HF Trust Limited

HF Trust - Clifton View

Inspection report

72a Broad Street
Clifton
Shefford
Bedfordshire
SG17 5RP

Date of inspection visit:
22 February 2019
25 February 2019
28 February 2019

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20 March 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: HFT Clifton View is a residential care home providing personal care to older and younger adults living with learning disabilities or autistic spectrum disorder. The service is designed to support people with complex support needs and has been adapted to meet their needs.

People's experience of using this service: People were not always fully protected from harm as changes to people's support needs were not always thoroughly assessed and shared with staff supporting them.

People were not always supported in line with current best practice and legislation. People were not always supported to communicate in their preferred communication methods and peoples changing needs were not always assessed and used to inform best practice. People's mental capacity was not assessed in line with current best practice and legislation.

Audits of the service needed to be properly implemented to identify improvements that could be made. Work was ongoing to improve the current culture of the service.

People and their relatives were not asked for feedback about the service and were not always informed of changes to the service promptly.

People told us and we saw people being treated with kindness, respect and compassion. Staff supported people according to their likes and dislikes. People were supported to make choices and be independent in their daily lives.

People's care was personalised to their specific needs and preferences. People took part in a variety of activities that had been identified as things that they enjoyed.

Processes and systems in place protected people from harm and abuse in areas such as medicines and supporting people with finances.

Staff recruitment procedures were thorough and included all necessary criminal record checks. There were enough staff on shift to meet people's needs.

Staff members were not receiving frequent supervision and support to continuously learn and update their knowledge. Plans were in place to improve this.

People were supported to access health care and other professionals in a timely manner when they needed support.

The management team were passionate about improving the service and were putting plans in place to support people and the staff team to action improvements.

The staff team were positive about the current changes that the management team were putting in place. The management team were working with other services managed by the provider to put improvements in place.

Rating at last inspection: Good (report published 21 April 2016.)

Why we inspected: This was a planned inspection based on the rating at the last inspection. During this inspection we found evidence that means the rating of the service has changed to requires improvement. More information is in the full report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 not always Safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always Effective. Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was Caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was Responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always Well-Led. Details are in our Well-Led findings below.	**Requires Improvement**

HF Trust - Clifton View

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection.

Service and service type: HFT Clifton View is a residential care home providing personal care to older and younger adults living with learning disabilities or autistic spectrum disorder. The service is designed to support people with complex support needs and has been adapted to meet their needs. At the time of our inspection nine people were using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection: We gave the service 24 hours' notice of the inspection visit because this inspection was taking place at the same time as an inspection of a domiciliary care agency at the same location.

What we did: We visited the service to speak to people, the staff team and the management team on 22 and 25 February 2019. We spoke with relatives of people who used the service on 28 February 2019.

Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection we:
• Spoke with four people using the service, two relatives, two care staff, one senior support staff, the manager, the regional manager and two external professionals.
• Observed staff members supporting and interacting with people at the service.

• Spent time looking at the premises and how it had been adapted to meet people's needs.
• Gathered information from three care files which included all aspects of care and risk.
• Looked at two staff files including all aspects of recruitment, supervisions, and training records.
• Records of accidents, incidents and complaints.
• Audits, surveys and minutes of staff and professional meetings.
• Policies and procedures relating to the management of the service.

Following the inspection, we received further evidence from the provider showing their quality auditing systems and processes on 27 and 28 February 2019.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people when their needs changed were not always thoroughly documented and shared with the staff team.
- One person's mobility needs had changed and they now needed to use a hoist and be supported to stand in a specific way. There was little updated information in their file except a pencil entry. We saw agency staff aid this person but they used the wrong technique. We discussed this with the regional manager and senior support worker who showed us an interim report from an occupational therapist but this was not available to staff. An updated plan was not in the person's record. Staff were supporting the person without an up to date plan or risk assessment leaving the person at risk of being supported in an unsafe manner by staff. We discussed with the regional manager about the need for this to be completed as a priority.
- Following the inspection, the manager took action including making sure that up to date information was available to the staff team and informing the local authority safeguarding team.
- Other risk assessments we saw covered how to mitigate the risk of harm and abuse to people in all aspects of their support. We saw that there were systems in place to update these regularly.
- There was clear guidance in place for staff to support people in the case of fire. Staff we spoke to knew how to support people in these circumstances.
- Health and safety checks were carried out for all areas of the service. We saw that these were not always used effectively to keep the service safe. For example, it had been identified that a door needed replacing, however there were no actions recorded to mitigate this risk. The regional manager informed us that they would be bringing this to the attention of the staff team.
- There was a large amount of equipment on top of a fridge in a kitchen that was not in use. The equipment was placed very haphazardly and looked like it may fall from the fridge. This had not been picked up as a potential risk to people.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person said, ''Yes, I feel safe. I would speak to a member of staff if I did not.'' We saw other people appearing to be very relaxed and happy.
- Staff were trained in safeguarding people from harm and abuse and told us they could report any incidents to the management team. However, some staff we spoke to were unaware of who to report concerns to outside of the service they worked in. Plans were in place for gaps in knowledge to be discussed in team meetings and supervisions.
- There was information in the service and in the office about the correct procedures to follow if there was a safeguarding concern. Safeguarding concerns had been notified to the correct authorities.

Staffing and recruitment

● One person told us, ''They [staff] are mostly the same all the time.'' Another person showed us the staff and indicated that they knew who they were.

● Agency staff were currently being used at the service. We saw that where possible the same agency staff were used to ensure consistency for people. The manager told us that agency staff received a thorough induction in to the service before working there.

● Staff we spoke to confirmed that plans were in place to cover staff vacancies. Staff worked with staff in other services in the organisation to ensure that the correct amount of staff were available to support people.

● Robust recruitment procedures and checks took place before staff worked at the service.

Using medicines safely

● One person said, ''Staff are good with medicines. They always ask me before they help me with them.'' We saw that easy-read information about medicines had been produced for people to help them understand what medicines were for.

● Staff received training in the administration of medicines and told us how to safely administer medicines to people.

● People's medicines were kept at a safe temperature and checks were in place to ensure that medicines were administered safely.

● People who were prescribed as and when required (PRN) medicines had clear protocols in place which guided staff when to administer these medicines.

Preventing and controlling infection

● The service was visibly clean. Cleaning schedules were in place and staff told us that cleaning supplies and the correct equipment was available.

● Systems were in place to prevent the spread of infection. People's clothes were washed separately. There were plans in place if people became unwell to reduce the risk of cross-contamination.

Learning lessons when things go wrong

● Where incidents or errors happened, these were investigated and used to update policies and procedures at the service.

● Plans were in place to improve the ways in which actions were put in place following on from things happening to ensure that the service was continually improving.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

● People's needs were assessed before they started using the service. People's likes, dislikes and preferences were discussed at assessment and used to produce care plans for people.

● People's changing care needs were not always recognised and documented to be shared with staff and other professionals. For example, one person had begun to live with dementia. Staff knew about this and the person had a risk assessment in place for this. However, the person's health action plan had not been updated with information about how to support them with their dementia. This meant that staff may not know the specific ways that this person wanted to be supported.

● Personal information about a person's preferences with regards to personal care were on display on a notice board in the kitchen. There was also a notice board on display in the kitchen which detailed people's personal health appointments. This was not in line with best practice with regards to respecting and promoting people's confidentiality.

● There was some confusing information in people's care plans about how to support people with behaviours that may challenge. We asked a senior support worker about one person's care plan which did not identify any behaviours that challenge for a person. However, there was a document detailing strategies to support the person with challenging behaviour. This appeared to be a generic document that was not specific to the person. This meant that staff may be given misleading information about a person's support. The senior support worker removed this document when we pointed this out to them.

● One person used eye-gaze technology to communicate. Following a change in this person's health they had not used this for some time. There had not been an attempt to re-engage with the eye gaze technology with the person and staff we spoke to did not know how to support the person with this. This meant that the person may not be able to communicate effectively. The manager told us that they were planning to re-introduce this technology to the person and the staff team.

Staff support: induction, training, skills and experience

● Staff told us that they completed training in areas such as safeguarding and moving and handling. Staff were positive about some of the training they received specific to people's needs. For example, there had recently been training to support a person with Prader-Willi Syndrome.

● Some staff found it difficult to explain what they had learned from their training in areas such as safeguarding or the mental capacity act. We asked a staff member what the Mental Capacity Act meant for people and they told us, ''It is about the ins and outs of caring for a person.'' The staff member was unable to elaborate on how they might support a person who lacked mental capacity.

● Staff gave us mixed feedback about their induction in to the service. One staff told us, ''It was OK. Lots of online training and some shadowing. I am observing as I go.'' Another staff member felt that they had done

enough shadowing. Shadowing is where a new staff member works alongside a more experienced staff member.

● Some staff we spoke to were unclear on how to complete tasks such as evacuating people in a fire or booking doctor's appointments for people. Staff told us they had not had time to read all the risk assessments in place for people. This meant that some staff may not know how to support people effectively in these circumstances.

● Staff had not been receiving regular supervisions and competency observations with management to discuss gaps in knowledge and find areas for development. The manager showed us that plans were in place to implement these.

● The manager identified that induction for new staff may not have been effective. Plans were in place to improve the induction process for staff and to re-induct some staff members who had gaps in their knowledge. Staff were also being supported to complete the Care Certificate- a set of standards which gives new staff members the skills they need to effectively perform their job role.

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 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 with appropriate legal authority. 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 not following best practice with regards to assessing people's mental capacity. People's mental capacity was being assessed by one person who worked at the service. Best practice is to ensure that there is a meeting to decide how best to support people who do not have capacity. These were not being completed. We recommend that the manager researches current best practice in assessing people's mental capacity.

● Several people were under DoLS to protect them from harm and abuse. The service had not notified the CQC of this. We informed the regional manager and manager of this during the inspection so that they could action this. We received these notifications following our inspection.

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

● People were supported to eat and drink according to their support needs. There was detailed information about how to support people with their dietary requirements in their care plans and in the kitchen.

● Staff had good knowledge of people's dietary needs. One staff told us, ''It depends on the person. Some people need food cut up small others just need help with how much food to put on their fork.''

● We saw that meals looked appetising and that people seemed to enjoy the food. One person said ''The salad is good.'' whilst eating their meal. Another person spoke to us about how they were losing weight using a meal plan that they had designed with the staff team.

● People were encouraged to make choices about what to eat and alternative meals were always available. We saw that people could choose to eat and drink any point in the day.

Staff working with other agencies to provide consistent, effective, timely care

● The service regularly consulted with other professionals to provide care. We saw that people had involvement from GP's, occupational therapists, speech and language therapists and psychologists.

● One person told us, ''[Staff] take me to the doctors or the dentists when I need to go.'' Another person said. ''When my tummy hurts.'' when we asked them if staff supported them with health appointments.

● People had detailed hospital passports in place which gave other agencies supporting people a clear overview of people's support needs and preferences.

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

● The service was designed to meet people's specific needs. We saw that equipment such as hoists or specialised baths were available for people to use. Staff had received training how to use these and these were checked regularly to ensure they were safe to use.

● One person told us, ''I can decorate my bedroom however I want.'' We saw that people's bedrooms were designed according to people's preferences.

● Some areas of the service needed some improvement to make the environment look homelier. The manager and team leader told us that there were plans to improve the communal areas and garden.

Supporting people to live healthier lives, access healthcare services and support

● People were supported to live healthily depending on their support needs. Visits from health professionals were recorded and used to update people's care plans.

● The majority of people had detailed and up to date health action plans in place. These gave staff a good overview of how to support people to live healthily and which health professionals were involved with their care.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● One person told us, ''Staff are nice. They always talk to me and know what I like and do not like.'' A relative said, ''[Staff] go out of the way to care for [person]. They always put a spin on what is happening to involve [person] more.''

● We saw staff members supporting people in a kind and compassionate way. We saw staff communicate with people and people reacted positively to these interactions. People were visibly happy and relaxed being supported by staff members. People were spoken to in an appropriate manner, volume, and tone of voice by staff members.

● Staff told us, ''No person is the same. We treat everyone as an individual and offer them new experiences.'' and, ''We read the care plans but it is about getting to know the person by supporting them.''

● People's care plans detailed their likes and preferences and staff had a good understanding of these. We saw that people were offered activities such as watching DVD's or going out for lunch based on their preferred choices.

● People's cultural and religious beliefs were respected. People were supported to follow their beliefs by eating specific diets and staff had a good knowledge and understanding of these.

● People's daily notes were written in a kind and respectful manner. Some daily notes we reviewed were not as detailed as others and used less respectful language such as '[Person] behaviour was good.' The regional manager was aware that staff needed further mentoring in this area.

Supporting people to express their views and be involved in making decisions about their care

● One person told us, ''I have lots of choices here. Like how I have my bedroom and what food I eat.'' We saw other people being offered choices throughout the day. For example, one person was offered a choice of yoghurt and another person was offered a choice of programmes to watch. People were given plenty of time to make choices.

● People were involved in regular reviews of their care and care plans and were supported to make choices. A relative said, ''We contributed massively to [person's] care plan and our opinions were listened to.''

● People had been supported to access and use advocacy services to support them to make choices where this was appropriate.

Respecting and promoting people's privacy, dignity and independence

● People told us they could spend time by themselves if they chose to do so and we saw that people were given time by themselves when they wanted.

● One person told us, ''Usually I do as much as I can by myself but staff are there to help me.'' We saw people's independence being promoted. For example, people were supported to set the table for lunch, choose and bring their own desserts from the kitchen to the dining room and to complete their own laundry.

We saw one staff member remind another staff member that a person could eat independently and needed less prompting which meant the person could remain independent.

● Staff told us, ''You need to give people lots of time but it is important that people still do as much as they can by themselves. People can do a lot of things, we just need to support them.'' People's care plans gave a good indication of how to promote independence for people.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was individual to their needs.
- People were offered a range of activities based on their likes, dislikes and preferences. One person said, ''I go bowling, to the cinema and I go walking to help me lose weight. I do not think there is anything that I cannot do.'' We saw that other people took part in activities such as swimming, going out for lunch and watching their favourite DVD's.
- People did the food shopping for the service with support from staff members.
- People had goals to achieve in different areas of their daily support to promote their independence. One person had chosen not to set any goals and this choice had been respected. Although people had goals, it was unclear as to when these would be achieved and how the person would know that they had achieved their goal. The manager told us that plans were in place to improve in this area.
- People had a 'key worker' assigned from the staff team. People told us that key workers were assigned based on similar interests. One staff member told us, ''I love key working [person}. We both like having our hair and make-up done and it is a good chance to talk to the person.'' Plans were in place to continue to add to the role of the key worker for people.
- People were supported according to their needs. One person was being supported to follow a healthy diet and was positive about the progress they had made. Another person was supported to eat their meals after others had finished to lower their anxiety levels.
- Staff were supporting a person in hospital to continue to have their likes and preferences met.
- There was evidence at the service of people enjoying activities. However, we saw that these were historic and needed to be updated. People at the service communicated using pictures and signing and there were plans in place to improve how people were supported to remember what they had been up to throughout the week.
- Staff spoke about new ideas they had for introducing more in-house activities such as gardening and arts and crafts. Staff were positive that they would be empowered to support people with new activities with the support of the new manager.
- There was a staff board and other notice boards with easy read information available to people. These were not being used as effectively as they could be and there were plans in place to improve on this.
- Staff we spoke to had a passion for providing person centred care and told us, ''We go with what people do or do not want to do. It is all about what people want.'' and, ''I like to make sure that people are treated as individuals in the best possible way.''
- People's care plans detailed their likes, dislikes and preferences.

Improving care quality in response to complaints or concerns

● There was a complaints procedure in place at the service and this was available in accessible formats to help people to understand and to use the procedure.
● There had been no complaints recorded at the service. A relative told us that they had made a complaint to the manager in the past and that this had been dealt with promptly and effectively.
● People told us they would speak to a member of staff if something was wrong. Staff told us that they would look for signs that people were unhappy and raise this with the management team.

End of life care and support
● People's end of life care had been discussed with them and the people important to them. Plans were in place to support people at this time. People's preferences were recorded.
● Staff we spoke to told us that they would treat people with dignity and respect at this time.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The culture at the service did not always promote high quality person centred care. The manager told us that there was a need to change the culture. At present some staff were finding it difficult to change old practices. Staff were being supported to adopt a new culture through team meetings, supervisions and the planned introduction of person-centred care observations.
- Staff told us that sometimes people were not able to complete activities because of the culture of the service. For example, supporting people out for lunch whenever they wanted or supporting people to go out when it was raining. We also saw this discussed in a team meeting. Staff members told us that they would not necessarily wish for someone close to them to be supported in the service as there were improvements to be made.
- Staff sometimes felt that they were not empowered to promote new ideas about how to support people. A senior support worker told us that there could be more for people to do and that people's lives had become a little regimented.
- The regional manager and manager were aware of the need to change the culture of the service. This included the introduction of Person Centred Active Support observations. These observations would give positive feedback and areas for improvement for staff to consider when supporting people in a person-centred way.
- People's care plans and daily notes were not always written in a person-centred way that promoted the person's dignity. We saw some examples saying, 'do not tell [person] off' and '[Person] could not go out today because they were screaming.' The regional manager told us that these were being reviewed.

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

- Audits were undertaken to monitor the quality of the service. These were used to make action plans to improve the service. Action plans that we saw had dates set to complete actions however it was unclear as to whether these had been completed. Actions such as 'Robust induction plans put in place for new starters' and 'Ensure smooth implementation of shift planner' had no specific action points and it was unclear as to whether this had improved the service.
- Audits also took place at provider level and we saw evidence of providers visiting the service. Issues identified in these audits were recorded but it was unclear what support and actions were then put in place to rectify the issues found.
- We recommended that the manager and regional manager bring all action plans together to create a

service improvement plan which could be used and monitored to improve the service.
● Regulatory requirements were not always met and CQC had not been informed of actions taken by the service, where we needed to be informed. This was actioned by the manager after the inspection.
● A person's risk assessment and support plan had not been updated to reduce the risk for the person. This meant that risks were not always properly managed.
●Plans were in place at the services and guided staff what to do in case of incidents such as fire or bad weather.
● The manager and regional manager were keen to improve the systems in place to monitor the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Feedback was not being regularly collected from people at the service and used to improve the service. One person told us, ''[Staff] sometimes ask me about the service.'' Other than annual care reviews we did not see that people were regularly asked for feedback about their support.
● A questionnaire had been sent out to friends and families in 2017. There had not been any other recorded discussions with relatives. One relative told us, ''If there was one area the service could improve on it would be communication.'' This meant that people's relatives were not being consulted about the service their family members were using.
● Staff members were not receiving frequent supervisions. Staff members confirmed that they could feedback about the service in team meetings. We saw minutes of a recent meeting and saw that the manager was using the meetings to talk about changing culture and improving care for people.
● People and their relatives were unclear on plans at management level. One person told us, ''I do not think we have a proper manager at the moment.'' and a relative told us, ''We do not know who the manager is at the moment. We speak to [senior support worker].'' This meant the people and their relatives were not engaged about changes at the service.
● The manager and staff acknowledged that further training was needed to engage with people at the service in their preferred communication methods. Plans were in place to re-introduce eye gaze technology for one person and to support staff with further training in Makaton (sign language).

Continuous learning and improving care
● The regional manager and manager acknowledged that there was work to do to improve the service. They were passionate about putting improvements in place and achieving quality care for people. The manager told us, ''I have a large action plan for the service. It is all about improving the service for people.''
● Plans were in place to re structure the staff team and give more support to senior staff and the management team so that focus could be put on improving the service.
● We saw that plans were in place to improve the induction and supervision of new staff members and to improve the culture of the service.
● The manager linked with other services to share best practice and remain up to date with legislation.

Working in partnership with others
● The management and staff team worked well with other professionals such as speech and language therapists and dieticians to achieve good outcomes for people. The service had a good working relationship with the local safeguarding team and regularly communicated to share best practice.
● The service worked well with other services managed by the provider to share best practice and support each other. For example, to ensure vacancies were covered or to share knowledge about people's different support needs.
● The manager was receiving support from the provider (regional manager) and was very positive about

this.