

HF Trust Limited

# HF Trust - Clifton Court DCA

## Inspection report

72a Broad Street  
Clifton  
Shefford  
Bedfordshire  
SG17 5RP

Date of inspection visit:  
22 February 2019

Date of publication:  
12 April 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: Clifton Court provides personal care and support for people with a learning disability within a supported living scheme.

People's experience of using this service:

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff knew their responsibilities of reporting any concerns to their seniors so that safeguarding referrals could be made to safeguarding authorities if needed and keep people safe.

People felt comfortable in staff's presence and the way they smiled and interacted with staff demonstrated that they were happy with the support they received. However, people's mental capacity had not been assessed following the Mental Capacity Act 2005 principles.

People had care plans which identified what support needs people had as well as described risks to people's well-being. Care plans and risk assessments needed further developing to ensure staff had proper guidance in place to keep people safe.

People were supported by staff who were kind and caring. Staff supported people to regularly access the community and pursue hobbies and interests.

People were encouraged to get involved in activities of daily living around the house, like cleaning, preparing meals and laundry. People were encouraged to have a healthy diet.

There were enough staff to meet people's needs safely and effectively. The service used agency staff to cover for existing permanent staff vacancies and relatives told us this was not always good for people who were not familiar with agency staff. Recruitment processes were robust and helped to ensure staff working at the service were suitable to do so.

Staff told us they received training to help them understand their roles and responsibilities, however staff had not had regular one to one supervision meetings with their line manager to ensure their performance was regularly reviewed.

The provider's governance systems were not always fully utilised to ensure that where improvements were needed these were promptly found and improvement actions were not always taken in a prompt way. The provider had identified this and they were working to improve the use of their governance systems across the service.

The registered manager was absent and the service was managed by a manager from another location owned by the provider. They were supported by the regional manager and there were plans for them to be permanently based at the service. The management team were passionate about providing people with personalised care and support and were working with staff to improve the overall quality of the service.

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.

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

## 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 Court DCA

## 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:

This inspection was carried out by one inspector.

Service and service type: This service provides care and support to people living in 'supported living' settings, so that they can live as independently possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The scheme consists of six flats and shares an office and a communal area with a small residential service at the same address. At the time of the inspection there were three people who were supported by the service with the regulated activity of personal care.

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. However, at the time of the inspection the registered manager was absent and a manager from another service owned by the provider was managing the service.

Notice of inspection:

We gave the service 24 hours' notice to make sure the manager and the provider were available to provide us with the information we needed.

What we did:

We visited the service to speak to people, the staff team and the management team on 22 February 2019. We looked at two care plans, a staff file and other documents relevant to the management of the service. We

spoke with relatives of people who used the service on 14 March 2019.

Before the inspection we gathered and reviewed information 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.

# 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

- Staff knew what risks were present to people's health and well-being. However, there were not always risk assessments developed for staff to have guidance of how to mitigate risks to people's well-being. For example, a person's care plan detailed that they lived with epilepsy and had seizures. Staff told us the person had not experienced any seizures for a long time. Risks to the person if they had a seizure when doing activities such as swimming were not assessed.
- A person had been assessed as needing an alarm fitted for their front door to alert staff during the night if the person left their flat. This had not been working at the time of the inspection and no additional risk management controls were considered like increasing staffing to keep the person safe until the alarm had been replaced. The alarm had been replaced after the inspection.
- Risk assessments were not always promptly updated when people's needs changed. For example, a person had been assessed as needing specific soft diet. We observed them having cheese on toast in the morning. Staff told us the person had been assessed by the Speech and Language Therapist and their dietary needs had changed, however this had not been reflected in the care plan or the risk assessment.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place to help make sure people were protected from the risk of harm or abuse. Staff told us they received training and were confident in telling us what and how they would report their concerns internally and externally to local safeguarding authorities.
- People told us 'yes' when we asked if they felt safe. Relatives told us they felt that the care and support people received was mainly safe and the only concern they had was about the supervision people had during the night. Some people were assessed as needing minimal supervision from staff during the night and there were safety monitors in place to alert staff if people needed help. Relatives told us the safety monitors were not always working and there were incidents where people had left their flats during the night to look for staff.

Staffing and recruitment

- There were enough staff deployed to support people with their assessed needs. Agency staff were used to cover for current staff vacancies and where possible the same agency staff were booked to offer people consistent support.
- Recruitment processes were robust and helped to ensure that staff employed were suitable to work in this type of service.

Using medicines safely

- Staff administering medicines were trained and had their competencies checked. The medicines we

checked corresponded with the records kept.

#### Preventing and controlling infection

- People were protected against infections. We observed staff encouraging people to wash their hands before and after they had their meals.
- Staff were trained in infection prevention and control and had access to personal protective equipment such as disposable gloves and aprons.

#### 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 how actions were put in place following an incident or accident to ensure that the service was continually improving.



# 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 not have been met.

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's capacity to make decisions in areas affecting their life were not assessed and staff were unsure how the MCA applied to people using supported living services. One staff member said, "I am not entirely sure how the MCA applies to people but we give them [people] plenty of choice."
- Relatives told us staff were not always confident to challenge people if they refused to engage in activities. One relative said, "Clearly staff in some instances say it was person's 'Choice', often a defence for staff with lack of confidence and possibly experience (in how to communicate effectively with people and support them to make decisions)."
- We observed people were being offered choices in regard to what they wanted to wear, meals and what activities they wanted to do.
- The manager told us they would source more training for staff to help ensure they understood how this legislation was relevant to their work.

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

- People had an assessment of their needs carried out before they started using the service. The assessment looked at all the areas people needed support with and described what health conditions people had.
- Care plans were developed to ensure staff knew how to support people effectively. However, people's care records were not always reflective of people's current needs.
- Where people communicated through behaviours which may challenge others support plans described the behaviours and possible triggers. These needed further developing to ensure that plans to manage these behaviours were fully understood by staff.
- Care plans described people's preferred routines, likes and dislikes and communication needs. However, there was a lack of support to use assistive technology or aids for people who were not always able to communicate verbally.

Staff support: induction, training, skills and experience

- Staff told us and records confirmed that they received appropriate training and support to carry out their roles effectively. However, more support was needed from the manager to ensure that staff knew how to apply their learning into their day to day work.

- New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised `Care Certificate`. They worked alongside experienced colleagues until they were competent in their duties.
- Staff told us one to one supervisions were not regular, however they could ask for support from senior members of staff or the manager when needed. The manager had a plan in place to commence regular supervisions for staff.

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

- People were encouraged to have a healthy balanced diet. People were involved in decisions about the menu and encouraged to take part in cooking meals.
- People were encouraged to live an active life and stay healthy. For example, people were encouraged to walk to town and to the park.

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

- Staff were able to promptly identify when people`s health needs changed and referrals were made to health professionals involved in people`s care.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the treatment and support provided was effective and in people`s best interest. For example, where a person needed dental treatment, this was discussed with relevant health professionals and relatives to ensure it was in the person`s best interest to have this done.

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

- People had access to health professionals to help them live a healthier life. People had an annual health check which included appointments to the optician, dentist and GP.
- People, where needed, were referred to dieticians to help them maintain a healthy weight.

# 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; respecting equality and diversity

- People said `yes` when we asked if staff were kind and caring when supporting them.
- Interaction between people and staff were positive. Staff smiled, spoke clearly and gave people time to respond or indicate what they wanted. People were smiling and seemed relaxed in staff`s presence.
- Relatives told us staff were kind and respectful when talking to people.
- Staff spoke about people using their preferred name and they knew each person`s individual likes, dislikes and preferred routines as well as activities people liked to do.

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

- We observed staff reassuring people that they would get the support they needed to do the activities they wanted. For example, a person wanted to take the bus into town. Staff responded and reassured them every time the person asked if they were going.
- Care plans were not reflective of how were people involved in decisions about their care. Regular reviews or risk assessments and care plans were signed only by staff. Staff told us people had an annual review with their social worker and relative's involvement.

Respecting and promoting people's privacy, dignity and independence

- People looked clean and well groomed. One relative told us, "We attend [person`s] flat. We have observed that the staff at this time treat [person] with respect, and dignity and are attentive."
- Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

# 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 and support from staff who knew them well. Relatives told us they were pleased that people were supported mainly by the same staff members and this provided people with continuity of care.

- People's care plans were individualised and reflective of people's likes and dislikes. These also described what people liked to do, how they liked to spend their time and how people communicated.

- However, not every person had a well-developed activity schedule to ensure they could pursue their hobbies and interests. One relative said, "It has been an uphill struggle to establish a program of meaningful activities. The staff would seem to be asking [person] what they wanted to do rather than give them some meaningful options either verbally or photograph introduction. Person will always say [type of activity]. In the past few months however, certain members of the regular staff have engaged [person] in swimming activities and bowling which led to improvement in [person's] mental health."

Improving care quality in response to complaints or concerns

- Relatives told us they had meetings with the registered manager in the past if they wanted to raise any concerns.

- The provider's complaints procedure was appropriately shared with people and relatives to help ensure they knew how to raise any concerns.

End of life care and support

- The service had not provided end of life care at the time of the inspection.

# 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.

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

- The service was going through change of management at this inspection. A manager from another service owned by the provider was covering in the absence of the registered manager. They told us they had identified some areas where improvements were needed to help ensure people received personalised care and support.
- Relatives told us overall the quality of the care needed to improve. One relative said, "Communication is a major issue with [the service]. Out of hours contact, response to emails, lack of mobile phones to enable a responsible person on shift to be contacted is very evident. Failing to advise us of medical, dental appointments until the last minute, often when we know they [staff] have had good prior notice." When we asked if the service was well led they told us, "Initial signs indicate that we may see some improvements."
- Staff told us they welcomed the changes initiated by the manager and the provider, however some found it difficult to adapt. One staff member said, "We all understand why the changes are needed it`s just difficult to do it all of a sudden."
- The manager and the provider were passionate about providing people with personalised care and support and they had developed a service improvement plan to address all the shortfalls.
- Areas identified in need of improvement included the following: Regular support for staff in form of one to one supervisions, competency assessments and further training around understanding the Mental Capacity Act 2005 principles. Updating care plans and risk assessments for people to ensure they were reflective of people`s current needs. Develop meaningful activity schedules for people to further enjoy their lives. Improve communication across the service between staff, relatives where appropriate and management. Develop the use of communication aids for people who were not able to communicate verbally.

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

- The provider`s governance systems were not always used effectively. Actions identified by the provider or manager during routine audits were not signed off to indicate when they had been completed. For example, all staff supervisions to be completed or all support plans to undergo a review.
- Staff told us they felt the manager was supportive and helped them understand their roles and responsibilities. For example, a senior support worker told us, "I am learning a lot now. I am being told exactly what I need to do and it`s good."
- Staff told us the manager was available and approachable for them to ask for support when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- People or relatives were not asked regularly to provide feedback about the service provided. The last survey was sent out in 2017. This was an area in need of improvement.

#### Continuous learning and improving care

- The manager and the provider were open and honest about what improvements were needed across the service to ensure staff provided safe and effective care to people.
- Staff meetings were organised to ensure staff were kept up to date with the planned changes and staff told us they felt confident in raising any concerns in these meetings.

#### Working in partnership with others

- The manager and staff worked together with other health and social care professionals involved in people's care.
- We saw that dieticians, speech and language therapists, social workers and other professionals regularly visited the service.