

HF Trust Limited

# HF Trust - Chy Keres

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

HF Trust – Chy Keres (Chy Keres) is a care home providing a respite service for up to six autistic people or people who have a learning disability. The service provides support to approximately 40 people through periods of planned respite throughout the year. At any one time the service can accommodate a maximum of 6 people. The service also supports people who need respite on an emergency basis. There were 4 people using the service at the time of the inspection visit, 3 of these were visiting the service for respite care and 1 person was on an emergency placement and was expected to live at the service for the next few weeks. The service is provided by HF Trust (Hft), a national charity with services throughout England.

### People's experience of using this service and what we found

#### Right Support

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

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

The environment was safe and clean and met people's physical and sensory needs. There was plenty of outdoor space where people could spend their time. There were plans in place to further improve the garden.

#### Right Care

Medicines were safely managed by trained staff who administered people's medicines in line with the prescriber's instructions.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Occasionally the service provided emergency support for people. Care was taken to help ensure staff were able to get a good understanding of people's needs in a short time.

#### Right Culture

People received good quality care and support by trained staff that could meet their needs and wishes. Staff knew and understood people well. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

Chy Keres had a strong identity as a service committed to providing meaningful respite care for the benefit

of people and their families.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 9 July 2018).

At our last inspection we made a recommendation about providing regular staff supervisions. At this inspection we found staff were receiving face to face supervisions and other informal support.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the Key Questions safe, effective and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HF Trust – Chy Keres on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation in relation to health and safety audits in the report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service well-led?

Good ●

The service was well-led.

# HF Trust - Chy Keres

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector 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.

#### Service and service type

Chy Keres is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chy Keres is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. They had been supporting another HF Trust service for several months and the service was being overseen by an acting manager with the support of the registered manager.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 June 2023 and ended on 8 June 2023. We visited the service on 6 June 2023.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. This included notifications of incidents and other contact with the provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We met 3 people who were staying at the service. We also met the registered manager, the deputy manager and 3 care staff. We looked at the care records for 3 people who were staying at the service. We looked at the recruitment, training, and support records of 3 members of staff. In addition, we viewed other records the provider used for managing the service which included records of meetings and quality monitoring. As part of the inspection, we looked at how medicines were stored, recorded, and administered.

After the inspection site visit, we continued to seek clarification from the provider to validate evidence found. We contacted 8 relatives and an external professional to obtain feedback on their experience of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Water temperature checks, which should have been completed by staff weekly, had not been carried out since October 2022. The registered manager told us this would be assigned to a named member of staff.

We recommend health and safety auditing processes are reviewed to ensure all safety checks are included.

- Risk assessments guided staff on the actions they could take to mitigate any identified risk. When advice was provided by other agencies this was included in people's care records. It had not always been transferred to the appropriate risk assessment to ensure the detail was easily accessible to staff. Following the inspection, the registered manager told us this had been addressed.
- Personal Emergency Evacuation Plans (PEEPs) had been developed for each individual with information on the support they would need to leave the building in an emergency.
- Alterations to the layout of the building had been made to make sure people with restricted mobility could be evacuated from the premises quickly.
- External contractors completed regular checks and services to the utilities. This included checks of the boiler, water system and electrical equipment.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help manage the risk of harm to people. Staff told us they would raise any concerns with managers and were confident these would be dealt with appropriately. If necessary, they told us they would escalate concerns to senior managers.
- Safeguarding was discussed at team meetings and in supervisions. There were up-to date safeguarding and whistleblowing policies in place.
- Relatives told us they were confident their family members were safe. Comments included; "[Name] is very safe there" and "[Name] is always happy to stay and we're very happy."

### Staffing and recruitment

- The provider followed safe recruitment processes to help ensure newly employed staff were suitable to work in the care sector. For example, references were obtained and Disclosure and Barring Service (DBS) checks completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff available to meet people's needs. On the day of the inspection people were supported to go out according to their own preferences while other people stayed in the service with the

appropriate support.

- Many of the staff team had worked at Chy Keres for several years. Staff commented on the low turnover rate.

#### Using medicines safely

- Medicines were managed safely. Families provided information on the medicines their relative was taking and updated this with any changes. Medicines were brought into the service in the original packaging with the prescribers' instructions. This helped ensure people received their medicines as prescribed.
- Medicine Administration Records (MAR) were completed accurately.
- There was an up-to-date medicines policy in place. An appropriately trained member of staff administered medicines, and this was checked by a second member of staff to reduce the risk of errors.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- There were systems in place for learning from untoward events. Accidents and incidents were recorded and analysed to identify trends and patterns.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. One member of staff explained; "When we have a new guest everyone is good at sending information back and forth."
- A relative commented; "All the staff were very friendly and asked me everything I could think of about her needs."
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- At our previous inspection we noted staff were not having regular face to face supervisions and we made a recommendation. At this inspection we found some supervisions had been completed and there was a plan in place for all staff to have a face to face meeting with the acting manager in the next few weeks.
- Staff told us they were well supported and could approach managers for guidance at any time. They said communication between team members was good which meant they were able to access peer support that promoted consistent support for people.
- New staff completed an induction which included some training and familiarisation with people's care records.
- Training was regularly refreshed. A team member commented; "HF Trust are very good at training, when anything is due it's flagged up to us in an email."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to follow a diet in line with their preferences and personal beliefs.
- Staff had a sound knowledge of how people liked to be supported with eating and drinking. Mealtimes were flexible to meet people's preferences and avoid them being rushed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other professionals to help provide joined up and consistent care.
- A professional commented; "If I, or other professionals involved, needed specific support for the person, HFT management and staff always responded quickly and would seek ways of implementing the support."
- People were encouraged to live a healthy lifestyle including following a healthy diet and taking regular exercise while they were staying at Chy Keres.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- There was a well equipped sensory room where people could choose to spend time as well as a large shared open plan living and dining/kitchen area.
- Adaptations had been made to the building so people with restricted mobility were able to leave the building quickly in an emergency.
- All the bedrooms were en-suite and two had overhead hoists to meet people's specific physical needs.
- There was a large garden with garden seating and a poly tunnel. There were plans to erect a summerhouse to create a further area for people to enjoy.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The service was working in line with the principles of the MCA. Capacity assessments had been completed in line with best practice. The best interest process had been followed when decisions were made on people's behalf. These involved families and professionals.
- Staff worked with people to support them to make choices and decisions either verbally or using communication tools.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager appointed at Chy Keres. However, they had been supporting another HF Trust service since January and an acting manager was in place.
- The acting manager told us they had been well supported and were able to ask for advice at any time. The registered manager visited Chy Keres regularly and spoke with the acting manager frequently.
- Relatives were positive about the acting manager. They commented on the efficiency of the service. For example; "I can call [acting manager] and they are brilliant. [Acting manager] says 'no problem, I'll get it done' and I know it's done properly."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The acting manager was visible in the service and had a good understanding of people's needs.
- Staff told us they felt able to raise concerns with managers without fear of what might happen as a result.
- People using Chy Keres were referred to as guests and this approach was reflected in the service ethos. People's needs and preferences were central to how the service was managed. For example, managers worked to try and match people's needs and organise stays accordingly.
- Relatives told us their family member was valued and had a good time when staying at the service. One said, "Chy Keres is the cream of the crop, the bees knees. They watch out for [Name], they care for them, they look after them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers gave honest information and applied duty of candour where appropriate. A relative told us of an occasion when a medicine error had occurred. They commented; "Last year there was a problem. It didn't affect [Name], but they said it is not acceptable that happened. There was an enquiry, and everyone knew about it, they dealt with it very well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives were asked to feedback their experiences. One told us; "We've had questionnaires and surveys both by post and by email. We've had general ones from HFT too."
- Staff meetings were held. Staff told us these were an opportunity to raise any ideas, concerns or questions.

- A professional commented; "The manager was extremely knowledgeable, compassionate, flexible and worked well with staff, communicating effectively with them and with all other professionals involved, health colleagues (at least 3 at any one time), advocacy and solicitors."

#### Continuous learning and improving care

- The provider invested in the service, delivering improvements when areas for improvement were highlighted.
- The main focus of the service was the delivery of respite care. When required emergency care was offered on a longer-term basis. The service and staff were able to adapt to this, achieving good outcomes for people.
- Audits were completed. When these highlighted areas for improvement action plans were developed with clear targets.