

HF Trust Limited

HF Trust - Falstaff House

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?	Good ●

Summary of findings

Overall summary

We inspected Falstaff House on 3 March 2016. Our inspection visit was unannounced.

The service provides accommodation and personal care for up to eight people with learning disabilities or autistic spectrum disorder. There were seven people living there at the time of our visit.

A requirement of the service's registration is that they have a registered manager. 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. There was a registered manager in post at the time of our inspection.

People received care from staff who knew how to keep them safe. Staff knew what they would do to protect a person from the risk of harm and how to respond to any concerns. There were sufficient numbers of staff available to meet people's individual needs and keep them safe. Risks to people's health and welfare were assessed and management plans provided staff with information to minimise those risks.

There was a programme of induction, training and management support so staff could deliver effective care. The provider encouraged staff to obtain further qualifications in health and social care.

People were encouraged and supported to eat healthy diets which met any medical healthcare needs. Staff worked with a variety of different healthcare professionals to ensure people's health needs were met. Relatives were confident that staff provided care that was responsive to their family member's changing needs.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) to ensure people were looked after in a way that did not inappropriately restrict their freedom. This included authorisation by the relevant authority for any restrictions to people's freedom that were deemed as necessary to keep them safe; known as Deprivation of Liberty Safeguards (DoLS).

People were supported by a consistent staff team who knew their abilities, support needs, habits, preferred routines and social preferences. People were relaxed with staff who took time to listen to them and understand their needs. Staff respected people's privacy and dignity and treated them as individuals.

People were supported to take part in a variety of different activities and hobbies and maintain their interests.

The provider had systems in place to monitor the quality of care that people received. This included gathering feedback from people and relatives. Staff told us they felt supported by the registered manager who was approachable and open to suggestions about the service people received in their home.

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.

People were protected from the risk of harm or abuse because staff understood the processes they needed to follow to keep people safe. Risks to people had been considered and people were supported by sufficient numbers of staff to meet their care and support needs. People received their medicines as prescribed to manage their health conditions.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about the people living at Falstaff House and had the skills to effectively promote people's wellbeing. Staff supported people to make everyday choices such as what they wanted to eat and drink. Where people lacked capacity to make complex decisions, the Mental Capacity Act 2005 had been followed so people's legal rights were protected. People received on-going healthcare support from a range of external healthcare professionals. Staff kept relatives informed of any changes in their family member's health.

Is the service caring?

Good ●

The service was caring.

There were positive relationships between the people in the home and between people and the staff supporting them. People's individual needs were understood by staff and met in a caring way. Staff recognised the importance of people maintaining their independence where possible. People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received care that was individual to them and reflected their changing needs. People were supported by staff to follow their interests and participate in activities. Relatives told us they

would not hesitate to raise any concerns about the care provided.

Is the service well-led?

Good 

The service was well-led.

There was clear leadership of the service in place. Everyone spoke positively about the approachable nature of the registered manager. People, relatives and staff were supported to express their views about the service. There were systems to monitor the quality of the service to ensure people received a safe, effective and responsive service.

HF Trust - Falstaff House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 March 2016. The inspection visit was unannounced. The inspection was undertaken by one inspector.

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 were able to review the information in the PIR during our inspection. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

People who lived at the home could not tell us about their care and support due to their complex healthcare needs. We spent time in the communal areas observing how people were cared for and supported and how staff interacted with people. This helped us get an understanding of the care people received and to assess whether people's needs were appropriately met.

We spoke with the senior care worker and three other members of care staff. We also spoke with four relatives by telephone and a visiting healthcare professional. We reviewed two people's care records to see how their support was planned and delivered. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.

Is the service safe?

Our findings

Relatives told us they were confident that the people who lived at Falstaff House were safe. One relative told us, "[Person] has to have 24 hour care. They can't do anything by themselves and staff are very aware of that. There is always somebody there." Other comments from relatives included: "I think if they [people] were unhappy, their personalities would show." " Yes, [person] is safe, because of the staff on duty." "[Person] is always more than ready to go back to the home."

Staff told us they had completed training and felt confident to recognise and respond to different types of abuse to protect people from the risk of harm. One staff member told us they would not hesitate to report any concerns saying, "I would definitely report any concerns I had about medication, financial or physical abuse or just the way people spoke to the people we support. It is about respecting their dignity and their rights." Another staff member said, "Abuse is not acceptable anywhere. The people we support can't speak up for themselves and it is our job and our responsibility to protect them as much as possible and to report any concerns. I would report it to my manager and they would have to pass it on to their manager and report it to safeguarding adults." Staff told they would be vigilant for signs that people with limited communication were unhappy or upset. One staff member said, "People would demonstrate if they were unhappy through facial expressions, noises or pushing something away. You would know." Another said, "We know people and if they change we know if they are not right." Staff told us they would not hesitate to escalate any concerns if they felt they had not been managed in accordance with the safeguarding procedures. One staff member told us, "I would get on to CQC and safeguarding myself." There had been no safeguarding concerns in the 12 months prior to our visit.

Everyone we spoke with felt there were sufficient numbers of staff available to meet people's needs. One relative told us, "Whenever I visit there always seems to be sufficient staff to look after the residents." Another relative said, "There are always staff around." Staff we spoke with told us that they felt there were enough staff to supervise people, provide support, and take them out into the community whenever they wanted to. We observed that staff were available during the day to supervise people and to keep them safe. Staff were able to spend time with people supporting their different interests or care needs.

The provider had recruitment procedures to ensure staff were of a suitable character to work with people who lived at the home. Staff had to have Disclosure and Barring Service (DBS) checks and references in place before they started. The DBS provides information about a person's criminal record and whether they are barred from working with people who use services.

We looked at people's risk assessments and saw that risks to people had been appropriately assessed, for example one person was at risk of seizures. There was detailed information about the type of seizure the person had and instructions for staff to follow including emergency protocols for staff to use if required. Due to an increased risk of this person suffering a seizure at night, staffing levels had been increased from one sleeping member of staff to one sleeping and one waking. The person was checked every 30 minutes through the night so staff could take immediate action to keep the person safe if they had a seizure in their sleep.

Medicines were stored appropriately to keep them safe and maintain their effectiveness. People received their medicines as prescribed. The service used a 'bio-dose system' which is when all medicines that are to be administered at set times of the day arrive in vacuum sealed pots with the date and time of administration recorded on them. Liquid medicines arrived in separate pots in exact dosages. Staff told us they found this system easy to use and that it reduced the risk of medication errors. One staff member explained, "It is brilliant. All the tablets are in one place, you can see everything in the pot and it is very clearly labelled. It lessens the chances of any errors occurring." Some medicines were still given directly from their packets and boxes. There was an audit process to check these medicines had been given as prescribed. Staff updated people's medication administration records (MARs) when medicines were given and the records we checked had no gaps in the recording.

Some people had been prescribed medicine on an 'as required' basis. We saw that there were protocols in place to instruct the staff when the medicine should be given. This reduced the chances of staff not giving people their medicine when it was needed, or giving people the medicine when it was not needed.

Staff who gave medicines told us they had received appropriate training and their competency to administer medicines safely was checked every year.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at Falstaff House and had the skills to effectively promote people's wellbeing. Relatives told us staff took time to understand their family member's communication needs and provided the support the person required. One relative told us, "I think they are excellent. They know [person] well and understand where they are coming from. Staff understand [person's] language so they can pick up on what their needs are."

New staff completed an induction when they first started working at the home. This included face to face and online training, working alongside experienced staff and being observed in practice before they worked independently. The induction training was linked to the 'Care Certificate.' The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff told us they received training considered essential to meet people's health and safety needs. Training records showed that all staff were up to date with training which included: fire safety, safeguarding, manual handling, first aid and food hygiene. One staff member told us, "We have a lot of e-learning and we have face to face on some subjects. When you first start it is pretty much face to face and then a lot of the update training is e-learning." Staff also completed training to support the individual needs of the people who lived in the home, for example, dementia, autism awareness and epilepsy. One relative told us they were confident that staff managed their family member's epilepsy safely. They explained, "The fact they know [person] so well, they know when it (seizure) is coming so they can be prepared." We asked staff what they felt the training they received brought to their everyday practice. One staff member responded, "It helps us understand what the people we support need and how we can help them." Another staff member told us, "It highlights issues you were probably unaware of and it makes you more aware of what you do and how you do it. It gives you a clearer picture." During our visit we observed staff communicated effectively with people and were responsive to their requests for support and reassurance.

The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs. Staff had completed National Vocational Qualifications (NVQ) which are work based awards that are achieved through assessment and training. One staff member explained, "A lot of staff are doing their NVQ 2," and told us they had been supported to achieve a level three qualification.

All staff we spoke with told us that they felt effectively directed and were supported on a day to day basis. Staff told us they had regular supervision meetings with a manager during which they discussed their personal development and training requirements. One staff member explained, "We do formal supervisions about four or five times a year, but we do have informal little chats and these are documented."

Observations of trained staff supplemented the formal supervision process. All staff had done training in Person Centred Active Support (PCAS). This training supported staff in understanding how to put people at the centre of everything they did so their needs were effectively met. Periodic observations of staff ensured

they continued to follow the PCAS model to add value to their everyday practice.

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

Staff told us that although all people at Falstaff House were living with differing degrees of learning disability, they were able to make day to day choices and decisions for themselves. Staff understood people's communication skills and used signs, pictures and objects of reference to support people make those choices and decisions. One staff member explained, "We offer choice, like brown or white bread. Cereals in the morning, the boxes are on the table and they can choose what they want. If you show [person] an apple, an orange or a banana, they can choose. They can all choose." This was demonstrated at lunch time when jugs of orange and blackcurrant juice on the table provided people with a visual choice. People were shown different yoghurts and packets of crisps to help them choose what flavours they preferred.

All the people living in the home lacked capacity to make formal decisions. Staff told us any complex decisions would be taken in the person's best interests and involve all those people that were important to them. A staff member explained, "It would involve the registered manager, senior care worker, the person's keyworker, the GP, the social workers, family members and the person themselves."

During our visit we saw staff asking people for their consent before supporting them. Staff told us if people declined support they would withdraw and return later or ask another staff member to offer assistance. One staff member explained, "If a person said they did not want a shave, I would explain why it would be nice to freshen up and have a shave, but if they still refused, I would try later or see if another member of staff could help. It is about giving them the choice."

The registered manager understood their responsibilities under the Deprivation of Liberty Safeguards, DoLS. They had identified that people's freedom was being restricted in a way that was necessary to keep them safe. For example, people were not able to leave the home unsupervised due to safety. Records showed that DoLS applications had been submitted and formally authorised by the relevant local authority.

Staff encouraged people to be involved as much as possible in choosing what they wanted to eat and drink. Lunch was normally a snack like meal such as sandwiches and the main meal of the day was in the evening. There was a five week rolling menu which reflected people's own preferences and choices.

People were encouraged and supported to eat healthy diets which met any medical healthcare needs. For example, one person had a health condition that meant there were some foods they had to avoid. There was information displayed in the kitchen and staff we spoke with were all consistent in describing the foods the person could not eat. Another person was being supported by a dietician to lose some weight. Again, staff all understood the need to encourage the person to make healthy eating choices. One staff member explained, "[Person] has been to the dietician and the dietician has given them a book of menus and we have sat down with them and discussed it. [Person] understands so we are not restricting them, but offering healthier options like more vegetables."

Staff we asked knew of people's health conditions and what support was required to maintain their health. Records showed that staff supported people to access health and social care appointments that included people seeing the dentist, optician and GP. Records showed that staff referred people to other healthcare professionals when a change in their health was identified. On the day of our visit, staff noted that one person's eye looked red and sore. The senior care worker immediately telephoned the person's GP and a prescription was arranged for collection that evening. This showed that staff acted promptly to support people's health. We spoke with a visiting healthcare professional who told us staff were responsive and followed up any issues that they highlighted. Relatives told us that staff kept them informed if their family members were unwell. One relative told us, "They have rung me up and said [person] is not well and we are fetching the doctor and I have gone straight over. They know as soon as [person] isn't well, I want to be involved." Another relative said, "They look after [person] medically. They have had a few issues with their health and staff have kept me informed."

Is the service caring?

Our findings

Relatives said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family members. Comments included: "It is a lovely home. The staff are kind, very kind" and "[Person] treats the care staff as friends. He knows they take care of him and he trusts them."

People were not able to tell us in detail of their experience of living at the home so we spent time observing the interaction between people and the staff who provided care and support. We found people's individual needs were understood by staff and met in a caring way. People were supported by a consistent staff team who knew their abilities, support needs, habits, preferred routines and social preferences. Staff were patient and spoke affectionately to people. They had a good understanding of people's different communication needs and supported us to talk with people who had limited communication. People were relaxed with staff and when they came back from their various daytime activities, they greeted staff members warmly. At lunch time people and staff all sat together to eat and it was a communal mealtime experience. There were conversations about what people had been doing and their plans for the rest of the day. Staff took time to understand what people were communicating and took an interest in their responses. One relative told us, "It is quite a family orientated home."

Many of the staff had worked in the home for a number of years and had clearly established relationships with people. Relatives spoke positively about the consistency of the staff team. One relative told us, "I know most of the staff really well because a lot of them have been there a long time." We asked staff whether they felt the home provided a caring environment for the people who lived there. One staff member told us, "It is a lovely home, it is just so calm and everybody gets on so well. It is such a happy house. The staff are happy and so are the people. The people we support are relaxed and comfortable. All of us seem to get on so well. There is lots of laughter in the home." Another staff member told us, "It's a really friendly and happy unit, and the people we support enjoy our company."

We observed that staff respected people's privacy and dignity and treated them as individuals. One staff member explained, "We look after people and they are individual people with their own individual needs, mannerisms and humour. It is getting to know them as individual people and talking to them and not above them. They are important." Another member of staff described how they sympathetically supported one person in making lifestyle choices whilst maintaining confidentiality and respecting their privacy. Another person preferred to spend time sitting in a quiet area of the home. We saw staff respected that person's decision to spend time alone with one staff member stating, "It is their home environment and we have to respect it is their home."

One person invited us to look at their bedroom. They were very happy with their private space and showed us how they had decorated it with their personal belongings. They also showed us around the rest of the home and introduced us to the other people who lived there. They were clearly comfortable and relaxed in their surroundings

Staff followed the 'Person Centred Active Support' approach which meant that people were supported to develop and maintain independent skills around the service. For example, every week each person in the home had a "home management" day when they were supported by a staff member to tidy and clean their bedrooms. We were told of one person who was able to make drinks for themselves using a one cup kettle. This made the task more achievable and protected them from the risk of scalding by over filling their cup.

Relatives told us they felt welcomed into the home and could visit whenever they wished. They told us how they could spend time in communal areas or talk with their family member in their bedroom. One relative said, "I can go to [person's] room whenever I want to." One relative spoke about the support they had received when their family member had been very poorly in hospital. They had chosen to stay at the hospital but explained, "They (the provider) got staff to come over for three hours every day to give me respite." At the time of our visit, staff were supporting people to buy cards and flowers for Mothering Sunday.

Is the service responsive?

Our findings

Relatives were confident that staff provided care that was responsive to their family member's changing needs. One relative explained, "They are aware of the aging process of the people they look after so change their practices to suit the ages of the people they care for." A visiting healthcare professional told us, "The care is very client centred. They know their service users well, what they like and don't like and are very in tune with that."

Care plans were stored electronically on the providers support planning, assessment and recording system (SPARS). The plans contained detailed information in respect of people's support needs across a range of areas including communication, behaviour, emotional and social needs. The care plans were written from the person's perspective and were clear about choices, preferences and promoting independence.

Each person also had a "fact sheet" that contained key information about the person and the care and support they required to maintain their wellbeing. The sheet contained guidelines on people's individual communication skills and any specific support they required, such as around eating and drinking. This information could be passed to other healthcare professionals in an emergency so they understood how to respond to people's individual needs. They also provided information staff could refer to at a glance to assure themselves they continued to respond to people's needs safely and effectively.

Staff recorded information about how they had supported people on a daily basis and this was 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. The system also alerted staff of any upcoming appointments or significant dates such as birthdays. Staff coming on shift also had a 'verbal' handover where information was shared about people such as any changes to people's care and support. Where people had changing needs, these were kept under review so that staff could respond to them appropriately.

Relatives told us they were involved in planning and reviewing their family member's care needs. One relative said, "We have an annual meeting and assess what Falstaff House are doing for [person] and I get involved in that." Another relative said, "I am there most weeks and they tell me what is going on."

People were supported to access a range of activities both within the home and the wider community. When we arrived at the home, four people were at a resource centre the provider ran locally. The centre gave people the opportunity to be involved in a range of activities such as working on the computer, handicrafts, music sessions and sensory activities such as reflexology. Two other people went out with a staff member to the bank and another had a 'home day' when they tidied their bedroom. In the afternoon two people had a relaxing massage from a visiting healthcare professional.

Staff told us they planned activities with people around their individual interests. A relative confirmed that staff supported their family member to follow their interests, particularly railways. "[Person] has got all their hobbies and interests which they follow. Over the years when they have been on holiday, staff have taken them to see railways. They stayed in a railway carriage one time." Another relative said, "[Person] has been

abroad and has gone on lots of holidays. They are always doing things."

The provider's complaints policy was easy to read, it had pictures to help people's understanding and it was accessible to people in a communal area. The policy informed people how to make a complaint and provided information about where they could escalate their concerns outside the organisation if they were unhappy with how their complaint had been dealt with. Relatives told us if they had any concerns or complaints they would speak to staff. One relative told us, "I know [name] is the manager so I would go to them first. After that I would have to do a bit of research." Another relative said, "If I had got a problem I would go to [registered manager] and [senior care worker] and tell them how I felt." Some people at the home would be unlikely to make a complaint due to their understanding or communication needs. Staff told us how they would observe people's behaviours to identify if they were unhappy and support people to raise their concerns. One staff member explained, "I would have to say to the person that I would need to write it down and pass it on to my manager." There had been no formal complaints received about the service in the past 12 months.

Is the service well-led?

Our findings

Relatives were happy with the quality of care and the support provided to their relatives. Comments included: "I am exceedingly grateful [person] is in a nice home" and "I'm very happy with the home." Staff spoke positively about their roles and told us they enjoyed working at Falstaff House. One staff member told us, "It is not a case of them and us. It is such a nice house and staff know what they are doing, so it just flows." A visiting healthcare professional told us, "It is so nice to see people being treated so well."

The registered manager had worked for the provider for over 20 years and was supported by a senior care worker who worked alongside staff on a daily basis. Staff told us they felt supported by the registered manager who was approachable and open to suggestions. One staff member told us, "I think we have got one of the best managers, she is just so kind and helpful. It makes a difference if you have got a manager who appreciates the staff and they appreciate the manager. It makes a good working relationship." The senior care worker told us, "[Registered manager] is very supportive, easy to talk to and very approachable. We have regular conversations as well as supervision. We throw ideas at each other to see what each other's views are on certain things. She is very open and if I don't agree with something and suggest something else, she is very understanding and listens. We are both happy with the support we give each other."

Staff told us regular staff meetings were held and that they had an opportunity to express their views in these meetings. One staff member explained, "They are nice and relaxed. We have an agenda and people can write on the agenda. We sit and discuss any issues and [registered manager] will update us with what is going on. We do discuss things and we work so well together. We listen to each other and take note." Staff described the staff team as being friendly with one member of staff saying, "We help each other and support each other."

People who lived in the home attended meetings where they were asked to make decisions about the care they received. For example, at the last meeting people had been shown a selection of photographs and pictures so they could choose what holidays they would like to go on. People had also been asked if they liked living in the home and if there was anything they would like to change. All the people had indicated they were happy.

Relatives were asked their opinions of the service through questionnaires sent directly from the provider. We looked at the results of the last questionnaire and saw that some relatives had asked for better communication. The senior care worker explained that in response to those comments, one person now telephoned their relatives once every other week and staff phoned another family every month to keep them updated. All the relatives we spoke with confirmed that staff kept them well informed of any issues and were responsive if they had any concerns or made any requests.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. Each month the registered manager completed an audit against the five key questions: Is the service safe, effective, caring, responsive and well-led? The audit identified areas where improvements needed to be made, the timescale for implementing the improvements and where evidence

would be located once the action had been completed. We saw one of the checks in January had identified an issue with the flooring in one area of the home. The check in February confirmed that action had been taken and the service was awaiting a date for the work to be completed.

The registered manager had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the inspection. The registered manager had submitted the notifications we require by law about important events in the home.

We asked the senior care worker what challenges the service faced. They responded, "The building is not suiting people's needs. As this group are getting older their needs are changing and this house won't support those needs for much longer." They told us the provider had plans to renovate the property to provide an environment that was supportive of the people who lived there. They told us that people and their families would be fully involved in decisions about the future development of the service.