

HF Trust Limited

HF Trust - 38 South Road

Inspection report

38 South Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 03 May 2016 and was unannounced.

HF Trust 38 South Road is a care home that provides accommodation and personal care for up to 10 adults with learning disabilities. There were 10 people accommodated at the home at the time of this inspection. The service is also registered to provide personal care for people who live in supported living arrangements in the community. There were seven people receiving support with personal care at the time of this inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was based at 38 South Road and was also registered manager for the supported living service.

Our last inspection at HF Trust – 38 South Road took place on 23 April 2014. The service was found to be meeting the requirements of the regulations we inspected at that time.

People who used the service, their relatives and professionals involved with people's care and support gave us positive and complimentary feedback about the service and said that they had no concerns about the care and support that people received.

People's relatives and professionals involved with the care and support of people who used the service said that people were safe. People had health care and support plans in place to help staff know how people liked their needs to be met. Risks to people's safety and welfare had been identified and support had been planned to enable people to live as safely as possible whilst enjoying a wide range of opportunities for engagement and stimulation. There were sufficient numbers of staff available to meet people's care and support needs.

Staff members understood their roles and responsibilities and were supported by the registered manager to maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their physical and mental health needs were well catered for.

The atmosphere in the home was warm and welcoming and there was a warm interaction between the staff and people who used the service. The registered manager had made arrangements for people to access regular support from external advocacy services to help them make decisions about matters in their daily lives. People's relatives were encouraged to be involved in developing people's support plans and to visit at any time. People were actively supported to maintain family relationships. Staff promoted people's dignity and treated them with respect.

The registered manager had made arrangements to support people and their families to raise concerns and meetings were held for people to discuss all aspects of the care and support provided at the home. The registered manager promoted a positive culture within the home that was transparent and inclusive. The provider had robust systems to continuously check the quality of the service provided. Staff were encouraged to develop their skills and knowledge and felt valued.

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.

Staff knew how to recognise abusive practice and were confident of the reporting mechanisms.

There were sufficient staff members available to meet people's needs safely.

People were supported by a staff team who had been safely recruited.

People's medicines were managed appropriately and people were actively supported to administer their own medicines where possible.

The environment was clean, fresh and well maintained.

Is the service effective?

Good ●

The service was effective.

People received support from a staff team who were appropriately trained and supported to perform their roles.

Staff sought people's consent by various means before providing care and support.

People were supported to enjoy a healthy diet and individual dietary requirements were supported.

People were supported to access a range of health care professionals to help ensure that their physical and mental health and well-being was maintained.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity, kindness and respect.

Staff and management had a good understanding of people's

needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were supported and encouraged to engage in a range of activities within the home and in the wider community.

People were supported to be involved in decisions about their care as much as they were able.

Feedback from people who used the service and their relatives confirmed that any concerns raised would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives had confidence in the registered manager and the staff team.

The registered manager had clear and practical arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

HF Trust - 38 South Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider met 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 under the Care Act 2014.

This inspection took place on 03 May 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with the registered manager, a senior support worker, one support worker and five people who used the service. Some of the people who used the service were not able to share their views with us or chose not to share their views with us. However, subsequent to the inspection visit we made contact with relatives of five people who used the service to obtain their feedback on how people were supported to live their lives.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People told us that they felt safe living at South Road. One person told us, "I do feel safe; staff help us to keep safe. For example, when we are cooking staff make sure we put the plugs in the sockets safely." People who used the supported living service also said they felt safe and they told us this was because they had a good staff team. They told us they liked to have a staff member at their home at night in case anything happened, "Like a fire for instance."

Relatives of people who used the service were satisfied that people were safe. One relative told us, "To be quite honest with you, I don't think there is any more they could do to make [Person's] life better for them. Whenever [Person] comes home they are always eager to return to South Road, that says a great deal about their safety and happiness to me." Another relative told us, "[Person] is safe and happy living at South Road and they have learned a lot since they have been there."

There were whistle blowing and safeguarding policies and procedures in place. The registered manager demonstrated a clear knowledge of what actions to take in the event of any safeguarding concerns. Staff members confirmed that they had received training to give them the necessary skills and knowledge to recognise abusive practice and were clear that any suspicions of abuse should be reported immediately. There was information available in the main office of the home as to how and where to report any safeguarding matters.

The registered manager kept relevant agencies informed of incidents and significant events as they occurred for example the local learning disability team. Staff received appropriate training and information on how to ensure people were safe and protected. For example, staff had completed training to support people who displayed behaviour that could be perceived as challenging to others. This helped to keep people safe.

Risks to people's safety and wellbeing in everyday life were assessed. These varied from the risks associated with using kitchen knives to the risks people may encounter with strangers when out and about. There was information available to enable staff to provide appropriate support to reduce the impact of risks for people. These included methods to de-escalate behaviours, distraction techniques and diversional therapy.

People who used the service, relatives and support staff told us there were sufficient numbers of staff on duty to keep people safe. The number of staff on duty varied depending on the activities that were taking place but there was a minimum of two support staff on duty each day. The registered manager told us that if extra staff were needed to keep people safe or to undertake activities outside the home they provided this. The registered manager reported that there had been a successful recruitment drive in the last 12 months and that the service was now fully staffed. They told us that there was minimal agency usage to cover for annual leave or sickness and the service used a regular agency who ensured they provided consistent staff to cover. This meant that people who used the service received their care and support from people that they knew well and who understood people's individual care and support needs.

The provider operated safe recruitment practices and records showed appropriate checks had been

undertaken before staff began to work at 38 South Road. For example, disclosure and barring service checks [DBS] had been made and references obtained to help ensure staff were safe to work with vulnerable adults. People who used the service were involved in the recruitment process. As part of the process there was a 'meet and greet' session that took place at the service to give people the opportunity to meet with prospective applicants and give their feedback to the registered manager. A newly recruited staff member told us that they had not been able to start to work at the service until satisfactory references and a criminal record check had been received.

People's medicines were managed safely. People had risk assessments and clear protocols in place for the administration of 'as required' medicines and emergency medicines. There was a record of staff signatures, and there were care plans for medicines that were prescribed on as needed basis. We checked a random sample of boxed medicines and found that the records tallied with the stock of medicines held. There was clear information available to support staff so that people had their medicines given to them in the way they wished. For example, the description for one person's administration stated that they organised their tablets into the order they liked to take them and they would swallow them with their squash or water. This level of information helped to ensure that people received their medicines in the way that they wanted and would be comfortable with no matter who was supporting them.

At 38 South Road some people were supported to manage their medicines with varying degrees of support from staff dependent on their assessed needs. A capacity assessment had been undertaken to help ensure people could manage their medicines safely and their continued capacity to do so was reviewed monthly. People who used the supported living service were all supported to self-administer their medicines.

Is the service effective?

Our findings

People who used the service told us that staff had the skills and knowledge necessary to provide their care and support. Relatives of people who used the service told us they were very satisfied with the support staff provided for people. One relative said, "It is a great weight off my mind knowing that they get the care and support that they need." Another relative told us that they were satisfied that people received the care and support they needed to grow as individuals; they said, "[Person] absolutely loves it there; they are doing well and has moved on a great deal since they have been there."

People were supported by knowledgeable, skilled staff who effectively met their needs. Training records showed that staff had completed the basic core training such as fire awareness, health and safety, infection control and moving and handling. Staff told us that they had also received training to meet people's specific health needs such as to enable them to support a person who lived with epilepsy.

Staff told us that they received annual appraisals and had regular supervision with a line manager. The registered manager confirmed this and said that more frequent supervisions had been provided where a need had been identified. Team meetings were held to enable the staff team to highlight areas where support was needed and encourage ideas on how the service could improve. Staff members confirmed they had opportunities to discuss any issues and said that the registered manager was always available for advice or support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps to follow to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of this inspection the registered manager had submitted deprivation of liberty applications to the local authority for eight people who used the service. The registered manager told us that one application had been approved however, seven applications remained pending approval at this time.

People were supported to maintain a healthy diet and we noted that fresh fruit and vegetables were available. People told us that they enjoyed the food provided and that they had a meeting every week to discuss the menu options for the forthcoming week. The menu showed that a varied diet and choice was provided and people told us that they could have a different option to that on the menu if they wished. People told us that they took turns to prepare and cook meals with varying support from staff depending on people's needs and abilities. We noted staff supporting people to organise a packed lunch for the day. Staff gently encouraged and guided people to select healthy lunch options such as fruit and yoghurts. We noted

that a person had been assessed as being at risk of over eating and there was information in the person's care plan to guide staff on the support the person needed in this area. The person's weight was regularly monitored so that any weight gain could be identified and addressed in a timely manner.

People had access to local healthcare services and specialists. When staff became aware that people were feeling unwell, appointments were made with a local GP or relevant health professional. Records showed that the staff team worked closely with various health professionals including mental health teams, speech and language therapists, the GP and various consultants. People were supported to attend consultant and outpatient appointments where needed. This helped to ensure people's health was effectively managed.

Is the service caring?

Our findings

People told us that they were supported and cared for by kind and caring staff. One person said, "They are really kind and do what they need to do to keep us safe but some of them do nag me a lot though." The person then laughed and said that they probably needed a lot of nagging because they often did not do what they had to do... such as keep their room clean and tidy. A person who used the supported living service said, "Staff are very kind and caring, they support me to go on holiday which I really like."

People's relatives told us they thought that people felt cared for at South Road. One relative told us, "[Person] comes home to see us and comes away on holiday with us. They are always happy to come home and equally always happy to return to their friends at South Road. This shows us that they are happy and cared for there." Relatives of two people who used the service told us of the support provided for people who had suffered family bereavements. They said that staff members had been supportive and caring and had, "Gone the extra mile to make sure people coped as best they could."

We observed positive interactions between people and the staff that supported them. We saw people freely approach staff and engage in conversation with them. We saw examples of a caring and kind approach from support staff who clearly knew the people they supported very well. Staff spoken with could describe people's interests, likes and dislikes, support needs and styles of communication. We saw that staff had a good rapport with people and people enjoyed the company of the support workers. Staff included people in conversations and took time to discuss plans and check that people were happy with the decisions they had made.

People were supported to express their views and to be as actively involved as possible in making decisions about their care and support. Some people's relatives supported them with making these decisions and advocacy services were freely available where people needed additional support. This helped ensure the views and needs of people were documented and taken into account when care or treatment was planned.

Relatives and friends of people who used the service told us that they were encouraged to visit people at any time and on any day.

People's privacy and dignity was respected. Staff understood what privacy and dignity meant in relation to supporting people. For example, we saw staff and management respecting people's privacy by knocking on entry doors to people's private space. Where people expressed a wish for same gender care this was respected. For example, a person had undergone an operation and required assistance with their personal care post operation. The registered manager was able to report that this had been respected throughout the person's recovery period.

People's private and confidential records were stored securely in a lockable cupboard in a locked office. People were given the opportunity to keep a copy of their care plan in their own room and one person had opted to do so. They had agreed for a duplicate copy to be maintained in the office so that staff could access it when needed.

Is the service responsive?

Our findings

People's relatives told us that the staff and management team kept them up to date with people's health needs and any issues affecting their well-being. One relative told us, "I see the manager as much as I need to. I can always speak with them if I need to and they always contact me if there is anything I need to be involved with about [Person's] care." Another relative said, "The staff are really skilled, but if they are not sure about anything they contact us, it is all very good."

People and their relatives told us that the care and support provided was individualised. The registered manager was passionate about providing care based around people's individual needs and told us, "At this service we put the person at the centre of everything we do." The registered manager also told us, "I ensure that families are involved with people's care where appropriate." They gave us examples where they had liaised with people's relatives to the benefit of people's health and well-being.

Care and support plans were personalised to the individual. For example, one person's care plan indicated that their goal was to continue to work with support staff to further develop their money management skills. The person's plan also stated, "I don't like it when people are bossy to me and I am working with my keyworker on skills to help me to be more assertive if this happens." This level of recording helped to ensure that staff were able to provide the care and support in the way that people wanted. People's care and support plans were kept under regular review to help ensure they continued to meet people's needs.

People's likes and dislikes were clearly documented to help support staff meet people's needs in a way that accommodates their preferences. For example, one person had a fear of the dark. The actions taken to mitigate this included a night light used in the hallway outside the person's room at night to help them feel at ease.

Some people who used the service demonstrated behaviours which could challenge other people. We were told about different methods that staff used to positively manage such behaviours. One example was providing gentle assurance and de-escalation techniques. Relatives told us that they were involved in people's ongoing reviews to help ensure that the support strategies in place continued to meet people's needs.

People lived full and stimulating lives. One person told us as they hurried out the door, "I am sorry but I am far too busy to talk with you today." People told us that they enjoyed a programme of activities that were suitable to their various needs. People told us of drama classes they attended and that they enjoyed playing snooker. Some people who used the service had part time jobs and one person worked as a volunteer at a local special needs nursery. There were also outings arranged where people could add their name to the list if they wanted to go along. For example, a trip to Southend had been planned for the summertime.

There was a computer in the communal dining room. We noted that people who used the service were able to access this independently whenever they liked. For example, one person used the computer to check the telephone number of a taxi firm that they wished to contact to arrange themselves a lift to their place of

work.

The provider had a policy and procedure available to support people to raise any concerns. The registered manager was able to clearly describe the actions they would take to investigate any concerns raised with them. People who used the service told us that they would be confident to tell staff if they were not happy about anything and they showed us where the complaints forms were kept.

Relatives of people who used the service said they were confident that any issues or concerns they raised would be listened to and acted upon to their satisfaction. One relative said, "There have been some minor issues but as soon as we brought them to the attention of the team they were immediately sorted." Another relative told us, "I have no complaints at all but would be very confident that any issues raised would be sorted out."

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager. People who used the service told us they liked the registered manager and that they were very kind. A relative told us, "The manager is really very good. I get on with them very well and would be very comfortable to sit and talk with them if I had any concerns. I know I would be listened to and they would do their very best to help."

The registered manager was based at 38 South Road, and was also registered manager for a nearby supported living service for nine people. There was a clear management structure and staff were fully aware of the roles and responsibilities of line managers and the lines of accountability. There was an open and inclusive culture in the service that reflected the registered manager's and provider's values. All staff spoken with said they felt valued by the management team.

The service at 38 South Road and the supported living service in the community were well led and managed effectively. The registered manager had clear values including offering choice, independence and respect. This helped to provide a service that ensured the needs and values of people were respected. The registered manager had an active role within the service and demonstrated a good knowledge of the people they supported and the staff team. There were clear lines of responsibility and accountability within the management structure.

Regular staff meetings were held to provide the staff with a forum to comment on how the service was run. We noted that a clear agenda was set for the meetings including the purpose and outcomes of discussions held.

The registered manager was supported by the regional manager who was part of the provider's senior management team. The registered manager reported that they had a formal supervision meeting with the regional manager every two months but had regular contact as and when needed.

The registered manager's quality monitoring systems were effective in identifying areas that required improvement. There was a clear and practical audit system which meant that the registered manager had an overview of all aspects of the service delivery. For example, the registered manager had identified that the monthly water checks had not been undertaken. Records showed that this task had then been allocated to a named staff member to complete.

People who used the service told us that regular house meetings took place which gave them a formal platform to discuss any areas of the service that required improvement. For example, we noted that one person had shared at a recent house meeting that their chair was broken. The person's key worker supported the person to source and assemble a new chair. We also noted that a person had suggested to have some pictures on the wall in the communal dining room. The registered manager said that they were waiting for the person who had raised the suggestion to have the time to go shopping and choose some pictures.

We saw a report of a quality monitoring visit undertaken in October 2015 by representatives from the local authority Adult Care Services. This showed that a score of 86.6% and a rating of good had been attributed to the service provided at 38 South Road. A main area of shortfall had been identified as staff training in safeguarding of vulnerable adults. The training records we reviewed and discussions with staff assured us that this area of shortfall had been addressed. This showed that actions had been taken in response to the local authority external monitoring process.

Quality assurance questionnaires had been sent to the relatives and representatives of people supported by the service in July 2015. We looked at the results from these and saw that relatives had praised the service for enabling people to be as independent as possible and to develop as individuals.

There was an effective system in place to monitor the quality of the service provided and this was benchmarked against the previous month's audit so that it was clear to see where any areas of performance had dipped. The registered manager showed us the compliance action plan resulting from a routine monthly audit undertaken at the service. The action plan was clear detailing what actions had to be taken, by whom and in what timescales. There was also information to direct the reader to the where the evidence could be found to confirm that actions had been completed. The registered manager told us that the results from these audits fed into their monthly supervisions with the regional manager and that the regional manager also completed quarterly checks of the service.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.