

HF Trust Limited

# HF Trust - Old Quarries

## Inspection report

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### Ratings

Overall rating for this service

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

HF Trust Old Quarries is a residential care home that provides individualised support for people with a learning disability. At the time of our inspection there were 20 people living at the home. Old Quarries was due to close although there was no official closing date.

At our comprehensive inspection of this service on 2 and 8 June 2016 we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with one warning notice and four requirement notices stating they must take action. We shared our concerns with the local authority safeguarding and commissioning teams.

This unannounced inspection was carried out to assess whether the provider had taken action to meet the warning notice.

However, the service remains in 'Special Measures' until we carry out a comprehensive review. This will allow us to see if the improvements made have been sustained over time and check if action has been taken in relation to the requirements made at the last inspection. We will then be able to assess and rate each of our five key questions.

The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Old Quarries on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

At this inspection we found that the provider had taken action to address the serious issues highlighted in the warning notice.

A new system had been implemented for recording medicine errors. Any medicine error is now recorded on an incident form and this is sent to specific people so that they can be reviewed to ensure appropriate action had been taken. A weekly audit of medicines held in stock is now being carried out. Staff are checking

Medicine Administration Records (MAR) and stock checks of tablets every four hours.

Accident and incidents were now being fully recorded and monitored for any actions that could prevent reoccurrence. There had been three accidents since our last inspection. The records detailed how the accident had occurred, the action taken at the time and any learning that could be taken to prevent a reoccurrence.

Maintenance issues had been addressed and the building was in a better state of repair. Missing tiles and plaster had been replaced. The bathrooms were clean and there was no mould. Systems were now in place to monitor and take appropriate action promptly in relation to on-going maintenance. This was completed by the registered manager and the regional manager during their monthly visits.

There had been a change of management structure and the regional manager said that this would need some time to embed. Supervisions were taking place and a matrix was being used to record when these happened and would happen in the future. All staff would have an individual learning plan by the end of December 2016 and appraisals had been booked to commence from January 2017. We were assured by the regional manager that these would be in place when we returned for our comprehensive inspection.

Daily notes had improved and contained more information; however these were still brief and did not give sufficient detail about what people had been offered to do and what they had actually done. We were told these were being monitored by the registered manager as part of a monthly compliance tool.

The improvements reported above must now be sustained. Further actions the provider has told us they will take to address the requirements contained in the report of our visit on 2 and 8 June 2016 must also be fully implemented.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

We found that action had been taken to improve the service in respect of the quality checks that were completed. This meant that people could be assured there were systems to keep them safe and care was effective and responsive to their needs.

Systems had been developed to monitor the service by the registered manager and the provider. Now these required to be embedded to ensure people received a safe and consistent service that was routinely monitored.

People and staff appeared less anxious and there had been meetings in place to update everyone on future plans for the closure of the home.

**Inadequate** ●

# HF Trust - Old Quarries

## **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 is meeting 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 for the service under the Care Act 2014.

The focused inspection took place on 5 October 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

The inspection was completed to check that improvements had been made by the provider to meet legal requirements after our comprehensive inspection of 2 and 8 June 2016..

We inspected the service against one of the five questions we ask about services: is the service well led? This was because the service was not meeting legal requirements in relation to this question and we issued a warning notice following our last comprehensive inspection.

Before our inspection we reviewed the information we held about the service. This included the provider's action plan, which set out the action they would take to meet legal requirements. We also sought feedback from health and social care professionals who had been working with the service.

During the visit to the service we spoke with the regional manager and three staff members. We also spent time observing interactions between people who use the service and staff. We looked at people's support plans and records relating to the management of the service.

# Is the service well-led?

## Our findings

At our comprehensive inspection of Old Quarries on 2 and 8 June 2016, we found the provider had not operated effective systems to monitor and improve the quality of service people received. Accurate and complete records of care and treatment were not maintained. Accidents and Incident documentation did not contain enough detail and no action had been taken to identify patterns or themes. Supervisions and appraisals were not being carried out regularly. Some staff and people were anxious as they were unclear about the future of Old Quarries with no date for closure of the service and, for some staff, uncertainty about their future employment. Team meetings were not being held regularly. Staff morale was low. We found people's support plans were not reviewed regularly and digital and paper records were different. Daily notes were brief and did not provide enough information about people's day. Risks associated with people's health care needs and medicine errors were not always managed properly. The premises were in need of redecoration and were not always clean.

As a result of these concerns, we served a warning notice on the registered provider. This told the provider to ensure action was taken to address these concerns by 30 September 2016. The provider sent us an action plan on 30 August 2016 which reported on actions they had taken and planned to take to meet the Health and Social Care Act 2008 and its associated regulations, or any other relevant legislation.

At this inspection on 5 October 2016 we found they had taken action to meet the shortfalls in relation to the requirements of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, described above.

There had been some management re-structuring and the newly appointed regional manager said that this would take some time to make a difference and people were now at the heart of the service. Additional staff resources had been identified to manage areas in need of improvement. The provider had sent in two teams of staff to support the service and aid improvements. This included a quality and improvement team and a learning and development team. One staff member said, "They were helpful to support us to get things sorted". The quality and improvement team were due back in January 2017. The regional manager said that this felt like a sufficient timescale to make all the improvements that had been suggested by the quality and improvement team and as described in the action plan.

Daily notes had improved and contained more information; however these were still brief and did not give sufficient detail about what people had been offered to do and what they had actually done. One person's daily notes for 26 September 2016 said "[The person] has been supported with a bath and hair wash after breakfast and has eaten and drank well, spent time in the conservatory after lunch". There were no further entries for the day. There were no details of how people were feeling or any information about any social aspects of their day. A new 'Recording' training had been introduced to support staff with recording daily notes. The provider told us this would be delivered to all staff by end of 2016. We were told in the action plan that a senior support worker would write a guide, primarily, for agency staff on what to record in daily notes for each person they support at Old Quarries. We were told the guide would be in people's folders by 23 September 2016. We were unable to see the guide in one folder on the day of our inspection.

Accurate and complete records of care and treatment were now being maintained. People who were assessed as being at risk of malnutrition and dehydration had records in place to monitor their intake. These were now being completed thoroughly. People's weights were now being recorded. This meant people's intake and weight could be monitored and any necessary action taken as a result. Staff confirmed they understood the importance of completing these records. The regional manager explained that these would be checked by the registered manager as part of the monthly compliance tool audit.

Supervisions were taking place and appraisals had been booked to commence in January 2017. There was a matrix available to see the plan for the future. We were assured by the regional manager that appraisals will be starting, as planned, in January 2017. Each staff member will have an individual development plan by the end of December 2016. This will detail any training requirements and how to meet the needs of people they will be supporting both now and in their new positions. We were told that the plan to start the appraisals in January 2017 was due to a management restructure and new cluster managers getting to know their staff teams before commencing appraisals.

We were told staff morale had improved. Staff had attended two staff meetings since our last inspection. We were shown minutes for both of the meetings held. One meeting showed that staff had found these useful and stated that, "Those present also stressed that they believe that communication with staff across the Region throughout the move-on had been inadequate, they did not think that there had been sufficient staff meetings and all agreed that these were really useful to have". We were told by the regional manager that staff had found these positive and they would continue to happen.

Each person's support plan folder had been streamlined and included only relevant information. Older paperwork had been archived where it was no longer relevant. The support plans evidenced specific areas such as: Setting goals, move-on plans and risk assessments. It was easy to find information and it was clear people's support plans had been updated. In our last inspection one person's support plan was out of date and said that [the person] enjoyed doing a gardening activity that they had not done for a long time. We saw that this had been changed to "[The person] liked gardening in the summer months and although they have chosen not to do this in recent years we will support them if this is something they may still enjoy". Digital and paper records had been updated to contain the same information. Person centred transition plans have been completed for everyone. The registered and regional managers will sample records of support plans to ensure that the person was at the centre of their support arrangements as part of their monthly compliance check. We were told from October 2016 each person will be involved in a bi monthly review of their support plan with their keyworker and a senior staff member. Family members will be involved where people's support was agreed through a best interest's process. This showed there were systems to monitor people's care needs involving the person and where relevant their family. It also showed the registered manager and regional manager had oversight to ensure this was effective.

The medication policy had been updated on 28 September 2016. There were new guidelines for checking in medicines and regular stock checks were taking place. A new system had been implemented for recording medicine errors. Any medicine error is now recorded on an incident form and this is sent to specific people so that they can be monitored. There was a procedure in place for staff failing to sign the relevant paperwork and this was assessed by a senior manager and actions put in place to prevent a reoccurrence. A weekly audit of medicines held in stock was now being carried out. Staff were checking Medicine Administration Records (MAR) and stock checks of tablets every four hours. This was helping to reduce the risk of medicine errors. We saw these had significantly reduced since our last inspection. This meant the service had developed systems to reduce risks to people in respect of medicine management and on-going monitoring.

We walked around the whole site to check that it was in a better state of repair and to see if the maintenance

issues had been addressed. The main building had been painted and the outside walls had been jet washed. Missing tiles and plaster had been replaced and new cladding had been introduced in some areas. Where required, parts of the site had been deep cleaned. There were still some on-going maintenance issues and a plan was in place to address these. The bathrooms in one bungalow had been cleaned and there was no mould on the windows. The regional manager was carrying out weekly checks of the premises to monitor the standard of the environment. The provider had looked at people being affected by the on-going maintenance and plans were in place to minimise the impact on people.

Accident and incidents were now being fully recorded and monitored for any actions that could prevent reoccurrence to be identified. There had been three accidents since our last inspection. The records detailed how the accident had occurred, the action taken at the time and any learning that could be taken to prevent a reoccurrence.

Regular audits were being done by the regional and registered manager to ensure that records and actions were being updated and reviewed. A monthly compliance inspection had been introduced for the registered manager to complete. A fire service compliance order had been lifted on 22 September 2016 which means the service was safe and adhered to fire safety regulations. The registered manager and regional manager will review compliance action plans to ensure these robustly address any shortfall in meeting the standards and ensure that services continue to improve.

There was evidence the service has met the requirements of the warning notice with improvements noted. This now needs to be embedded into practice to ensure consistency. This will be followed up at the next comprehensive inspection.