HF Trust Limited

HF Trust - Clifton View

Inspection report

72a Broad Street
Clifton
Shefford
Bedfordshire
SG17 5RP

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08 March 2016

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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

This inspection took place on 08 March 2016 and was unannounced.

Clifton View provides accommodation and support to up to nine people with a learning disability. The home shares an office and a communal area with a supported living service at the same address. At the time of the inspection there were nine people living at the home.

The service has 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 2008 and associated Regulations about how the service is run.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm.

Medicines were administered safely and people were supported to access other healthcare professionals to maintain their health and well-being. They were supported effectively and encouraged to be as independent as possible. They were assisted to maintain their interests and hobbies and to develop new skills. They were aware of the provider's complaints system and information about this and other aspects of the service was available in an easy read format. Staff were always available if people wished to raise concerns informally. People were encouraged to contribute to the development of the service and to develop links with the local community.

The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely. Staff had received regular supervision and had been effectively trained to meet people's individual needs. They understood and complied with the requirements of the Mental Capacity Act 2005 (MCA). They were caring and promoted people's privacy and dignity. Staff were encouraged to contribute to the development of the service, aware of their roles and responsibilities and understood the provider's visions and values.

The provider had effective quality monitoring processes in place and these had been used effectively to drive continuous improvements. People had no concerns about how care was provided or how the service was managed. There was good communication between the manager and staff, and this meant that they were able to deal quickly with any issues that arose.

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.

Staff had a good understanding of safeguarding and whistleblowing procedures to enable them to keep people safe.

Risk assessments were in place, were detailed and reviewed regularly to minimise the risk of harm to people.

Emergency plans were in place.

Is the service effective?

Good

The service was effective.

Staff were well trained and were supported by regular supervision and review of their performance.

People were involved in their food choices and their diets reflected their cultural requirements.

The requirements of the Mental Capacity Act 2005 were met.

Is the service caring?

Good

The service was caring.

Staff's interaction with people was caring.

People's privacy and dignity were protected.

People were supported to maintain family relationships.

Is the service responsive?

Good

The service was responsive.

People were supported to maintain their interests and hobbies and encouraged to try new activities and develop new skills.

People could raise concerns with any member of staff at any time. .

Comments and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The manager was supportive and approachable. People knew him and spoke with him frequently.

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values.

HF Trust - Clifton View

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 08 March 2016 and was unannounced. The inspection was carried out 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 also reviewed the information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with two people who used the service, two support workers, a senior support worker and the registered manager. We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for two people who used the service. We checked medicines administration records and looked at staff recruitment, training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person told us, "I feel safe here. It is the people who make me safe. Someone is always around. It is clean all of the time."

The provider kept all their policies on a central hub which all staff had access to. Policies were up to date and included ones on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. One member of staff told us, "I would report any suspicion of abuse to the manager, the safeguarding team and the Care Quality Commission (CQC)." They were able to demonstrate a good knowledge of the types of harm that people could experience. Another member of staff told us, "I know the importance of the whistleblowing policy. If it is a good company you will not be sanctioned. From what I've seen it is a very good company."

We saw that there were person centred risk management plans for each person who used the service. Each assessment identified possible risks to people, such as suffering an epileptic seizure or becoming hypoglycaemic due to low blood sugar. These risk assessments included details of what would reduce the hazard, the available options, the possible outcomes and the service user's view as to how the risk should be managed. One risk assessment showed that an individual was at risk of over eating due to a syndrome they suffered. The risk assessment showed that the person was not to be allowed in the kitchen unaccompanied and, understanding the risks, had chosen to eat their meals in their room to reduce them. Another risk assessment for medicines administration warned that the individual may spit medicines out after appearing to have taken them and hide them. The risk assessment advised that staff should observe the person to reduce the risk of this happening.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment and had plans in place for the continued operation of the service in an emergency. These included assessments for the storage of hazardous substances, such as cleaning fluids, portable appliance testing and fire risks. Fire alarms and emergency lighting were tested regularly and a fire drill was completed on a monthly basis. This ensured that people and staff were familiar with the evacuation plans and could exit the building safely in the event of a fire.

Accidents and incidents were recorded within a centralised database. The registered manager was alerted about incidents recorded and the causes were analysed regularly both by the service and the provider's centralised team to identify any improvements that could be made to prevent the occurrence of similar incidents in the future.

There were enough staff to support people safely. Staffing levels had been determined by the needs of the people who used the service and the levels of support that had been identified within their needs assessments. Some people needed very little support whilst other people required support with nearly every aspect of their daily life. The number of staff needed varied throughout the day as people attended their daily activities. Some people required two support workers to accompany them when out in the community. The registered manager told us that there was waking night staff to support people when required.

The provider had a robust recruitment policy. This included the making of relevant checks with the Disclosure and Barring Service (DBS) to ensure that the applicant was suitable to work in the service, health questionnaires to ensure that applicants were mentally and physically fit for the role applied for and the follow up of employment references. This assisted the provider to determine whether the applicant was suitable for the role for which they had been considered.

Staff told us that they received regular training on the administration of medicines. Medicines were stored appropriately within a locked cabinet in a locked room in the home. We looked at the medicine administration records (MAR) for three people and found that these had been completed correctly, with no unexplained gaps. Protocols were in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN). When we carried out a reconciliation of the stock of medicines held for one individual against the records we found this to be correct. We saw that there were protocols in place for ordering medicines and for the return and disposal of any unused or unwanted medicines.

Good

Is the service effective?

Our findings

People told us that the staff had the skills needed to support them effectively. One person said, "The staff know how to care for me."

Staff received a full induction before they worked on their own with people and on-going training to improve their skills. One member of staff told us, "I am supported really, really well. The manager has expressed interest in my development and has told me what I needed to do to improve and develop new skills." They went on to tell us how the training that they had received had given them some insight into the life of people who had a learning disability and said that the refresher training was good as it, "Made me more reflective. I can look back at what I've done. You can get complacent."

The registered manager showed us the training matrix which indicated that training was closely monitored by the senior support worker responsible. They told us that the training sessions were organised for staff from the home and from the supported living service on site together. The service used both e-learning and the delivery of face to face training sessions. On the day of our inspection a face to face training session was being held in the communal area for staff from both services. The service used both internal and external training providers, including the local council. Training provided by the council had included safeguarding, the Mental Capacity Act, Care Standards and pressure awareness and the links with nutrition.

Staff told us that they received regular supervision. They said that supervision was a two way conversation, during which they discussed their performance, their training and development needs, their morale, any concerns they had or any complaints they wanted to make. One member of staff said, "I have six supervisions a year. I talk about where I want to go, how I want to progress and how I want to improve. I want to be the best version of myself that I can be. I have been supported to do the level 3 diploma in health and social care. "

People were asked for their consent before support was given. One person told us, "Staff care and always ask before they help me." We saw that people or relatives on their behalf had signed to agree the support that was to be provided to them. Staff told us that they always spoke with people before supporting them with any task. One member of staff said, "I think, yes you may have a disability but you are entitled to live the life you want."

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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 looked at the home's records around the

requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest following meetings at which they, their relatives and their support teams had been present. One care record we looked at contained an authorisation from the relevant supervisory body to deprive a person of their liberty in order to keep them safe They had supervised access to some parts of the home and required staff support when out in the community. Their support plans reflected these requirements.

Staff told us that they were able to communicate with the people who used the service. One member of staff told us, "I use non-verbal signs to communicate and sometimes use pictures to show people choices and use objects of reference. Although some people cannot verbalise they can understand."

People planned and where able helped to prepare their meals. One person told us, "Staff help me choose my food. The staff do the cooking." Staff told us that people were involved in developing the menu each week. One member of staff said, "Every Sunday we create the menu with people. Each pick a dinner. They have a varied menu and have a fish dish every week. We cater for all diets, one is on a gluten free diet and we have one person who is Hindu so have a special diet. Some people cannot eat pork, another cannot eat beef. Staff do the cooking but sometimes people join in."

Staff told us that where there were concerns about people's diet, food and fluid charts were maintained and everything they ate or drank was recorded. One member of staff told us, "I discuss it with the rest of the team and inform the GP and nutritionist. We would help them choose better meals and liaise with parents to provide consistency when people go on home visits." People's weight was monitored and where needed, we saw referrals had been made to the local dietetic service and the speech and language therapists.

We saw evidence that people had been supported to attend appointments with healthcare professionals. One care record showed that the person had been assisted to attend appointments with a diabetic nurse at the local health centre and a nutritionist about their diet.

Good

Is the service caring?

Our findings

People told us that staff were kind and considerate of them. One person said, "The staff are nice and friendly. I am happy living here"

We saw that the interaction between staff and people was caring and supportive. One member of staff told us, "We make sure the people we support have the best care that they are entitled to. It doesn't matter where you are you are not bigger than anyone else. We pull together to get a good standard of care." Staff spoke with people in a very respectful way; people appeared very much at ease with staff and willingly followed prompts given by them. People told us that staff treated them with respect.

Staff knew the people they supported and were able to tell us about their personal histories, likes and dislikes. Care records included a 'Personal Passport' that contained 'at a glance' information about the individual. One member of staff told us, "Everyone is involved. We know their wants, needs and behaviours."

People were involved in decisions about how their support was delivered and told us that staff supported them to be as independent as possible. One person told us, "Staff support us in doing our laundry and cleaning our rooms and also when we go out. I go out quite a lot."

We saw that people's privacy was maintained and staff knocked on doors and waited to be invited in. Staff asked people for permission to speak with them and were able to explain to us ways in which people's dignity was maintained. These included ensuring doors and curtains were closed when people were being assisted with personal care. Staff also told us of ways in which people's confidentiality was maintained and said that information about people would only be shared with people who had the right to know it. .

Information about the service and the provider's complaints policy was available on a noticeboard in the communal area, which was used as a link area between people who lived at the home and people who lived in the supported living service on the same site. The noticeboard contained information in easy read format. Evidence within care records showed that people were supported to maintain their relationships with friends and family. Some people visited relatives on a regular basis whilst others saw their families less frequently. The registered manager told us that they held coffee mornings three or four times a year for families and friends of people who used both services. The service collected relatives who had to travel some distance to come to these gatherings and could not get there by any other means.

Good

Is the service responsive?

Our findings

People had a wide range of support needs which had been assessed before they moved into the home. People were involved in deciding the level of support they needed and the plans that were put in place to provide this. One member of staff told us, "It depends on the client's capacity and their level of understanding but they have input to the plans as much as possible." We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. Each plan asked questions such as 'What is important to this person in this area of their life?' and 'How does this person want to be supported to make decisions?' Information from people's relatives and others who knew them well had been included when the plans had been developed. Each person had been allocated a key worker. We saw evidence that support plans had been reviewed regularly by key workers with the people who used the service.

People were supported to follow their interests. One person told us, "I get support with activities and things. Sometimes I go to 'No Limits' (a sports based centre)." The provider had a number of motor vehicles which people used for travelling to their various appointments and activities. They contributed an agreed sum to cover the cost of fuel for the vehicle for each journey.

Staff told us that they were always looked for new activities that people might like to get involved with. The registered manager told us of people's involvement with 'Sailability' at Peterborough which had introduced them to sailing. They said that a former user of the supported living service had progressed to such an extent that they were now an instructor for other people with a learning disability at Sailability.

We saw that the provider listened to people's comments and complaints and responded to them. One person told us, "If I was unhappy about something I would talk to a member of staff or the manager. I think he would listen." The provider had an up to date complaints policy which was displayed in an easy read format on the noticeboard in the communal areas. The provider had produced a booklet explaining the complaints system entitled 'Making things better' which had been provided to all people who used the service. Staff told us that they supported people if they wished to make a complaint.

People were able to discuss any concerns they had at the monthly meeting with their key workers but were able to raise concerns at any time. One member of staff told us, "We always make it clear that if ever people want to talk they can come to us. It is important not to have any barriers; there is never a bad time if people want to talk. People have a meeting once a month as well when they can voice any concerns they have."

Good

Is the service well-led?

Our findings

People and staff told us that the registered manager was supportive and approachable. One person told us, "I see [registered manager] and he comes round to talk more or less every day. He is easy to talk to." We saw that the registered manager knew each person who used the service well and chatted to them when they saw them. One member of staff told us, "[registered manager] has a very open door policy. He is very involved and cares about the team and is very caring about the clients. He has taught me not to be afraid to ask for help. He will sit down and go through things until I am confident in what I am doing"

Staff told us that there were monthly meetings at which people were able to discuss things they wanted to change or activities and days out that they would like. One person told us, "Overall I am really happy. There is nothing I am not happy about." The records showed that at the most recent meeting they had discussed organising a day trip to Cadbury World and at earlier meetings they had discussed holding a party, meal choices and their level of satisfaction with the service provided.

Staff from the service and the neighbouring supported living service held joint meetings at which staff were encouraged to contribute to discussions about service improvements. Minutes of a recent meeting showed that staff had discussed care plans and risk assessments, training and medicines management.

Staff were able to explain the visions and values of the service and understood their roles and responsibilities. They told us their aim was to support people to lead as meaningful, fulfilling and independent lives as they could achieve."

We saw that there had been a number of quality audits completed by the registered manager and the senior support worker. These had included audits of training completed by staff, health and safety and record completion. In addition direct observation supervision had recently been introduced which looked at how the support was delivered. The registered manager had carried out a full quality assurance assessment of the service combined with the supported living service that they also managed. We saw that an action plan had been developed and monitored to address any areas for improvement that had been identified during the audits. The local council had also carried out an assessment of the service in November 2015 in which they had identified that improvements were needed to information included in the complaints system. This had now been included in the policy and documentation and the action plan showed that this had been completed.

People's records were kept securely. There was a robust electronic data system (SPARS) that was password protected and could only be accessed by people with the necessary levels of authorisation. Hard copies of records were stored securely in the registered manager's office.