw that medicines were stored safely within the home. Medicines records instructed staff on how people should be supported with their medicines including when being given as and when required (PRN) medicines. Medicines administration records (MAR) showed that medicines had been administered as prescribed.

# Is the service effective?

## Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff understood people's care needs and how best to support them in living their everyday lives with independence. Staff had received the necessary training to equip them for their roles and were encouraged to gain further knowledge of people's conditions so they could support them to a high standard. Relatives felt that staff were well trained and competent in supporting the people using the service. One relative said, "[Relative] is very particular, but the staff seem to know how best to support them." A second relative said, "They are great and I think trained well." One member of staff said, "The training is good and we get extra training if we need it."

The registered manager told us that the training provided was mainly online, but staff were given opportunities to do more interactive training where possible. We saw that training was monitored and staff were encouraged to keep all their training up to date. Records showed that staff had received training in areas such as first aid, infection control, fire awareness, and moving and handling.

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. We saw that supervisions were used as a dialogue between staff and the manager, and any shortfalls were addressed and actions put in place to resolve any issues with staff performance. The manager told us, "If there is a problem then it's addressed in the supervisions and I work with the member of staff to help them improve." Staff said that supervisions gave them an opportunity to discuss any issues and concerns with their line manager and they felt listened to. Staff also commented that they did not need to wait for supervisions to speak with the manager. One member of staff said, "We can ring [registered manager] at any time. She is always there if we need her."

Staff were able to demonstrate an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when providing care to people. 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Where required, applications were made for people under DoLS. We saw that three applications had been approved and the remainder were awaiting approval from the local authority.

Staff told us that they would always ask people for their consent before providing support. Where they were



able, people were asked to sign their care plans to consent to the care provided to them. Staff said that where people were unable to verbalise their consent, they would use other forms of communication, such as through touch, pictorials, and eye contact.

Care records showed that staff supported people where possible to maintain a healthy weight and diet. We observed that people were supported to cook their own meals and maintain a healthy balanced and nutritious diet. One person said, "Yes I do like the food here. I'll show you the pictures." The person then showed us a photo menu on the kitchen board displaying the planned meals for that week. We observed that meatballs were cooking in the slow cooker and all people knew what they would be having and were looking forward to it. Staff said, "[Person] has difficulty chewing, but [person] will love the garlic bread with it, and spaghetti. The weekly menu is decided on Sundays. [People using the service] sit and look at the photos and all decide, then it is put on the board. If anyone does not want it on the day, an alternative can be made. We have two dining tables in different rooms and everyone has their favourite place to sit for meals." Staff also said, "[People using the service] take turns to go shopping for food if they want to and help in the kitchen when they want to."

People were encouraged to maintain their health and wellbeing through regular appointments with healthcare professionals. Staff would attend visits with them or arrange for professionals to attend the home. The provider kept a record of all medical issues and appointments, and kept relatives informed of any changes in the person's health. A relative told us, "Its normally [staff] who we speak with and she keeps us updated about what's happening with [relative]."

# Is the service caring?

## Our findings

Interaction between people using the service and staff was caring and compassionate. One person said, "Staff are lovely to me." Another person said, "If I need something I ask and it's done." We observed one person interacting with their keyworker. This person was not always able to clearly pronounce words, but we saw that even the most difficult sentences were understood by the keyworker. We saw that the keyworker would explain tasks to the person in the most calm manner, which the person followed step by step.

Relatives we spoke with also agreed that the staff were caring towards their relatives. One relative we spoke with said, "It was a hard decision to put [relative] in a home, but they have really looked after [relative]. It makes me feel at ease to know [relative] is being cared for."

We observed throughout the day that staff were happy to help people and support them like family members. One member of staff said, "I really feel that we are a family. It's a huge task, but we have a duty to be the next best thing. We keep the level of professionalism but we are almost like family to them."

We observed two members of staff say hello to a person and comment on the person's colouring. They also spoke to them about their day and the activities they had completed. Staff who were leaving the home made a point of saying goodbye and one member of staff asked the people using the service if they could remember when they would be on duty next. Three people said that they knew the day the person would be working. One person using the service showed us a board which had staff's photographs and showed what days they would be working.

We saw throughout the day that the home was very much people's home and staff were visitors. People using the service would answer the door and let staff and visitors into the home. We also saw that when staff left, they would ask if the person using the service would like to lock the door behind them. We saw that people were happy to do so and pleased to be asked.

One member of staff told us, "[Person using the service] is like the [responsible person] of the house. [Person] is very quick to open and close doors. If [person] hears the bin about to be emptied [person] jumps up to take care of it. All of the [people using the service] are caring of one another and helpful to each other. In fact that is the only time that there can be a disagreement because someone is trying to do too much for someone or tell them how to do something. But it's always over very quickly with a little prompting from staff."

People were supported to maintain relationships that were important to them. We saw that people were supported to visit relatives for weekend visits and those who did not were encouraged to attend social events in the community.

Staff were familiar with many family members and knew when they would be visiting the person. One relative told us, "[Person] comes on the bus to visit us at the weekends. We have suggested that [relative] moves closer to us, but [relative] refuses. They like it so much at Hollycroft that they refuse to move." A

person using the service confirmed that their family would visit them in the home, They said, "Yes family can come when they want." Staff also said, "Yes family members come at any time. We try to make sure family events are remembered and people make or get cards. [Person's] family come most Sundays and take them out or back home for dinner." We asked the person if they preferred the food cooked by their relative or at Hollycroft and they said, "Food here was best!" A member of staff spoke to us about this person and they said, "When I first came [person] was very wary of me, but now they say I give them the best [personal care] and asks for me. [Person] let's me help sort their room out too. I have been here about [length of service]. All of the service users are lovely people and nice to care for."

People's individual needs were understood by staff who were kind and considerate. We observed that staff knew the people they supported well. They were able to talk us through people's support needs and daily routines. For example, one person would always take a bath at a specific time. When the person returned from the day centre, staff were quick to ensure that the person had access to the bathroom in order to take the bath. We noted that when the manager said to the person, "Are you going for your bath now?", the person responded, "No I still have five minutes." The manager explained that the person was specific about the time they went for a bath and maintaining this routine was important for their mental and emotional wellbeing.

People's privacy and dignity was respected and their independence was promoted. We observed staff routinely knocking on people's doors and they did not enter until the person was happy for them to enter. We noted that one person wanted to change their clothes and a member of staff left their room until they had changed, and only entered once the person had indicated that they were ready. We saw that staff encouraged people to remain clean and well groomed. A member of staff said to one person using the service, "Are you going to have a nice bath and I can wash your hair?" Staff explained to us, "[Person]'s hair is very thick and quite long so they need help with that, but does not always like to do it." When we spoke to the person they told us that they had a bath every day. We observed that all people living in the home were appropriately supported with their personal care. Relatives we spoke with also said that they were happy with how this was managed. One relative said, "[Relative is always well dressed and clean, and they recently had a haircut. They always look well looked after."

## Is the service responsive?

### Our findings

People received care and support that was individual to them and reflected their needs. People's support needs had been assessed prior to them joining the service. We saw that appropriate care plans were in place so that people received the care that met their individual needs. There was clear evidence that the care provided was person-centred and that the care plans reflected people's needs, choices and preferences. Daily activities were set out according to the person's preferences. We saw that care plans and assessments changed regularly and the manager kept staff up to date with all changes to people's care plans through regular updates and staff handovers. Staff told us that because the team was small and that each person had a set keyworker, they were able to share information quickly and effectively between them.

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. One relative said, "Yes, they keep us updated with what's happening." The manager told us that they provided a very personal service that supported people to live an active life. We observed that staff knew people well and were able to identify any changes in behaviour and would adjust their approach accordingly. One member of staff who spoke to us about a person said, "I think we might consult a specialist regarding [person]. I noticed that recently they are more confused and we just started a diary so we can explain to the GP our concerns. Another member of staff told us, "We are trying to make a speech and language therapy (SALT) appointment, but the waiting list is huge. One of our managers had to press for urgent action, so we are expecting a letter soon."

People were supported by staff to follow their interests and participate in activities. We saw that people were encouraged to take part in activities throughout the day, so much so that on the first day of our inspection we found that there was only one person at the service because other people were out at day centres or college. Activities that people were involved in included painting, music lessons, discos, and community clubs and college courses. We also saw that people went on annual holidays together and one person also travelled abroad alone to visit friends. A member of staff told us on one of the days of our inspection, "You are lucky, usually there would not be anyone home, but [person] was not feeling well so stayed at home." We saw that although people were due to be away from the home on that day, there was still two members staff available to support them if they chose not to go out. For the second day of our inspection we had to arrange a suitable time to visit the home when the majority of people would be home to speak with us. A member of staff told us, "We have a mixture of needs [at the service]. One person needs help for everything and a few are very independent, needing little help."

We saw that people were encouraged to pursue their interests. One person had been encouraged to decorate their bedroom with the support of staff, while another person who was a fan of certain book and movie had been supported to visit attractions associated with the book. On the day of inspection the person very proudly showed us the items of memorabilia they had collected, and we saw that staff took interest and spoke to them about their interests. This demonstrated a very personal service that enabled people to feel comfortable and well-supported.

There was a complaints policy and procedure in place and people were made aware of this when they

joined the service using an easy read format. Although the provider had not received any formal complaints since our last inspection, we saw that people were encouraged to share their views with their keyworker to ensure the service was meeting their expected needs.

## Is the service well-led?

### Our findings

Staff spoke highly of the manager. One member of staff said, "I feel support by [Registered manager]. Another member of staff said, "She listens and offers advice, she is one of the best line managers I have had." A third member of staff said, "If it's a problem, it's not a nine to five problem. We can approach her at any time and she will answer the phone." A relative also commented that the home was well led. They said, "The manager and [deputy manager] are very good."

The manager was managing three homes within the organisation, but explained that she had a highly competent senior support worker who she had trained to manage the home in her absence. We found this to be true as on the first day of our inspection the manager was unavailable and the senior support worker was able to support us with the inspection. We observed the manager to have an 'open door' and we saw that people were comfortable coming in to see the manager and talk to her about their day's activities.

People were receiving an individualised service from a dedicated and committed staff team. People were given a voice through regular key worker sessions to ensure that they were able to share their opinions on the quality of service provided. This was done through monthly keyworker meetings in which people discussed what had gone well and if there were any issues they wanted to raise. There were also weekly house meetings in which people discussed the weekly running of the home which included cleaning, shopping and planning menus. We also saw that healthcare professionals worked closely with the home to ensure that the support received was assisting people to live independent lives.

The provider worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. We saw that the culture of the service was open, inclusive and empowering. The registered manager said, "We work as a team and give people choice. Staff take on tasks and are more than support workers. They take lead roles to support people."

We observed that staff were highly motivated and told us that they were fully supported by the registered manager to understand their roles and responsibilities. They told us that the registered manager led by example and supported them in their roles. One member of staff said, "We have such a supportive manager. We can go to the senior or we call the manager on her day off, she doesn't mind." A relative also commented and said, "[Staff] are an excellent group of ladies, I'm happy. If I found anything wrong, they would know about it."

The registered manager took responsibility for keeping herself up to date on current good practice. We saw that the local authority who commissioned the service had recently inspected the home and provided them with a rating of 92%.

People's views were regularly obtained by way of satisfaction surveys which were used to drive improvements and also monthly meetings. The service also asked for relatives' feedback. A relative told us, "We let them know what we think of the service. We have no issues really." We saw that recent surveys had shown that people and relatives were happy with the service being provided.

The manager had a range of quality assurance audits in place to ensure quality standards were met and legislation was complied with. The audits in place ensured that the manager was aware of all that was happening in the home and was able to plan ahead. The audits that were in place included care plan audits, medication audits and quality audits. These were carried out regularly to ensure that standards were consistently being met.

The registered manager demonstrated knowledge and understanding of safeguarding issues in line with her position. She was also able to explain when and how to report allegations to the local authority and to the CQC. The registered manager submitted statutory notifications to us in line with her legal responsibilities.