

HF Trust Limited

HF Trust – Lympne Place (High Trees and The Beeches)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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 took place on 12 and 16 August 2016 and was unannounced. The previous inspection was carried out in January 2014 and no concerns were identified.

High Trees and The Beeches are two residential care homes within HF Trust's Lymgne Place grounds. The services are registered as one location to provide accommodation and personal care for up to 12 people who have a learning disability and other complex needs. 12 people were living at the service at the time of inspection and each had their own personalised bedroom. In both High Trees and The Beeches, people had access to a lounge, dining room, a kitchen, bathrooms and gardens.

The service had a registered manager who was present throughout the inspection. 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 and associated Regulations about how the service is run.

Medicines were not always managed safely or administered in line with current guidance. People received their medicines when they should.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had applied for DoLS authorisations for people who were at risk of having their liberty restricted, some of these had been authorised. The registered manager had not notified the commission of all of these, as is a statutory requirement.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Following a restructure of staffing levels by the provider, there was insufficient senior or deputy manager support for the registered manager to have a good oversight of both services, this resulted in shortfalls and gaps.

People's records were well maintained although not always easy to navigate as they often contained repeated information that could result in staff not fully reading the guidance.

People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people

were fit to do so. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

Staff encouraged people to be involved and feel included in their environment. People were offered activities and participated in social activities when they chose to do so. Staff knew people and their support needs well. The care and support needs of each person were different, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

Staff told us that the service was well led and that they felt supported by the registered manager to make sure they could support and care for people safely and effectively. Staff said they could go to the registered manager and senior management at any time and they would be listened to. Overall, the registered manager had good oversight of the services and was able to assist us in all aspects of our inspection.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People did not always receive their medicines in a way that was safe or in line with published best practice.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Incidents and risks were monitored to make sure the care provided was safe and effective.

There was sufficient staff on duty to meet peoples' needs. The provider carried out appropriate checks when employing new staff.

Is the service effective?

Good 

The service was effective.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported and had one to one meetings and appraisals to support them in their learning and development.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it. People were provided with a range of nutritious foods and drinks.

Is the service caring?

Good 

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

People were treated with kindness, respect and dignity.

Staff supported people to maintain contact with their family

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

Is the service responsive?

Good 

The service was responsive.

People's care and support was planned in line with their individual needs. . People were supported to take part in activities.

Staff had a good understanding of people's needs and preferences. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Some statutory notifications had not been appropriately reported to the Commission.

There was insufficient management or senior support for the registered manager to have good oversight of both services.

Records, although well maintained, were not always easy to follow as they contained repeated information. They were stored securely.

People and staff were positive about the leadership at the service. Staff told us that they felt supported by the registered manager and operational manager.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

HF Trust – Lympne Place (High Trees and The Beeches)

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 12 and 16 August 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and other information we had about the home including notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During the inspection visit, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed a variety of documents. These included two care files, staffing rotas, three staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with four people who used the service and with three members of staff, the registered manager and operational manager. After the inspection we spoke with two relatives and received feedback from two social care professionals who had had recent contact with the service.

Is the service safe?

Our findings

People told us they felt safe living at High Trees and The Beeches, one person said "I feel safe here" and another told us, "I like it here, the staff are kind." Communication plans were in place that explained how people would communicate or behave if they were anxious or worried about something, these also told staff the way in which they could best support each individual to reduce anxiety or worries. Staff knew people well enough so that they were able to respond quickly. People were relaxed and happy in the company of the staff. People approached staff when they wanted something and the staff responded to their needs.

Medicines management was not always safe. At The Beeches we identified several areas where current best practice guidance was not being followed. During the inspection we observed that key to the medicines cabinet had been left in the lock, this meant there was a risk that the wrong people could access the medicines stored in this cupboard. Records were not always accurate or current, 'weekly medication check' sheets were not completed weekly or, in some cases, accurately, for example, on checking Paracetamol for one person, the record stated the incorrect amount of tablets. We reviewed Medication Administration Record Sheets (MARS), some gaps were identified and the tablets taken from some of the dispensed dosage systems did not correlate with the correct day which meant that we could not be assured that people always received their medicines when they should. There was no record of why this could have happened and the registered manager was not aware of any incident. The registered manager did not have good oversight of the management of medicines at The Beeches. The registered manager did not complete audits of the medicines at The Beeches, which, if conducted, could reduce the risk of incidents occurring.

The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12(2) (g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Otherwise, medicines at High Trees were in good order and well managed. All medicines were stored securely in locked cabinets and clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for.

Guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person who needed 'when required' medicines.

The registered manager or senior support worker completed annual competency checks for all staff responsible for administering medicines. This helped to ensure people received their medicines safely.

The provider had clear policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. The registered manager was familiar with the process to follow if any abuse was suspected; and knew the local

Kent and Medway safeguarding protocols and how to contact the Local Authority safeguarding team. There had been some safeguarding issues raised in the last 12 months. The registered manager had worked with the local authority and had taken appropriate action to resolve the concerns.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclosure and Barring Service (DBS) background check and checking employment histories. The trust had a thorough staff recruitment policy so that important information was provided to managers. Staff confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This helped to ensure people employed were of good character and had been assessed as suitable to work at the services.

There were enough staff on duty to meet people's needs and keep them safe. Both services required different staffing levels to meet the needs of people. Staffing was planned around people's activities and appointments so the staffing levels were adjusted depending on what people were doing. Some people were provided with additional support hours for specific activities, records confirmed that these hours were provided and people were able to participate in activities of their choice.

The staff rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness, either the Trust's bank staff were used, or at times, agency staff. On the days of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs. During the inspection staff were not rushed. Staff we spoke with felt they usually had time to talk with people and that there were enough staff to support people. An on call rota was on display in the office, this ensured there was always a senior member of staff available for the service to contact.

The premises were clean and well maintained. Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.

Is the service effective?

Our findings

One person told us, "The staff are kind, the food is very nice indeed" and another said, "They help me, we go out places. They take me to see my Mum." Staff handovers between shifts made sure that they were kept up to date with any changes in people's needs. There was a shift plan and handover sheet, which detailed who was on shift, their allocated tasks, such as cleaning and cooking responsibilities along with other daily tasks to support people. They also identified specifics for each day such as any health or other appointments and any planned visitors or contractors to the service.

Staff understood their roles and responsibilities. Staff undertook a comprehensive induction which included orientation to the service and shadowing experienced staff until they were competent. As part of their induction new staff attended person centred active support training (PCAS) which is a way of supporting people so that they are engaged in meaningful activity and relationships. The trust has created a 'fusion' model of care, which they believe reflects the specialist skills necessary to provide excellent support. Staff were knowledgeable and spoke with enthusiasm about the training and supporting people in this way. The training was followed up four weeks later with an observation and feedback session. Staff also undertook the Care Certificate, an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The registered manager told us there was a six month probation period to assess staff skills and performance in the role and this was flexible and could be extended if extra support was needed.

People were supported by staff that had good knowledge and training in care. Staff received regular training, which included moving and handling, fire safety, first aid, safeguarding, health and safety, medication awareness, risk assessments, equality and diversity and food hygiene. Staff said they could approach their manager with any additional training needs or interests and these would be provided. A system was in place to identify when refresher training was due so that staff skills were maintained. Training was provided in a range of formats, some was via e learning, some with trained trainers within the service (trained trainers are members of staff who have had additional training to enable them to train others), the provider's trainer and external organisations providing classroom based training. The registered manager told us that they worked closely with the local community learning disability teams and staff had received training from them. Staff also undertook levels 2 and 3 qualifications in health and social care. Staff commented "The training is really helpful, dementia training has really helped" and "We have regular supervision, I feel well supported."

Staff had individual supervision meetings and annual appraisals with the registered manager or senior support workers. Staff told us this time gave them the opportunity to discuss any issues or concerns they may have, and gave them the support that they needed to do their jobs effectively. Staff told us that they felt supported in their roles.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to

make sure decisions were made in the person's best interest.

Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, and were either authorised or being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The registered manager had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS).

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty.

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. Detailed health action plans showed that people were supported to access health care such as opticians, dentists GPs, optician, practice nurse and the chiropodist. Plans contained guidance for staff on how best to monitor and support people's health. This meant staff were aware of people's healthcare needs and knew how to recognise any early warning signs of deterioration in health. Personalised information on specific health conditions was included, along with the actions required of staff to support the person. Each person had a communication passport that described, in detail, how the person needed to be supported with communication and what was important to them. The passport would inform any health professional and potential hospital visits.

Where they wished to be, people were involved in planning the menus and preparing some meals. Weekly menu planning sessions took place, where people sat together with laminated pictures and recipe books to agree a menu for the coming week. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they wanted to eat. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff and people were supported to make drinks with staff. A pictorial menu was displayed on the wall at High Trees; the registered manager explained that they had it on their action plan to introduce at The Beeches. They also told us that they were planning to introduce a pictorial rota.

The services were clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well

maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The buildings were well maintained. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at both of the services.

Is the service caring?

Our findings

One person's relative told us, "The staff are caring; they always have time to talk."

People told us staff listened to them and this was evident from our observations during the inspection. During the inspection staff took the time to listen and interact with people so that they received the individual support they needed. People were relaxed in the company of the staff, smiling and communicated happily using verbal communication, noises and gestures. Different approaches were used to suit people's personalities. People said they were happy living at High Trees and The Beeches and their comments about the staff were positive. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals.

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

People were given personalised care. People had specific needs and routines that were accommodated well by the staff. The routines at the service were organised around people's needs and were flexible. Staff supported people in a way that they preferred. During the inspection we observed staff responding quickly to any signs of distress or agitation, by redirecting, distracting and reassuring people.

Staff were attentive. They observed and listened to what people were expressing. Technology, pictures and photos were used to help people to make choices and communicate what they wanted. People responded well to staff and we saw staff interacting with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were supported to have contact with and visit their families, relatives and friends. People told us that staff supported them to visit their families.

People were moving freely around the homes, moving between their own private space and communal areas at ease. Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets. People were given discrete support with their personal care.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. When people had to attend

health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs.

Some people expressed their anxieties and frustrations in behaviour that could challenge others or pose a risk to them. Staff had received BILD (British Institute of Learning Disabilities) accredited training to assess people's behaviour, be prepared to intervene and prevent behaviour through de-escalation techniques or use of mild restraint quickly and when needed to safeguard people from harm. This training had an emphasis on the approaches of Positive Behaviour Support.

Approved interventions were clearly documented in people's individual behaviour management guidelines and made clear the range of measures that could be used.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented, "We get to know individuals and how they like to be supported. I adapt to each person." People's care plans told us how their religious needs would be met if they indicated they wished to practice; those who chose to, were supported by staff to attend a church service most Sundays. People's information was kept securely and staff were aware of the need for confidentiality.

Is the service responsive?

Our findings

People received the care they needed and the staff were responsive to their needs. The services had a strong, visible person-centred care culture. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in their loved one's health. One person's relative told us, "I have had a good deal of contact with the staff and have found them to be friendly, helpful and very supportive of X. I have yet to either talk to or meet a member of the staff who hasn't been very cheerful and positive and who show a genuine care for all the residents."

Staff understood how people communicated and responded to people in an individual and inclusive manner. People who needed assistance with communicating had been supported to obtain technology to enhance their communications such as I pads with symbol-supported communication apps. One person had recently had a tele-link installed so that they could speak to their family via their TV. People were at ease with using these and supported and encouraged by staff. Care records showed that people were supported to attend awareness training sessions such as abuse awareness, diabetes awareness and basic first aid skills.

Most people had lived at the service for several years. When people were considering moving into the service they, and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not.

Staff were able to demonstrate a good understanding of the people they supported. Within people's plans were life histories, detailed guidance on communication and personal risk assessments. In addition there was specific guidance describing how staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Staff told us, "We support them to make choices, using picture cards, sometimes Makaton and knowing the signs of people being happy or not." Support files gave staff an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around food, drinks, activities and situations. Positive behavioural support plans detailed what people may do, why they do it, warning signs and triggers and how best to support them. Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Each person had a healthcare passport, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff.

People who were important to people like members of their family and friends, were named in their care plan. This included their contact details and people were supported to keep in touch. Some people went home to their families and families also visited the service. Where needed, the service supported people to visit family.

People were supported to take part in activities and staff supported people to undertake a choice of leisure activities within the service and in the community. Individual activity timetables were in place but were flexible to each person. Activities included gardening, discos, swimming, local walks, social clubs and football. Some people had jobs, both paid and voluntary and others attended organised day services or college on set days. As well as trips out swimming, to local woods, horse and carriage riding, bowling and to seaside towns. People were supported to go on shopping trips and lunches out in the services' vehicle. Individuals support files contained photographs of days out and activities they had participated in. For example, one person had set a goal of a day trip to France. Their file contained a detailed report of how they had recently been supported by staff to achieve this, what they did and how they enjoyed their day.

Feedback was sought from people through questionnaires, discussions and through monthly 'voices to be heard meetings', a forum for people who used HF Trust services to talk about what they were happy with and what they were unhappy about or would like to change. These local meetings fed into larger divisional and national meetings across HF Trust. People chose whether or not they wished to participate in these meetings. People living at High Trees did not wish to participate in house meetings, in order to gain their feedback and input about the day to day running of the service, a 'choice, involvement and communication' tool had been introduced which key workers completed on a monthly basis with individuals, along with a monthly questionnaire. House meetings took place at The Beeches; people chose whether or not they wished to participate. The registered manager explained that these meetings were not always successful and that they were looking at introducing the tool that was used at High Trees to see if this worked better for the people living at The Beeches.

People were provided with important information to promote their rights and choices. There was a clear complaints procedure in place. Staff told us that they would always pass any complaints to their manager or the operational manager, who would take these seriously. An easy read version of the complaints procedure was available. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. An 'Abuse' folder had been introduced to the service for those people who wanted to use it. It contained scenarios of different types of abuse and encouraged conversation and awareness for people.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. Concerns and complaints were recorded on an electronic system which detailed the actions taken in response to a complaint. This recorded the outcome of the complaint so that an audit could be maintained. Complaints were responded to by the registered manager, in line with the trusts policy. The operational manager reviewed complaints and outcomes during their audit process.

Is the service well-led?

Our findings

The services had a registered manager who was supported by a senior support worker in each home and support workers. Staff felt that they were well supported. One staff member commented, "I can approach my manager, I feel well supported and think my ideas are listened to."

The registered manager demonstrated a good knowledge of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection; each had delegated responsibility for health and safety, daily allocated jobs and attending training courses.

All care providers must notify us about certain changes, events and incidents affecting their service or the people who use it. These are referred to as statutory notifications. This includes any allegation of abuse, any serious injury to a person and Deprivation of liberty applications and their outcomes. The registered manager was aware of their responsibility and had notified us about allegations of abuse, deaths and serious injuries to people who use services. They had not notified us of the outcomes of Deprivation of liberty applications at The Beeches. We pointed this out to the registered manager who rectified this following the inspection.

The provider had failed to notify the Commission of events which they had a statutory obligation to do so. This is a breach of Regulation 18 (4A) (a) (b) (4B) (a) (b) (c) (d) of the Care Quality Commission (Registration) Regulations 2009.

A quality assurance policy was in place. Audits were undertaken as part of the quality assurance process to monitor the quality of service people received. Any gaps or shortfalls identified during these audits were addressed by improvement plans. The registered manager explained that the quality assurance processes were based around the five key questions CQC asked during inspections so that they covered all relevant areas. The registered manager was supported by a senior support worker in each service; however their hours formed part of the staffing rota and therefore they provided limited support to the registered manager with the management or ongoing monitoring of the services. Restructuring of management roles had meant that there was reduced management and senior support worker support for the registered manager in both services. Shortfalls and gaps in quality monitoring identified at The Beeches during the inspection indicated that people and services would benefit from increased management support, as this would reduce the risk of incidents occurring and increase management oversight of both services. For example, with increased management or senior hours, the gaps in monitoring of medicines at The Beeches could have been identified sooner, and reduced any possible impact these gaps could have on people.

The provider failed to establish effective systems and processes to protect people from risk. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Audits were undertaken by the registered manager. These included monthly health and safety checks, support plan and finance audits. Accidents and incidents were recorded on the computer system and an

analysis was produced which was reviewed by manager and operational manager. Concerns and lessons to be learnt were discussed and fed back to the staff team as appropriate. The operations managers undertook a quality assurance compliance visit on a monthly basis, this involved analysis of the audits taken by the registered manager and the action plan produced from this, enabling the operations manager to create an overview of the services as a whole. A compliance inspection from head office was undertaken on an annual basis, outcomes and areas for improvement from these visits were fed back to the operations and registered manager.

Surveys had been sent to people supported by the service and their representatives in 2015. The results from these had been audited and people had been provided with a report on these. Some positive comments were made by representatives in their surveys. These included, "Support staff are second to none," "Can talk about any concerns and soon sorted" and "Regular staffing, interesting and varied activities."

Staff told us communication was good. Staff said staff meetings, memos, newsletters and using communication books ensured that information was shared. We looked at the staff meeting minutes and found regular staff meetings had taken place. Staff said that they felt able to contribute to staff meetings and felt listened to. We saw that staff held handovers between each changeover of staff.

Staff felt that the registered and senior managers' were approachable and supportive. Staff said they worked well together and supported each other. All staff had clear job descriptions, which set out the line of responsibility and delegation. Staff members told us they felt the service was well managed and organised. Staff said "The management are supportive and open to suggestions and ideas." HF Trust holds 'Gem' awards for staff, managers can nominate team members who they feel have gone 'above and beyond', we were told that staff from this service had recently been nominated for awards.

The service had policies and procedures in place which covered all aspects of the service, these were reviewed and kept up to date by head office and shared with services once updated. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

Records were well maintained, although we found that within people's support files information was repeated. This meant it was extremely time consuming to view all information and guidance about a person. Although the risk to people not receiving the appropriate support was minimal, it could mean that staff may not read through the entire contents or may miss some important guidance; this could mean that staff do not follow the most up to date guidance. We recommend that the provider reviews these files in order to ensure important information and guidance is easily accessible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the Commission of events which they had a statutory obligation to do so. This is a breach of Regulation 18 (4A) (a) (b) (4B) (a) (b) (c) (d) of the Care Quality Commission (Registration) Regulations 2009
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12(2) (g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to establish effective systems and processes to protect people from risk. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.