

HF Trust Limited

HF Trust - 1 & 2 Clementi Court Houses

Inspection report

off 8 Glencoe Road
Bengeworth
Evesham
Worcestershire
WR11 3QZ

Tel: 0138648547
Website: www.hft.org.uk

Date of inspection visit:
20 October 2022
21 October 2022

Date of publication:
19 December 2022

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 - 1 & 2 Clementi Court Houses is a residential care home providing personal care to 7 at the time of the inspection. The service can support up to 8 people.

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 focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People received care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way which achieved the best possible health outcome.

Right Care:

People received kind and compassionate care. Staff understood and responded to people's individual needs. Staff had training on how to recognise and report abuse and they knew how to apply it. Relatives, the registered manager and provider were working together to ensure there continued to be enough appropriately skilled staff to meet people's needs and keep them safe.

People's risk assessments, care, treatment and support plans reflected their range of needs and this promoted their wellbeing and safety.

Right Culture:

People's well-being needs were met because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. Staff placed people's wishes, needs and rights at the heart of

everything they did.

Staff evaluated the quality of support provided to people, focusing on the person, consulting their families and other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

Rating at last inspection

The last rating for this service was good, (published 6 June 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. In addition, we had received concerns about staffing levels and staff turnover. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HF Trust - 1 & 2 Clementi Court Houses on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

HF Trust - 1 & 2 Clementi Court Houses

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 2 inspectors on the first day of the visit to the home on 20 October 2022 and one inspector on the second visit to the home on 21 October 2022.

Service and service type

HF Trust - 1 & 2 Clementi Court Houses 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. HF Trust - 1 & 2 Clementi Court Houses 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced. We announced the second day of the inspection.

What we did before the inspection

We reviewed information we had received about the home. We sought feedback from the local authority. 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 spent time seeing how people were cared for by staff. We spoke with 2 relatives about their experience of the care provided to their family members.

We spoke with 12 members of staff including the registered manager, a provider's representative, support staff and 2 agency staff members.

We reviewed a range of records. This included 5 people's care and health plans and multiple medication records. We looked at 3 staff recruitment files. We checked governance arrangements including audits on the quality and safety of people's care, such as accidents and incidents, and how key information was communicated to staff. We saw how the premises, fire risks and infection control were managed. We checked policies and procedures and staff training records.

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.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff worked well with other agencies to do so.
- Relatives were confident staff would take action to protect their family members, should this be needed.
- Staff were confident if they raised any concerns about people's safety they would be promptly addressed by the registered manager and senior staff.
- Staff had been supported to recognise and report abuse and were aware of other organisations they could contact to help to keep people safe, if this was required.

Assessing risk, safety monitoring and management

- Relatives were positive about the way their family member's safety was managed. One relative said, "I have never come away thinking [person's name] is not safe."
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risks to people. We found some items which may be hazardous to people if consumed, such as toiletries and thickeners, were not always stored correctly. This was addressed by the registered manager without delay.
- Staff helped keep people safe through formal and informal sharing of information about risks. Staff took an open and inclusive approach to seeking advice from other health and social care professionals, and followed their advice, to reduce risks to people further. This included in relation to the management of people's choking risks and risks when people became anxious.
- People's care plans and risk assessments reflected their current safety and well-being needs and gave detailed information to staff on things which may affect people's safety. The registered manager planned to review how people's risk assessments and care plans were stored, so staff who may be less familiar with people's safety needs would have easier access to people's current safety support requirements.

Staffing and recruitment

- There was enough staff to meet people's safety needs. We saw people did not have to wait long if they wanted support from staff.
- Relatives and staff told us there had been times when staffing levels had been low and this had impacted on people's opportunities to do things they enjoyed outside of the home. However, this was an improving situation with the successful recruitment of new staff. One relative said, "Staffing is now being rectified because they are paying [staff] more. We had not seen any deterioration in care." One staff member told us, "[People] go out more, now. There's nearly always a driver on shift and we get out at least 2 or 3 times a week."

- Senior staff considered staff skill and experience mixes and people's support preferences when planning who would work with people. This helped to ensure people's choices were respected and people were consistently provided with care from staff who had the range of skills and knowledge required to meet their needs. This included ensuring agency staff were supported by more experienced colleagues.
- Staff recruitment and induction training processes promoted safety, and included pre-employment checks, such as obtaining references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. We found some instances where opening and expiry dates had not been recorded on people's prescribed creams or toothpaste. This increases the risk people may be administered creams and toothpaste which may no longer be effective. The registered manager took immediate action to address this.
- People were supported to have their medicines as prescribed by staff who had been trained to do this.
- Staff gave us examples showing how they worked with relatives, health and social care professionals and people's GPs to regularly review people's medicines, and as people's needs changed. This helped to ensure people received the medicines they needed to remain safe and well.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection. We saw some areas below a sink and skirting boards had porous surfaces. One bin had been placed at a height which was not conducive to foot operation. This may increase the spread of infection. The registered manager took appropriate steps to rectify this without delay.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- Staff followed advice from other health and social care professionals to ensure people were supported to see visitors as safely as possible.

Learning lessons when things go wrong

- Staff knew how to raise any concerns and recorded any incidents. These were reviewed by the registered manager and senior staff. For example, where people had been anxious.
- Learning was taken from any incidents and near misses, and communicated to staff at regular meetings, which helped to keep people safe in the future.

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

- People's needs were assessed before they moved to the home. People's assessments were used to inform decisions about the suitability of the home and if staff could meet their needs.
- Staff gave us examples showing how they had been involved in people's initial assessment processes. This included meeting with people as part of their initial assessments. This enabled people and staff to get to know each other and help to ensure their care needs were met.
- People's assessments were reviewed as their needs changed, so staff could be sure people were still supported as they wanted.

Staff support: induction, training, skills and experience

- Staff were supported to provide good care through supervisions and to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, physical and mental health needs, communication tools, positive behaviour support, human rights and all restrictive interventions.
- Relatives were positive about the way staff used their skills and knowledge when caring for their family members. One relative told us how skilled staff were when their family member needed vital support to meet their physical health needs. The relative said, "Staff saved [person's name] life. This absolutely sums up how we feel about the care [provided]. There's quality and skill to the staff and they do amazing things."
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice.

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

- People received support to eat and drink enough to maintain a balanced diet. People's nutritional needs were considered when their care was planned, and their weights were monitored. This helped to ensure people remained well.
- Staff worked with speech and language therapists to ensure they had up to date guidance to support people who required a specific texture of food.
- We found risks to people could be further reduced when they were supported to eat. The registered manager introduced additional guidance and support to staff during our inspection. This was in response to feedback we gave to reduce the likelihood of people experiencing choking; this helped to ensure people

continued to remain safe.

- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- People were supported to attend annual health checks, health screening and primary care services.
- Relatives gave us examples of prompt and positive action staff had taken when people required emergency healthcare.
- Multi-disciplinary team professionals were involved in plans to improve each person's care. Staff routinely worked with other health and social care professionals so people's health needs would be promoted. These included people's GPs, district nurses, speech and language therapists, and psychiatrists.
- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.

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 needs.
- People's rooms were personalised and reflected what was important to them. One relative told us, "[Person's name] adores their sensory lights. Staff have brought them butterflies for their enjoyment. This was such a loving and caring gesture."
- The environment was homely and stimulating with calmer areas, so people could spend time quietly when they chose to do this.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Relatives were positive about the way their family members were supported when key decisions needed to be made. Relatives gave us examples of when they and other health and social care professionals were consulted. Relatives said this process was supported by staff who understood their family members well. One relative said, "[Registered manager's name] knows the residents really well. We were involved in best interest decisions, such as going on holiday and for hospital treatment."
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. For example, in relation to people having vaccinations.
- Systems were in place to seek and manage authorised DoLS applications, so people's rights would be promoted.

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.

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

- There had been changes to the leadership at the home and changes in the provider staff supporting the home. Relatives and staff told us there had been times when the service would have benefited from more support. For example, to recruit new staff and to retain skilled staff. However, relatives and staff told us this situation had improved.
- Relatives said their views were listened to and action taken when they made suggestions for improving the care provided further. One relative told us about the suggestions they had made to improve staff recruitment and retention, and how they had worked collaboratively with the registered manager and provider to achieve this. The relative explained, "We wanted [staff] to get better recognition and pay. It was down to parent power; it took us time, but I would not want [person's name] living anywhere else."
- Another relative told us staff consistently ensured they were kept informed of matters which affected their family member's care and the running of the home. The relative said, "We are always kept updated. With Clementi, we have [relative's] groups, and support each other. We've also been informed of new [provider] reporting processes and changes in data security processes. We are going to be meeting the new area manager, [provider's representative], soon."

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

- The registered manager and senior staff spent time with people, family and staff so they could be sure people were receiving care which focused on them.
- Relatives told us because of the way the home was managed their family members lived the best lives possible. One relative said, "We have no complaints. They [staff] have done tremendously."
- Staff were passionate about providing good care to people and told us they way they were managed encouraged them spend time with people. This placed people's wishes at the heart of staff practice, protected people's rights and promoted their well-being.
- The registered manager knew what important events needed to be notified to The Care Quality Commission, and understood they were required to be open and honest in the event of something going wrong with people's care.
- Staff gave us examples of suggestions they had made to improve people's care, such as changes in the brand of medicinal creams. Staff said their suggestions had been listened to and the registered manager

had advocated promptly with other health professionals and families. One staff member said, "[Registered manager's name] will find the best solution for people." This helped to ensure people received the support they needed with improved skin health.

- The registered manager had developed effective strategies for working with other organisations. This included meetings with well-being specialists and other health and social care professionals, where appropriate information was shared. This helped to ensure people would benefit from the best advice and support possible.
- Relatives were complimentary about staff's commitment to ensuring people received continuity of care when transferring between care setting. For example, when people needed to stay in hospital because of ill-health. One relative said, "[Registered manager's name] sends staff in to support [person's name], so there is always [staff] who knows them. [Registered manager] always checks on us, too. We are fortunate we have found that place for them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Relatives were complimentary about the way the manager led the home and their focus on ensuring people received good care. One relative said, "[Registered manager's name] is brilliant, they always deliver. They always follow stuff up. [Registered manager's name] is the best manager we have had. They respond quickly and get the job done. They have the respect of staff as well, as they have come up from the ranks."
- Staff said they were supported to understand how to care for people thorough one to one meetings with their managers, and spot checks undertaken by the registered manager. One staff member said, "[Registered manager's name] comes around most mornings and checks up on us all. They will tell us immediately of somethings needs to be done in a different way."
- The registered manager and senior staff checked key areas of people's care, including how people's medicines were managed and any untoward incidents such as people experiencing anxiety and the management of the premises. These checks were used to inform future care delivery. Where actions were identified an action plan was drawn up.
- The actions were monitored by the provider, who also monitored important aspects of people's care.
- The registered Manager and provider set a culture that valued reflection, learning and improvement. For example, learning from the provider's other services was shared with the home to improve staff practice and people's safety. In addition, as a result of feedback at this inspection, the registered manager had promptly developed an action plan to drive through further improvements in the checks they did on people's care. For example, in relation to checks on people's mealtime experiences and the storage of items which may be hazardous to people.
- The management team had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. This vision had been embraced by staff, who were empowered to make suggestions to improve the care provided to people, for example, when people had been anxious. This helped to ensure people remained safe.