

HF Trust Limited

HF Trust - Trelawney

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We inspected HF Trust Trelawney on 14 April 2015, the inspection was announced.

HF Trust Trelawney provides care and accommodation for up to six people with a learning disability. At the time of the inspection five people were living there. We last inspected the service in October 2013, we had no concerns at that time.

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. However at the time of the inspection the registered manager was unavailable. Instead we spoke with the service manager and senior support worker who were covering for the registered manager in their absence.

HF Trust Trelawney had been short staffed prior to the inspection and had found it difficult to recruit new staff. This had led to them being reliant on agency staff for a period of time. At the time of the inspection there were

Summary of findings

several new members of staff in post who were going through their induction period. This involved training and shadowing more experienced members of staff. In order to support this process experienced relief staff were working alongside the staff team. There was always a suitably qualified and experienced member of staff on duty to support the new employees and ensure all the necessary duties were fulfilled. There was a robust recruitment system in place which included carrying out background checks to minimise the risk of employing people who were unsuitable for the role.

Training identified as necessary for the service was being undertaken by staff as part of the induction process. Other staff had already received this training. Some staff had also received additional training specific to the needs of the people living at HF Trust Trelawney. Due to the pressures of training new staff not all had received training defined in risk assessments as being important for people. We have made a recommendation about this in the report.

Senior staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. Training was booked for the remainder of the staff team. No applications for DoLS authorisations had been made although people were unable to leave the building unsupervised. This meant the delivery of care may have been unlawful. You can see what action we have asked the provider to take at the back of this report.

The senior support worker was running the service on a day to day basis as the registered manager was absent from work. They were supported by a senior support worker from another HF Trust service and a service manager who was the registered manager of another service.

Staff felt well supported by a system of regular supervision and staff meetings. They told us they were able to ask for advice and support when they needed it and the senior support worker was approachable and available. Changes and improvements to support plans were required as some information was out of date or inaccurate. Due to the temporary nature of the management of the service this was not yet being done although it was acknowledged as necessary. We found this was a breach of regulations. You can see what action we have asked the provider to take at the back of this report.

Families said things had improved recently and told us they had confidence in the new staff team. One commented; "There are a lovely, nice lot of people working there at the moment. They are all very good."

People were relaxed around staff and chatted with them about arrangements for the day and past events. When talking to us about people staff were respectful and demonstrated an interest in people's well-being and how they could support them to have meaningful lives. People had access to a range of activities which suited their interests.

Summary of findings

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 safe. Recent recruitment meant there were sufficient numbers of staff in place to support people.

Staff were aware of the signs of abuse and knew how to report any concerns.

There were robust systems in place to help ensure people received their medicines safely and as prescribed.

Good



Is the service effective?

The service was not effective. Applications for DoLS authorisations had not been made as required by law.

New staff were well supported by an induction process and support from more experienced staff.

People were supported to eat a varied and healthy diet.

Requires Improvement



Is the service caring?

The service was caring. Staff recognised the importance of building positive relationships with people.

Staff adopted a 'doing with' rather than 'doing for' approach to supporting people.

People were relaxed and at ease with staff.

Good



Is the service responsive?

The service was not responsive. Support plans were not always up to date or accurate.

There were systems in place to help ensure staff were aware of people's changing needs.

People had access to meaningful activities.

Requires Improvement



Is the service well-led?

There was no clear leadership of the service in place.

Incidents were reported appropriately and monitored for trends.

People and their families were asked for their opinions of the service.

Requires Improvement



HF Trust - Trelawney

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.

This inspection took place on 14 April 2015 and was announced. The service was given 24 hours' notice because the location was a small care home and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information

about important events which the service is required to send us by law. We also reviewed the Provider Information Return. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service. During the inspection we spoke with one person who lived at the home and observed staff interactions with people. We also spoke with one support worker, a service manager and the acting senior support worker. Following the inspection we spoke with four relatives by telephone and contacted one external healthcare professional to hear their views of the service. We looked at two records relating to the care of individuals, three staff files, staff training records and other records relating to the running of the home.

Is the service safe?

Our findings

HF Trust Trelawney had been through a period of being understaffed and had been required to use agency staff for a large number of hours. This meant people had not been supported by a stable staff team. Relatives told us this had been a difficult time and unsettling for people living at HF Trust Trelawney who benefitted from a consistent approach to care and support which was provided by familiar faces. One relative said; “They weren’t getting continuous carers. They were lovely but they were always different.” New staff had recently been recruited to the service and at the time of the inspection there was a full staff team in place and the use of agency staff had been significantly reduced. However, of the eight contracted staff five were still in the induction process. This meant that although there were sufficient numbers of staff to support people they did not all have the experience or skills necessary to support people in all aspects of their care. We discussed this with the service manager who told us there were also four members of relief staff who regularly worked shifts and were; “Very knowledgeable.” They had all previously worked in the service and were familiar with the needs of the people who lived there and the working practices of the organisation. Rotas were organised so that there were always enough skilled staff on duty to enable all tasks to be completed, for example there would always be someone working who had completed their medicines and financial training and associated competency assessments in order to ensure people’s care was safe in these areas.

Staff confirmed there was always someone on shift who was qualified to do the necessary tasks. A relief member of staff said on one occasion they had gone into the service for a couple of hours solely to administer medicines because no-one was working who was able to do this. This demonstrated arrangements were made to help ensure people were always supported by staff with the relevant skills and experience. Relatives and staff were all confident the situation had improved. One relative said; “I’m hoping the new ones will be on a more permanent basis. It’s important for [person’s name] to have familiar faces.” Relatives were confident their family members were safe living at HF Trust Trelawney.

People were protected from the risks associated with the provision of care by unsuitable staff because staff recruitment practices were safe and robust. All of the

appropriate background checks were completed before new employees began work. This included obtaining two references, one of which was from the last employer, and Disclosure and Barring Service (DBS) checks. Not all staff files for the new employees contained photographs of the employee or proof of identity. This meant the provider could not be assured of the identity of new staff. One person told us they were involved in the recruitment of staff taking part in the interview process. They said; “I like that kind of thing.”

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. One member of staff told us; “I wouldn’t hesitate. It’s for the people I’m working with, not the ones I’m working for.” They knew where to go outside the organisation to report any concerns which were not acted upon. Staff were able to tell us where they would find the contact details for the local safeguarding team or the Care Quality Commission (CQC).

Care plans included risk assessments which clearly identified the risk and guided staff on any actions they should take to minimise it. The risk assessments were specific to the needs of the individual and covered a range of areas. For example environmental risks, risks associated with people’s individual interests such as using the internet, and those associated with falls and choking hazards. The service manager told us HF Trust Limited took an enabling approach when designing risk assessments. They said; “They [risk assessments] are about trying to enable the activity.”

People’s medicines were stored securely in a locked cupboard in the staff sleep-in room which was also kept locked. Medicines Administration Records (MAR) were completed appropriately. When errors occurred the member of staff responsible was taken off duties associated with the administration and management of medicines. They were given refresher training and underwent three observations whilst administering medicines in order to assess their competency before taking up the duties again. There had been a recent

Is the service safe?

medicines audit carried out by NHS Kernow. Although the report was not available for us to view on the day of the inspection the service manager told us the audit had been positive with only a couple of minor recommendations.

Is the service effective?

Our findings

Staff were booked to receive training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). The senior support worker and one other member of staff had already received it. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. DoLS provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. We found no DoLS applications had been made for anyone living at the service since 2013. The criteria for assessing when DoLS applications should be made had changed in April 2014. We asked the senior support worker and service manager what they would do if anyone living at HF Trust Trelawney left the premises. They told us they would not allow them to leave on their own as it would not be safe. The door was not locked but a care worker was always on the ground floor and therefore if anyone left the building a member of staff would be aware of it. This meant people's liberty was being restricted because they were not able to go out alone without supervision. Therefore there was a risk people's human rights were not properly protected. We saw documentary evidence that this had been considered with a view to making DoLS applications in late 2014. However the process had not been completed.

We found there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

One person had been offered invasive dental treatment. They had declined this and it had been respected that they had capacity to make this decision. The implications of the decision had been discussed with them and a family member. The person had been told the treatment would be available at a later date if they changed their mind.

Relatives told us they had confidence in the staff team and believed they understood their family members' needs well and respected their preferences, likes and dislikes. One commented; "They're doing a very good job. It needs consistency and they've got a good little team there now." Everyone had a key worker and co-key worker who were responsible for ensuring health appointments were up to date and leading on any changes to care planning arrangements. This meant people received consistent care from staff who knew them well.

New employees at HF Trust Trelawney were going through an induction process. This followed the Skills for Care Common Induction Standards (CIS). The CIS is a national tool used to enable care workers to demonstrate their understanding of high quality care in a health and social care setting. The CIS are to be replaced by the Care Certificate and the service manager told us this training was planned for any future new employees. Training included areas identified by the provider as necessary for the service such as fire safety, infection control and food hygiene. There was a period of shadowing experienced staff for all new employees and competency assessments were carried out for medicines administration and financial recording. There was a probationary period of six months in place which could be extended up to nine months if necessary. After three months a review took place where areas for improvement were identified. One new member of staff told us; "I'm getting all the help and support I need to do the job."

Staff who had worked at HF Trust Trelawney for some time had also received training in areas specific to the needs of people they supported. However as most staff members were new to the service this meant the majority of staff did not have this specific training. We discussed this with the service manager who acknowledged the staff team had training to catch up on in order to fully meet people's needs. Arrangements had been made to start to address this, for example the whole team were booked to do a Positive Behaviour training course in two months' time. Two people had undertaken autism awareness training provided by the local authority and the rest of the team were on the waiting list to attend this. In addition HF Trust Limited were introducing Person Centred Active Support (PCAS) nationally and all staff were to be given training in this area.

When people behaved in a way which could challenge staff there was specific guidance in their support plans for how to deal with this and minimise any risk. For example; 'Staff will ask me not to do this and to calm down in a firm voice. I usually settle down after five minutes.' However, one support plan stated; 'Staff will have challenging behaviour training.' Only two members of staff had received this training. A member of staff we spoke with who had not had the training told us the behaviour was not so challenging as to make them feel unable to deal with it safely and effectively. They described how they would extract

Is the service effective?

themselves from difficult situations and said; “It’s just common sense really.” However, it is important staff are properly trained to deal with such situations safely and within the parameters of the law.

Staff received supervision from the senior support worker with responsibility for the day to day running of the service. This gave them an opportunity to discuss individual needs of people and their own personal development and training needs. Working practices were also discussed at these meetings. As part of the PCAS approach staff were to begin to have three observed supervisions per year. This involved the senior support worker formally observing staff working practices. The service manager would also do formal observations every six months to help ensure the approach was consistently applied. They told us; “It’s all about engaging people.”

People had access to a varied and healthy diet. Fresh fruit and cold drinks were freely available in the conservatory/dining area throughout the day. Kitchen cupboards were unlocked and snacks readily accessible. Staff told us they

considered the food budget to be sufficient to provide people with a range of fresh, good quality food. A relative told us; “The food is excellent.” People were supported to choose what they ate with the use of pictures and photographs. They were involved in the weekly shop and menu planning. One person enjoyed baking and they had made scones the day before the inspection with the support of staff.

People were supported to access other healthcare professionals as necessary, for example GP’s, opticians, physiotherapists and dentists. On the day of the inspection one person was visiting the dentist. Another person was receiving regular input from a physiotherapist to try and maintain their mobility. A relative told us; “[Person’s name] had a nasty chest infection and they were straight on it. If in doubt they always check.”

We recommend the provider identifies and implements training relevant to the needs of people whose behaviour may sometimes challenge staff.

Is the service caring?

Our findings

People were relaxed and comfortable with staff, there was friendly conversation and staff engaged people in chatter and showed an interest in what was said. We heard jokes being exchanged and people were at ease with each other. A member of staff said; “It’s a happy atmosphere [persons name] is a happy person, laughing all the time. And [person’s name] is always singing along. People’s behaviour is changing and we are achieving.” Relatives told us they were happy with the new staff team and found them to be caring in their approach. One relative described to us an occasion when another family member had seen their relative being supported in a café in the local community. They said the care worker had not met them before and was unaware of their presence. They saw their relative was treated respectfully and with kindness. The member of staff made sure they were comfortable and looked at the menu together to support the person to make an informed choice.

We did not see people’s bedrooms at this inspection as most were out for the majority of the day and the one person who was available for a period of time did not want us to see their room. Staff respected this decision and did not attempt to persuade the person. A relative told us their family member had chosen the colours when the room was decorated and had been supported to choose furniture to reflect their tastes. We saw photographs of people around the building which contributed to a home like atmosphere. One relative told us; “It’s a home from home.”

Staff explained to us how they supported people with personal care in a way which helped ensure the person’s privacy and dignity was respected and protected at all times. We saw people had information on their bedrooms doors to guide staff when delivering basic day to day

personal care. For example we saw written on two people’s doors; ‘My bed will need to be wiped with anti-bac.’ This was not respectful of the person’s dignity. We discussed this with the senior support worker and service manager who agreed to move the information so it was not on public display. One person had said they did not want information on their door and this had been respected.

In the hall, lounge and dining areas we saw information on a range of subjects was displayed in pictorial form with minimal text. Pictures were used to help people make informed choices about day to day things such as what they ate or where they spent their time. People’s support plans recorded how people engaged with others and described what various vocal noises meant for those people who did not use words to communicate.

Staff spoke about people fondly and showed concern for their well-being and an interest in how best to support people. One commented; “I’m interested in them. I want to know what makes them tick and how I can help them.” Staff talked to us about; “Building trusting relationships” with people. We heard how some staff had been concerned about supporting one person in the community. The senior support worker had arranged to support the person themselves and have staff shadow them to demonstrate how to support the person well and increase staffs confidence. People were supported to carry out tasks themselves and maintain and develop their independence. Information in support plans guided staff on how to do tasks ‘with’ people rather than ‘for’ them.

Relatives told us they visited the service regularly and unannounced. Staff supported people to maintain contact with their families. One family member told us; “I pop in all the time and have never had any concerns. I know [person’s name] is happy there. They tell me after a visit, ‘I want to go home now.’ They’re always happy to go back.”

Is the service responsive?

Our findings

Care plans were stored electronically on the providers support planning, assessment and recording system (SPARS). They contained a wide range of information in respect of the person's support needs across a range of areas including communication, behaviour and social needs. Not all the information in support plans was up to date or accurate. For example, we saw in one person's plan it was recorded that they used some signs to communicate. However, we were told this was not correct. One member of staff told us; "They're a little bit hit and miss. Some are out of date." The service manager told us there were plans to review and update all the support plans in the near future. The reviews would include people and their families. However it was unclear when this would happen or who would lead on it.

Information in support plans guided staff as to how to deliver planned care. People's daily routines were described in detail so staff were able to support people as they wanted to be supported. For example; 'I will need lots of prompts to wash my hands.' And 'I must be shaved every day otherwise my skin gets sore and shaving can be painful.'

There was a wide range of sensory equipment available in the living and dining rooms. This was important to people living at HF Trust Trelawney because of their health care needs. Plans were in place for one person to have a bubble wall fitted in their bedroom. They had been shown pictures of the equipment to help them decide if they wanted it installed.

Staff were kept up to date with people's changing needs via a range of systems in place. Daily records were kept on SPARS. When staff logged on to the system they were alerted to any new information which had been entered since their last log in. Communication books recorded any health or social appointments. People who attended day services had diaries to enable staff teams to communicate with each other about any incidents as well as day to day activities and information on people's emotional

well-being. Staff coming on shift would also have a verbal handover to make sure they were aware of any changes to people's care and support. Staff told us communication amongst the team was good.

People had access to a range of activities to meet their interests. Most people attended a day centre during the week but one person had decided this was not something they wanted to do and so alternative activities had been identified. On the day of the inspection they were going to a local beach to do some litter picking. Available activities included local walks, shopping trips, bowling, bingo and attending organised social clubs. A staff member told us how they had recently supported two people to attend a local football match. They were planning to work up to attending a professional match in the future if the experience was successful. This demonstrated staff were willing to try new activities in order to broaden people's experiences.

Relatives said there was enough for people to do which was in line with their interests. One told us their family member had relatives in Ireland and had been supported to go there on holiday and meet up with them. Another year they had said they wanted to meet the queen. A holiday had been arranged in London which included a trip to Madame Tussauds to have their photograph taken with the wax model of the queen.

HF Trust ran a self-advocacy group at their day centre and people were asked if they wanted to take part in this. At the time of the inspection no-one had joined the group. A new member of staff was reintroducing house meetings to give people an opportunity to have their say about how the service was run. They told us one person had already said they would like a bird table for the garden when asked for ideas to discuss at the meeting. They had already responded to this request and bought wood to build the table with.

There was a complaints policy in place which had been updated in March 2015. A complaints form was available in an easy read format. Relatives told us they had not made official complaints but would speak with senior staff if they had any concerns and were confident they would be acted on appropriately. One commented; "Any concerns and I'd be the first banging on the door."

Is the service well-led?

Our findings

At the time of the inspection the registered manager was absent from work and the service was being managed, on a day to day basis, by the senior support worker. Further oversight was being provided by the service manager who was also registered manager at another nearby HF Trust location. The service had been through a period of low staff numbers and the majority of the staff team in place were new in post. This meant the staff team needed consistent and reliable support.

As identified earlier in this report it was acknowledged that support plans and staff training were in need of updating. The service manager was unsure as to how long they would have responsibility for the service and told us they would not be making major changes to any systems as they “don’t want to stand on anyone’s toes.” This indicated there was no clear leadership of the service at this time.

We found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff at all levels told us they felt well supported, both within the service and by the higher organisation. Changes to the higher management structure had been implemented at a local level and this was seen as a positive development by both the senior support worker and service manager. Further changes to the structure of the organisation were due to take place in the summer. A relative told us they were happy with the leadership of the service saying; “[Name of senior support worker] has really grabbed it and ran with it.”

Staff and families told us the service had improved over recent months and; “things were moving forward.” Staff spoke of an improved atmosphere which had impacted on people who they described as, “happier” and “more relaxed.” Although families felt it was too early to assume the staff team would stay long term they told us they had more confidence than previously. One commented; “I’m happier that [person’s name] needs are being met. Before the extra bits were perhaps missed.”

Staff meetings took place regularly and were an opportunity for staff to put forward suggestions and ideas regarding the running of the service. They were also used to discuss any developments in working practices and people’s individual support needs. Service managers met on a monthly basis. The senior support worker had dedicated administration hours. A relative told us; “The staff seem to have bonded.” A staff member said; “We’re a lot more of a team now.”

HF Trust Limited had a specialist skills team available through which services were able to access any specialist equipment and advice and support. For example sensory equipment and training on dementia awareness. There was also an on-line HF Trust Knowledge Centre through which staff could access additional optional training courses. These covered a range of areas such as professional practice and decision making, nutrition and diabetes. Extra courses, such as epilepsy awareness would be offered to staff teams if applicable to the service.

Incidents were recorded on the on-line system by staff. This triggered an automatic email to the manager in charge who would then oversee any follow up actions and identify any trends. Senior management would also check the incident records at regular intervals. Handover sheets required staff to complete daily checks covering areas such as cleaning rotas, medicines audits and monitoring charts.

Improvements to the building were being planned. Maintenance work was carried out by an external contractor who prioritised any emergency work.

Questionnaires asking families for their opinions of the service were circulated annually. However only one form was returned for the last survey. The feedback was positive. The senior support worker told us they spoke regularly with families, both via telephone and face to face. Everyone had regular visitors and families told us their views were listened to and acted upon. One said; “I’m always kept fully informed.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1)(2)(i) HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: People who use services were not being provided with care in a safe way because responsibility for care had been transferred to other persons and timely care planning was not taking place to ensure the health, safety and welfare of people who used the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 (1)(5) HSCA 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.</p> <p>How the regulation was not being met: People who use services were at risk of being deprived of their liberty without lawful authority.</p>