

HF Trust Limited

HF Trust - Old Quarries

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was unannounced and carried out on 15 and 17 March 2017. The last comprehensive inspection was carried out on 2 and 8 June 2016 where some concerns were identified. We carried out a focused inspection in November 2016 where we found some improvements.

HF Trust Old Quarries is a residential care home. It provides individualised support for people with a learning disability. The service is made up of a number of houses and bungalows on the same site where individuals are supported to live as independently as they are able. The service is registered to accommodate up to 33 people, there were 21 people living there at the time of our inspection.

Old Quarries is due to close although there is no official closing date. Some people were anxious about the transition and the service understood these anxieties and were doing what they could to support people. There had been a re-structure of staff recently at the service and some staff had been made redundant or were moving to other job roles. This was having an impact on people, relatives and staff who clearly felt frustrated by the changes.

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 responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. There were sufficient staffing levels to ensure safe care and treatment. Risk assessments were implemented and reflected the current level of risk to people.

People were receiving effective care and support. Staff received training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

The service was caring. We observed staff supporting people in a caring and patient way. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence.

The service was responsive. Support plans were person centred and provided sufficient detail to provide safe, high quality care to people. There was a robust complaints procedure in place and where complaints had been made, there was evidence they had been dealt with appropriately.

The service was well-led. Quality assurance checks and audits were occurring regularly and identified actions to improve the service. Regular meetings for staff and people who used the service were being completed.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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.

Medicine administration, recording and storage were safe.

Risk assessments had been completed to reflect current risk to people.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

There were sufficient staff with the time, skills and knowledge to meet the needs of people. There were robust recruitment procedures in place.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and on-going support through regular meetings with their line manager.

People received support to meet their health care needs. People were provided with a varied and healthy menu and, food and drink that met their individual requirements.

Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected through the use of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. People expressed satisfaction with the care they received which was consistent and matched to their specific needs.

People were supported to access the community and were encouraged to be as independent as possible. People were supported to maintain contact with family and friends.

We received positive feedback about the support provided by relatives.

Is the service responsive?

Good ●

The service was responsive.

Staff delivered care in a person-centred way and were responsive to people's needs. Peoples care was kept under review and the service was flexible and responded to changing needs.

People were supported to follow their preferred routines and take part in meaningful activities.

Specific focus was given to getting to know each person as an individual. People were encouraged to give their views and raise any concerns through a range of feedback.

Is the service well-led?

Requires Improvement ●

The service was well-led.

People and staff benefitted from clear, supportive leadership from the registered manager and the provider.

A comprehensive range of audits monitored the quality of the service and the registered manager focussed on continual improvement.

The registered manager and senior staff were approachable.

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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.

Prior to the inspection, we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection was unannounced and was completed on 15 and 17 March 2017. The inspection was completed by two adult social care inspectors. The previous comprehensive inspection was completed in June 2016 and there were breaches of regulation at that time.

After the last full inspection the service was placed in 'Special Measures'. The purpose of this was to ensure the provider made the required improvements and then sustained those improvements. During this inspection we checked that the requirement notices were met and the improvements we found during the focused inspection in October 2016 had been sustained.

During the inspection we looked at six people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed and training records.

We spoke with the registered manager of the service and six members of care staff. We spoke with seven people living at Old Quarries. Not every person was able to express their views verbally or were willing to engage with us. We therefore spent time observing care and the interactions between people and staff. This helped us understand the experience of people who could not tell us about their life at Old Quarries or the support they received.

We spoke with two health and social care professionals and after the inspection we received feedback from seven relatives of people who were living at the home.

Is the service safe?

Our findings

When this service was inspected in June 2016 we found it not to be safe and we rated this area as inadequate. This was because there was one breach of regulations in respect of risks to people's health and safety and the storage and administration of medicines was unsafe. At the focused inspection in November 2016 the provider was found to have taken the appropriate action in order to meet the warning notice.

Sufficient numbers of staff were available to keep people safe and meet their needs; however a high number of agency staff were being employed and the provider was changing the staffing structure at the time of our inspection. Many staff were being made redundant or were moving to different job roles. There were conflicting comments about the care provided by the staff at Old Quarries. One relative said, "We have always felt [The person] had been looked after and cared for properly, of late that standard has dropped simply because of staffing shortages and the use of agency staff. The HFT staff still there have been great". Another relative said, "Whilst [The person] has been at Old Quarries his care has been excellent, and the team who look after him are very committed and conscious of his needs. The staff are going through a very difficult time at present, with many senior staff leaving or being moved to different roles. Consequently there has been agency staff employed. However, from my observations the care given by those staff has been of a high standard. I have no criticisms whatsoever". People appeared happy with the staff supporting them during our inspection.

People's medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. There were policies and procedures available to ensure medicines were managed properly. There were procedures in place for recording any medicine errors. There had been eight errors in the previous six months. These were clearly documented with outcomes. One staff member who made an error with medication had extra support and a competency check to ensure they fully understood the procedures. This was clearly documented and showed the service had taken steps to reduce the risk of errors with medicine administration. There were clear guidance for staff on how to support people to take their medicines. One person's support plan said, '[The person] is prescribed a sachet to drink every other day. Staff are to get the sachet and place with a glass of water in the kitchen. Once staff are happy that [The person] has taken this staff to sign the MAR sheet'.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One person named particular staff members who they would go to with a problem. One staff member said, "I would whistle-blow if I needed to. I would contact CQC if I was concerned".

New employees were appropriately checked through robust recruitment procedures to ensure their suitability for the role. Records showed us staff had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employer's to see if an applicant has a police record for any convictions that may prevent

them from working with vulnerable people. We looked at records for six staff which evidenced staff had been recruited safely.

Risk assessments were detailed and available to staff. These covered areas such as; health and well-being, mobility, being in the community, living safely and taking risks. These had been updated and reviewed regularly. One person required a behaviour management plan which gave staff guidance on certain behaviours that could possibly be displayed when anxious. This gave preventative steps, reliable signs and reactive strategies for staff to follow. This had been updated in November 2016. One health professional said, "They seem to be managing risks really well. We are having a structured staff team for one person who is moving soon and may display quite challenging behaviour during this time. We are having extra staff training to ensure this goes as smoothly as it can".

All staff had received fire safety training and people had emergency evacuation plans (PEEPS). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in an emergency. A fire file was available in the main reception but this had not been updated or reviewed. On the second day of our inspection, the registered manager showed us that this was up to date and showed PEEPS for everyone living at the home. This would be useful for the emergency services as the home is set over a large area.

Staff showed a good awareness in respect of infection control and food hygiene. There were different chopping boards which were used for different foods to minimise the risk of cross contamination. Cleaning and recording checks had been completed and any areas where improvements were required were clearly documented.

Is the service effective?

Our findings

When this service was inspected in June 2016 we found there were areas that required improvement but there was no breach of regulations. This was because there was no system in place to monitor staff development and on-going support through supervisions and appraisals and areas of the service were in need of decoration and were not always clean. Supervisions and appraisals were taking place and the service had addressed all of the shortfalls identified with the buildings and surrounding areas.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as; safeguarding adults, health and safety, first aid, food hygiene and fire safety. The registered manager showed us a system that was in place to show when people required an update on specific training.

Staff had completed an induction when they first started working at the home. This was a mixture of face to face and online training, and shadowing more experienced staff. The registered manager also informed us each new member of staff had an induction pack which detailed core tasks and training they needed to complete. The Care Certificate had been introduced and new members of staff were completing this as part of their induction. The care certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and is the minimum standards that should be covered as part of the induction training of new care workers. The care certificate is based upon 15 standards health and social care workers need to demonstrate competency in.

Staff received regular supervision and an annual appraisal which enabled the registered manager to formally monitor staff performance and provide staff with support to develop their skills and knowledge. This was to ensure people continued to receive high standards of care from staff that were well trained. Staff had supervision every other month and records showed us that these had all been completed. One staff member said "I feel fully supported".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that as far as possible people who may lack the capacity make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed if required and records confirmed this. One person had MCA's for areas such as; mobility, personal care and finances. These had all been updated and reviewed. Staff had received training on MCA and DoLS and were able to describe the principles and some of the areas which may constitute a

deprivation of liberty.

People chose the food they wanted and were supported by staff to assist with food preparation if possible. One person said, "The food is lovely". Staff told us people were supported to eat a healthy diet and drink plenty of fluids. People's dietary and fluid needs were assessed and, if needed, plans made to meet those needs. This meant the service monitored people's food and fluid intake to ensure they were not at risk. One person had speech and language therapist (SALT) guidelines which staff followed to ensure food was safely cut into smaller pieces. Care records gave staff guidance for how people liked to be supported with nutrition. One person's support plan said, 'I have a tendency to overeat which I feel I am unable to control. I have asked for my cupboards to be locked. Staff come over at meal times to support me to make my meals to ensure I get healthy portions. This is regularly reviewed with me to ensure I am still happy with the agreement'.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians and members of the community learning disability team (CLDT). We saw people's changing needs were monitored, and changes in health needs were responded to promptly. In each care and support plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy. One person said, "I went to the dentist and it was fine".

Is the service caring?

Our findings

We observed positive staff interactions and people were engaged. We observed staff and people having a picnic outside in the sunshine at lunchtime. We sat and joined the picnic for approximately 20 minutes. It was clear to see staff respected the people they supported. The staff actively listened to what people were saying and asked them relevant questions. As a result of one conversation, a person said they would like to go out shopping after lunch. We saw this person leaving to go out shopping as requested.

People had a small team of people to support them and although some agency staff were being used, the registered manager told us they tried to use the same ones. This ensured continuity and enabled the person to get to know the staff. Support plans gave staff information on what was important to them, likes and dislikes and how they liked to be supported. One person liked going out to the pub, steam trains and computers. One person didn't like going to the dentist. There was guidance for staff to follow for going to the dentist for this person. It was clear from speaking to staff that they knew people and their preferred routines well. One staff member said, "I like being around. I'm getting to know them much better". Another staff member said, "It's important that staff know people. I help new staff to get to know people and I'll explain what they like". In one of the houses we visited, we saw pictures of the staff on duty for the day in the communal kitchen area to be used as a visual aid.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. Relatives were invited to meetings regarding the move on project; however some relatives told us the delays in the move-on were painfully slow and HFT had underestimated the complexities of finding suitable accommodation that would meet peoples needs.

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to, and when moving to another service when Old Quarries closes. Relatives told us they had been consulted and had been able to discuss their views with the provider. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs. Advocates, who are individuals not associated with the service were used to support people if they were needed.

People looked well cared for and their preferences in relation to support with personal care was clearly recorded. One person's support plan said, 'I can do personal care on my own but I like staff to check that I have done everything right such as; shaving, teeth and my hair'. Support plans gave guidance for staff if required. One support plan said, 'I like staff to wash my hair for me as I sometimes get bubbles in my eyes'. People were supported to dress accordingly to their tastes. People's choices around clothes and what they liked to wear was clearly documented. People were encouraged to help with looking after their clothes.

People were being encouraged to look at and buy furniture and fittings for their new accommodation before they were due to move. Records showed us and staff confirmed that people were encouraged to look at

colour schemes and paints they would like. One set of staff meeting minutes said, '[The person] is to be supported to measure his windows so that he can choose and buy curtains'. One person who was due to move was displaying some anxiety about moving on so staff who knew them well visited their accommodation. The staff gave their thoughts on the home in relation to their likes and dislikes and raised any concern the person might have. [The person] was due to visit closer to the date of moving to relieve any stress or anxiety.

Is the service responsive?

Our findings

When this service was inspected in June 2016 we found that improvements were required. We found that the service was led by routines and tasks rather than being person centred. We also found that the providers systems to monitor any issues or complaints made, and to analyse the issues or respond to the complaint were not being used effectively. Support plans and daily notes lacked detail and were not reviewed. The service had addressed these issues and we saw records of regular quality assurance.

The service was responsive to people's needs. There had been many compliments about the staff at the home from relatives and professionals. One relative said, "I am very pleased with the care. I have no criticisms whatsoever".

Each person had a support plan and a process in place to record and review information. The support plans detailed individual needs and how staff were to support people. Each care file had a one profile page detailing likes, dislikes and how best to support people so it was easy for staff to identify individual preferences. One person's profile said, 'I like keeping in touch with friends and family' and 'I am friendly and gentle'. Each support plan gave staff guidance to support people in specific areas, such as; personal care, mobility, mealtimes, bed changing, cleaning, how to communicate and positive behaviour plans if required.

Staff confirmed any changes to people's care were discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as what activities people had engaged in, their nutritional intake and also any behaviour which may challenge so staff working the next shift were well prepared. The daily notes were fairly detailed. This gave staff the ability to notice any patterns of behavioural changes and to respond to these. Daily notes included what people ate and drank throughout each day. One person's daily notes said, '[The person] went out shopping and to the local pub, enjoyed dinner and watched TV with other residents and staff'.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff. One person's hospital passport said, '[The person needs clear simple communication. Will sometimes repeat the last option offered. She responds better to making choices from pictures or objects of reference '.

People who used the service were able to choose what activities they wanted to do. This was specific for each individual and included activities in the community and at the home. One person enjoyed computers, gym/badminton, media club and preparing a Sunday roast. Each person had an activity planner for the week and people were consulted about what they would like to do. People were actively encouraged to access the community and we witnessed people going out on the day of our inspection.

Staff attended regular team meetings and team leaders had their own separate time allocated for a meeting every month. Staff explained regular meetings gave the team consistency and a space to deal with any

issues. Records confirmed these took place regularly. Staff told us, "Team meetings are important and there are notes to read if we can't attend".

'Voices to be heard' meetings were held regularly for people living at Old Quarries. These were meetings for people living at the home to have their say and discuss any issues. People were able to choose if they wished to attend. People were invited to chair the meeting if they wished and meeting minutes were available to read for those who did not attend.

People, relatives and staff were aware of who to speak with and how to raise a concern if they needed to. There had been 12 complaints in the last 12 months. An easy read complaints form was available for people if they wished to raise a concern. One person had raised a complaint about the move-on taking so long and was anxious about people they may be living with in the future. This was being addressed. The registered manager said, "Any complaints or concerns are addressed. We are always looking to improve". One relative said, "They always listen. The manager is really good and always gets back to us".

Is the service well-led?

Our findings

When this service was inspected in June 2016 we found it not to be well-led and we rated this area as inadequate. This was because there was one breach of regulations in respect of good governance. At the focused inspection in November 2016 the provider was found to have taken the appropriate action in order to meet the warning notice.

Since the last full inspection of the service in June 2016, there has been a change in the management of the service – the previous home manager applied to cancel his registration and the new manager applied to become the registered manager in November 2016. Although significant improvements have been made, insufficient time has passed for us to judge that they have been fully embedded and sustained.

The service was well led. There were many positive comments about the provider, the registered manager and the overall leadership of the service. Staff told us they felt very well supported by the registered manager and provider. They said they felt valued and their work was appreciated. One member of staff told us, "I feel listened to and supported". One relative said, "The manager keeps us informed. If we had any problem we know it would be sorted out". However; some staff were being made redundant and we could see this was having a negative impact on the staff team and staff morale appeared low.

Regular audits of the service were taking place. This included daily, weekly and monthly audits by the registered manager and other managers. During the audits support plans were reviewed and updated. The registered manager strived to continually improve the service. Areas that were checked were; health and safety, the premises, people's care files and medication. Staff were knowledgeable about what needed to be done and there were checklists to ensure things were checked regularly such as cleaning. A weekly managers meeting was held and had a specific agenda. The meeting covered areas such as; accidents and incidents, agency hours and recruitment, staff absence, complaints, medication errors and safeguarding. Minutes were clearly recorded and had actions and timescales. The service was pro-active in thinking about the future for example the minutes from 13 March 2017 stated that when one member of staff who had been made redundant left in a few weeks this would leave the service with no safeguarding trainer. A plan was in place to ensure this vacancy would be filled.

The organisational records, staff training database and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Guidance documents for staff were detailed and all in one place to see. Examples of these included a lone working policy and shift related work schedules. A large number of easy read policies were available for people if they wanted them. Some examples of those available were; Independent advocacy and how to make a complaint.

The registered manager felt fully supported by the provider who would visit the service and quality assure their systems, processes and records regularly. Senior managers and a quality improvement team had visited Old Quarries since our last inspection and had supported the registered manager to identify and complete areas for improvement. We met a senior manager who was providing a 1:1 supervision session with the registered manager on the first day of our inspection.

Feedback from people and relatives was actively encouraged. The provider had sent out a questionnaire/survey to families in October 2016. Managers had contacted people who had raised particular issues and every point had been looked at. The key theme to the feedback had been communication, particularly around the move on and the closure of Old Quarries and the provider was carefully considering how this could be improved. A separate newsletter for staff and relatives had been introduced which gave specific updates and information about the move on in a one page document. The results of the survey were mostly positive and 35 out of 39 relatives stated that staff provided people living at the home with respectful support.

People and staff attended regular meetings. Residents had meetings regularly with the people who they lived with. An agenda was set and each meeting had outcomes and actions. One person stated that staff spoke too loudly when they were close by. A manager was asked to address this with staff and explain the concerns and ask them to give the person space. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these took place regularly. There had been three staff meetings since September 2016. The minutes were detailed and had specific outcomes. One staff member said, "They are useful. There are plenty of ways to air our views when we want to".

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. Incidents and accidents were analysed to identify themes or trends so that preventative action could be taken. Each accident and incident was discussed on a weekly basis at the managers meeting.