

HF Trust Limited

HF Trust - No 3 & 4a Milton Heights

Inspection report

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Milton Heights
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Date of inspection visit: 8 and 10 November 2015
Date of publication: 18/12/2015

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 inspected 3 and 4a Milton Heights on the 8 November 2015. HF Trust - No 3 & 4a provides 24-hour residential care and support for up to five people with a learning disability. Some people that live here have autism and need support to manage their behaviour. This was an unannounced inspection.

There was a registered manager in post at the service. 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.

Summary of findings

People benefited from a service that was person centred and involved people and their relatives in the planning and review of their care. Feedback from people and their relatives was used to improve the quality of service people received.

The leadership within the service was described as good and the registered manager showed clear passion and commitment to provide high quality care. There was a clear vision for the service to provide holistic support for each person in a person centred way. There were effective systems in place to monitor the quality and safety within the service.

There were sufficient number of staff to meet peoples needs. Care staff were described as caring and had positive relationships with the people they supported. People's privacy and dignity was respected.

People benefited from a staff team that were supported through formal supervision processes as well as informal

day to day conversation and role modelling from the registered manager. Staff also had access to a range of training and were encouraged to pursue further qualifications.

People's needs were assessed and those assessments were used to inform clear and person centred support plans. Risks in relation to this support were assessed and clear guidance was in place to ensure people were safe whilst receiving support as well as being involved in activities and accessing the community.

Peoples medicines were administered safely and at the expected times. Staff had a good understanding of safeguarding and what they should do in the event of suspecting or witnessing abuse. People were also protected from financial abuse due to effective systems in place to manage people's day to day access to their finances.

People benefitted from a staff team that understood the Mental Capacity Act (MCA) 2005. The MCA is the legal framework that protects peoples right to make their own specific decisions.

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

Good



Risks in relation to people's needs were assessed with clear guidance documents to ensure support was provided safely.

People's medicines were administered and stored safely to ensure people received their medicines when required.

Staff had a good understanding of safeguarding and what to do if abuse was suspected.

Staffing levels were adequate to meet the needs of people using the service.

Is the service effective?

The service was effective.

Good



People's preferred communication methods were clearly documented and understood by staff supporting them.

Staff felt supported and had access to regular training and professional development.

Staff within the service understood the principles of the Mental Capacity Act 2005. Assessments in people's care files ensured that any decision being made for people was done lawfully.

People had a healthy diet of their own choosing and had clear Health Action Plans to ensure they remained healthy and accessed appropriate health professionals.

Is the service caring?

The service was caring.

Good



People had good relationship with their staff team and people they lived with.

People were treated with dignity and respect and were involved in decisions relating to their care.

Staff were described as caring by people and their relatives.

Is the service responsive?

The service was responsive.

Good



People's needs were assessed and reviewed which ensured their needs were identified and responded to.

People's complaints and concerns were responded to respectfully and in good time.

Summary of findings

People engaged in activities that interested them at times they chose.

Is the service well-led?

The service was well led.

There was an effective system in place to monitor the quality and safety within the service.

There was a clear vision within the service that reflected the organisational goal's

Staff felt their views were valued and felt able to raise any concerns with the manager should they arise. This was due to a culture that staff described as open and transparent.

Good



HF Trust - No 3 & 4a Milton Heights

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 checked whether the provider was 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 the 8 and 9 November 2015 and it was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed the information we held about the service. This included notifications, which is information about important events which the service is required to send us by law. We also spoke with professionals and commissioners who are in regular contact with the service.

At the time of the inspection there were four people being supported by the service. We spoke with three people's relatives. We spoke with the registered manager and five staff. We reviewed three people's care files, records relating to training, and the general management of the home. We also reviewed six staff files.

Is the service safe?

Our findings

People we spoke with felt safe. Comments included, “I feel safe thank you” and “Oh yes, very safe”. People’s relatives we spoke with also felt the service was safe. Comments included, “It’s a very safe service, no worries at all there” and “We have never had reason to feel [relative] is unsafe”. There was a good understanding of safeguarding people in the service, what constitutes abuse and what to do in the event of suspecting abuse. Safeguarding procedures were clearly displayed and safeguarding alerts had been raised appropriately with the local authority safeguarding team. People were also protected from the risks of financial abuse as there were clear arrangements in place for the storage and management of finances. We looked at people’s financial records. We saw people’s finances had been clearly recorded and were accurately accounted for.

People had individual risk assessments in place to ensure identified risks could be supported safely. For example, people with risks in relation to their behaviour that may present as challenging, had risk assessments in place. There was clear guidance to ensure their safety around the house and in public. Staff we spoke with understood this guidance and we also observed it being followed. Another person had a specific health condition. We saw a clear plan was in place to support this person in the event of an episode with clear guidance staff should follow. We saw staff had received training to ensure they could follow the guidance safely. These risk assessments were reviewed regularly or when required. For example, we saw one risk assessment that had been updated due to new behaviours being presented. We did note that changes identified by the staff team with regard to one person’s mobility had not been risk assessed or updated into their support plan.

However all staff we spoke with understood what support was needed to ensure this person’s safety and the registered manager took immediate action to rectify the issue by updating the support plan.

We found medicines were administered safely to people who required them in line with documented guidance. We also saw that medicines were stored safely and stock levels were regularly checked. Each person also had information relating to their medicines which was reviewed and updated each time people used the service. This was in case changes had occurred to people’s medicines. Where medicines were due to be taken as and when required there were protocols in place to ensure this was done safely.

There were enough suitably qualified staff to meet people’s needs. The staffing was arranged around the needs of people using the service. For example, people who required one to one staffing received this and additional staff were planned in at times where people had chosen to do activities. The services benefited from a consistent and stable staff team who had all worked at the service for a number of years.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK. Staff we spoke with all confirmed they went through the necessary checks before starting their employment.

Is the service effective?

Our findings

People's relatives felt the service was effective. Comments included, "People's needs are very well understood, the staff are excellent, very well trained", "The staff have been together so long and this benefits people" and "People's needs are understood, and staff know what they are doing".

We saw that the effective care and support people received had enabled people to require less intervention. We were told about one person who over time has gradually required less support, especially when travelling in cars. This was due to the understanding staff had of this person's needs as well as strategies that have been tried such as the introduction of music. We also found this person had a specific health condition that can cause pain. This person was assisted by the experience and understanding of staff and had been supported to access activities which relieved this pain. One member of staff told us, "It's all about getting to know people, once you have an understanding you can be more effective with the support you offer".

Staff we spoke with felt supported. Comments included, "The support is great, we're a close team and support each other" and "I get as much support as I need and also happy to offer it when needed". Staff had access to regular supervision and appraisal. Supervision is a meeting for staff to discuss and improve their practise, raise issues and access the support required to fulfil their role in a formal meeting. An appraisal is an annual meeting where objectives for the year are discussed and performance for the previous year is reviewed. These processes support staff to reflect on their work, to benefit themselves and the people they support.

Staff within the service had a good understating of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework for ensuring that people are not unlawfully having specific decisions made on their behalf. DoLS are in place to ensure that people's freedom is not unlawfully restricted or when assessed to be in their best interest, is the least restrictive means. We saw MCA assessments in people's folders and DoLS applications being made and reviewed when the service felt they may be restricting people's liberty to ensure their safety.

Staff we spoke with felt they received adequate training. Comments included, "The training is very regular here, we could do more class based, but it's good" and "There is always lots of training we could do". We saw staff undertook mandatory training such as fire safety, first aid, and health and safety. Staff told us they had received periodic renewals of mandatory training. We also saw that staff received more specialised training around Epilepsy and Autism. Staff were also encouraged to take further professional qualifications. One staff member we spoke with was close to completing their Level 3 qualification in Health and social care.

People's preferred methods of communication were understood and clearly documented. Where people had limited verbal communication they had their own individualised methods of communicating that staff understood and used. For example, one person used picture cards and visual aids to support their communication. Another person had an ongoing communication log. Each time staff were successful in understanding a means of communication this was recorded, so all staff could use this method to benefit the person.

People benefited from a varied and balanced diet of their choosing. We saw each person chose their own breakfast which could be cooked or cereal based depending on their preferences. People were also able to choose their own meals for lunch and dinner. People we spoke with liked the food and their relatives felt they were healthy. Comments included, "The food is nice and I choose it", "[relative] has always had issues with their weight, but the service have helped them maintain a good weight" and "I think there is a good balance of choice with advice on what's good for them".

People had access to appropriate professionals as and when required. People were supported to attend GP appointments and visits to the dentists. The service also accessed support of other professionals such as speech and language therapist (SALT) and district nurses when required. Information was clearly documented in people's Health Action Plans (HAP's). A HAP is a personal plan about what people need to do to stay healthy. It lists any help that a person might need in order to stay healthy and makes it clear about what support the person may also need.

Is the service caring?

Our findings

People and their relatives described the service as caring. Comments included, “Staff are very caring” and “The care is ok, I can’t fault it”. These comments matched our observations with every interaction being respectful, patient, and suited to each individual person.

People and their relatives clearly appreciated the relationships staff had with the people they supported. Comments included, “I like all the staff” and “They are all nice”. Relatives also commented on the relationship between staff and the people they support. Comments included, “The staff treat each person with respect, It’s a very caring team” and “I always see care when I go and visit, people are cared for really well”.

We saw a number of caring interactions throughout both days between staff and the people they supported. One person who became slightly anxious on our arrival were supported to remain calm and the needs of this person was put first. We also saw another person being encouraged to settle with regard to an issue they had become fixated on. Fixation for people with autism can be a source of enjoyment as well as a recognised learnt coping strategy when anxious.

Positive relationships between people that lived in the service was encouraged. We saw photo collages within the living area of activities people using the service had been on together. Staff we spoke with also told us how they encouraged friendships despite people choosing to spend much of their time alone.

People were involved in decisions relating to their own care. We observed people being consulted throughout both days and we were informed that people are involved daily in what they want and need. The provider’s fusion model of care catered for all aspects of people’s lives and encouraged staff to remain considerate in these areas. The Fusion Model of Support contained all of the elements that the service believes are essential to providing high quality,

person-centered services. This vision is set out in eight segments such as choice, creative solutions, family involvement and personal growth among others. The model is surrounded by the themes of care, high quality and continual improvement. One staff member told us, “I have always been caring but we are trained to see the different areas that care can be given” and “We have our fusion model that has helped me see the areas that are important to people I may not have otherwise considered”. The registered manager told us, “We are talking with people and their relatives about their needs all of the time”. Staff also told us how they ensured people were involved in their care. Comments included, “We have good relationships with family and for people that can’t communicate verbally we understand their unique way of telling us things”. We observed one person communicating with sounds and staff responding immediately. The staff member told us, “There is a different sound, this one means they are happy”. We also spoke to this person’s relative who confirmed the sounds this person made when they were happy.

We also saw that people’s independence was supported. People who were able to safely access the kitchen area were supported to do so and helped with cooking their own meals and other household tasks. One person’s relative told us, “I think it’s great the [relative] helps with meals; you can see the benefit when they come home for stays”.

People benefited from a service that respected the importance of equality and diversity. People’s cultural and religious needs were collected at their initial assessment and this information was clearly recorded in their support plans. At the time of our inspection nobody at the service had a specific cultural or religious belief that required arrangements to be made. However the manager told us, “Not at the moment, but if we did we would do everything in our power to respect and cater for peoples wishes, if it’s important to them, it’s important to us”.

Is the service responsive?

Our findings

People's relatives described the service as responsive. Comments included, "They are responsive and change to meet [relatives] needs" and "They are quick to respond and we are always updated". We saw that one person's mobility had recently changed and the staff had raised the issue. We saw that the service had already contacted the relevant professionals to come and assess the person.

People benefitted from a service where staff were trained in person centred active support (PCAS). PCAS is a structured approach to supporting people with learning disabilities to maximise their engagement in meaningful activity, from domestic activities at home such as cooking and washing to educational, employment and leisure activities in the community. Staff we spoke with told us how this approach had benefited people. Comments included, "PCAS has been really helpful in making sure staff are using the same approach and that consistency has been so important to each person we support" and "PCAS has helped people to do more for themselves and experience more".

We saw that people enjoyed a variety of activities that interested them. These ranged from in house craft and games to trips to day centres. People also enjoyed cycling, horse-riding and trampolining. People's relatives felt that

the service worked hard to support people to engage in activities. Comments included, "I know people have the opportunity to do as much as they can" and "The service has given much more opportunities to [relative] than services have in the past".

People benefitted from a service that saw the feedback as important in improving the service. Relatives we spoke with felt they were often asked for their views on the service and ideas they had were taken on board. For example one person's relative told us how they had mentioned their relative was not using some equipment that they enjoyed. We were told, "[relative] enjoys using it and it wasn't being used, we mentioned it and now it's being used all the time". We also saw a number of photos of this person enjoying the equipment.

There was a clear complaints procedure in place and everyone we spoke with knew how to access it. We saw people's concerns were recorded and managed effectively. For example, one person's relative had raised concerns regarding the amount of phone calls they received at certain times. We saw the registered manager had worked with this person to arrange an alternative means of communication at times of anxiety. We saw that calls had reduced significantly and relationships with the person's family had improved.

Is the service well-led?

Our findings

The service was described by peoples relatives as well led. Comments included, “The manager is brilliant, and so much energy” and “The service has very strong leadership”. Staff we spoke with also described the service as well led. Comments included, “Very good manager, gets involved and is an excellent role model” and “Very passionate about the service and supporting people to have fulfilled lives”. Throughout our conversations with the registered manager their passion for the service and commitment to people they supported was clear. The registered manager spoke with great affection of their staff and the people that lived in the home.

The registered manager also ensured a culture of support existed for staff to create an overall high quality culture. The registered manager told us, “If staff feel valued and supported then they will provide better support for people, you support better when you are supported”. There were clear roles of accountability within the home. Staff were all clear on their roles and told us they felt able to develop those roles. Comments included, “I feel involved in leading this home, I have ideas and the manager supports and appreciates them” and “I am clear on all tasks that I need to do, and it all gets followed up, but I am trusted”.

There was a clear vision within the home that was also part of the provider’s fusion model already referred to. The Fusion Model of Support contained all of the elements that the service believes are essential to providing high quality, person-centred services. This vision is set out in eight segments such as choice, creative solutions, family

involvement and personal growth among others. The model is surrounded by the themes of care, high quality and continual improvement. Staff we spoke with were able to speak with us about this vision. Comments included, “It’s something you can buy into and feel part of, I think it’s great and clearly supports in a way we may not without the clarity the vision offers” and “The fusion model and has helped me see where the support we offer is coming from, families like it too”. One relative we spoke with told us how the vision had supported their relative. We were told, “I have known the service for a long time and seen the good work it does for people, the approach they use supports people to be adventurous and part of the wider community, my [relative] has flourished”.

There was a system in place to monitor the quality and safety of the service. The system involved rating each aspect of the service with a red, amber and green code. Each rating indicated any action required to improve and make the areas green. The registered manager was also responsible for completing the quarterly audit of health and safety report and sending this to senior managers to review the progress of the service. This audit helped identify trends and themes that occurred in relation to health and safety, so learning could be applied across the whole service.

All staff we spoke with understood the whistleblowing policy and where to raise concerns if they had them. Relative’s we spoke with felt the service was open to feedback and they would have no issues in raising their views and concerns.