HF Trust Limited

HF Trust - Clifton Court DCA

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 Court provides personal care and support for up to nine people with a learning disability within a supported living scheme. The scheme consists of six flats and shares an office and a communal area with a small residential service at the same address. At the time of the inspection there were eight people who were supported by the service. Three people lived in one flat and five people were living on their own.

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 were safe and the provider had effective systems in place to protect them from 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. People were encouraged to contribute to the development of the service and to develop links with the local community.

Staff were well trained. They understood and complied with the requirements of the Mental Capacity Act 2005 (MCA). They were supported by way of regular supervision and appraisal. 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.

There were effective complaints and quality assurance systems in place.

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 procedures to enable them to keep people safe.

Risk assessments were in place 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 appraisal.

Consent was obtained before support was provided.

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 follow their interests and to develop new skills.

People were encouraged to contribute to the running of the service.

Comments and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The management was supportive and approachable.

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.

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Detailed findings

Background to this inspection

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

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, three 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 think it's safe. Knowing there is always someone here makes me feel safe." Another person said, "The people here make me feel safe."

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 did my safeguarding training by e-learning. It is not nice to think that there are people out there who would do that sort of thing. I would report it to [the registered manager]. If they were not here I would report it to the duty 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.

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 going out in the vehicles provided by the service, or suffering an epileptic seizure whilst showering or illness due to poor food hygiene. These risk assessments included details of what would reduce the hazard, the available options, the possible outcomes and the person's view as to how the risk should be managed. For example, one risk assessment to reduce the risk of harm when a person was travelling in the provider's vehicles detailed that the person was to sit in the back of the vehicle behind the front passenger seat. A member of staff was to sit in the seat next to them behind the driver. Another assessment, to reduce the risk of harm resulting from behaviour that could have a negative effect on others, detailed how staff should divert attention to activities that interested the person, such as music, playing catch or having a drink.

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 cleaning of the communal areas, portable appliance testing and fire risks. Fire alarms and emergency lighting were tested regularly and the service ensured that the gas safety checks were completed annually.

Accidents and incidents were recorded within a centralised data base. 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 members of staff to accompany them when out in the community. The registered manager told us that there was waking night staff to support people when required and one person had a waking night staff allocated to them.

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

People told us that they were supported to take their medicines. One person told us, "I have medicine three times a day." Another person told us, "My medication is kept in a cupboard in my flat. It is locked off. I am hoping to come off [medicine] soon and to do my medication myself." Staff told us that they received regular training on the administration of medicines. Medicines were stored appropriately within locked cabinets in people's flats. We looked at the medicine administration records (MAR) for one person 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). For example, one person had been prescribed pain killers on a PRN basis. Their protocol detailed signs that staff should look for that would indicate that they were in pain, such as hitting their head with their hands, shouting or slamming doors. Staff would then ask them if they needed their medicine. 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, "I like it. I'm going to stay here forever. "

Staff received a full induction before they worked on their own with people. One member of staff told us, "I knew nothing when I started. I got an induction booklet that I worked through with e-learning and reading policies, procedures, care plans and risk assessments. I was shadowing for two to three weeks. The standards were tough going but very thorough about what to expect. It prepared me for what I would encounter and I knew that by the time I was expected to work one to one or lone working I was happy to do it." They went on to tell us of the training modules that had been completed during their induction which included data protection, medicines administration, nutrition, safeguarding and the Mental Capacity Act 2005. They told us that they identified any training that they wanted with the manager during their supervision. The provider had supported them to gain nationally recognised qualifications in social care.

We looked at the training matrix which indicated that training was closely monitored.. The member of staff responsible for ensuring that staff had completed their training and updates told us that the training sessions were organised jointly for staff from the service and from the residential service on site. 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. The service used both internal and external training providers, including the local council. Training provided by the local 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 training and development needs, their morale, any concerns they had or any complaints they wanted to make. One member of staff said, "Supervision is more or less monthly. There is a template for each session which covers staff concerns, policy updates and any follow up of anything from the last session. It is a two way conversation. [Manager] has changed two supervisions to observational sessions."

People were asked for their consent before support was given. One person told us how they had agreed to staff managing their cigarette smoking. They said, "I get 16 roll ups a day. The staff do them. I have a routine. A drink and a shower then I can have my first cigarette. I get seven in the morning and another seven at 2.00pm. I have to wash the dishes and have a shower then I get my last cigarette." We saw that people or their relatives had signed on their behalf 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, "If they say no, you allow them to continue to do what they want and then go back and ask again. I would not force it. I always ask twice and document any refusal." We observed staff asking people if they were ready to clean their bathroom or wanted help to make a drink.

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. Staff were able to demonstrate that they had understood the requirements of MCA. Care records showed that when people had been assessed as lacking the capacity to make decisions, best interest's decisions had been made on their behalf. Records showed that people, their relatives and staff had been involved in making best interests decisions.

Staff told us that they were able to communicate with the people who used the service. One member of staff told us, "I use Makaton occasionally. Some people have their own signs. Some are good on communication and I use body language to look for signs of how people are feeling."

People planned and prepared their own meals as well as shopping for their food. We saw that one person had a meal plan for the week in their kitchen. They told us, "I do my food shopping in [local supermarket]. Sometimes I go to Bedford. I make a list. Staff help me and guide me in a healthy way with the menu planner." We saw from the menu that they had been supported to make healthy food choices and there was plenty of fresh fruit on their table to further evidence this. Support plans showed that people were guided to make healthy choices about food and were assisted to prepare their meals.

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 a 'well-man' clinic as part of their annual health check as well as dental appointments.

Good

Is the service caring?

Our findings

People told us that staff were kind and considerate of them. One person said, "The staff are kind. and understanding." Another person told us, "This is a very nice place with very caring staff."

We saw that the interaction between staff and people was caring and supportive. 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 were involved in decisions about how their support was delivered. One person told us, "They don't put any pressure on you. It is my decision if I want to go out." 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.

People told us that staff supported them to be as independent as possible. One person told us, "I do my own washing and laundry, clean the kitchen and wash the dishes. I wipe the surfaces and the floor." Another person told us, "I have a bus pass and go to Stevenage, Hitchin, Luton, Milton Keynes and Bedford. I don't want to go on my own though." They went on to tell us that they were getting engaged later in the year. One member of staff told us, "It is important to give people the tools, the life skills they need. If I make someone smile because I've helped them do something that they thought they could not do then I am proud of what I do."

We saw that people's privacy was maintained and staff knocked on doors and waited to be invited in. One person told us, "Staff knock on the door and wait to see if you are there." 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 told us of ways in which confidentiality was maintained. One member of staff told us, "I would always get consent to share any information about a person but we would let them know that we would have to share it with the manager."

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 used the service and people who lived in a residential 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. The registered manager told us that they hold coffee mornings three or four times a year for families and friends. The service collected relatives who have 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 service was provided. People were involved in deciding the level of support they needed and the plans that were put in place to provide this. We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. Information from people's relatives and others who knew them well had been included when the plans were developed. Each person had been allocated a key worker. We saw evidence that support plans had been regularly reviewed by key workers with the people who used the services.

People were supported to follow their interests. One person told us, "I go to No Limits. It is in Flitwick and I do action sports there; football, basketball and tennis. Staff here told me about it." They went on to tell us about a holiday they had taken last year. They said, "I had two weeks in Florida. It was organised from here. I am talking to my key worker about going to Scotland this year but I don't want to go when it is cold." They added, "I have decks and speakers all set up in my flat. I played a set on my birthday and people have asked me to play for their parties in July and October. I don't get paid for it yet."

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. One person told us, "I like to get out in the cars at the weekend."

Staff told us that they 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 service had progressed to such an extent that they were now an instructor for other people with a learning disability at Sailability. A member of staff told us, "They [people] can try new stuff. I talk with them within the realms of possibility and work out longer term goal. We set goals by trial and error and get them involved in the daily stuff. I try to figure out four new things they would like to try. Just because they do stuff doesn't mean they should not try new things." One support record for a person who had no verbal communication detailed that they should be shown pictures of different activities. If they were unable to decide whether they would like the activity the support plan indicated that they should be given the opportunity to take part in it and their reaction to it observed.

We saw that the provider listened to people's comments and complaints and responded to them. The provider had an up to date complaints policy which was displayed in an easy read format on the noticeboard in the communal areas. In addition we were told that a copy of the policy was held in each flat. 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.

Good

Is the service well-led?

Our findings

People and staff told us that the registered manager was supportive and approachable. 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, "I can come and chat to [registered manager]. [They are] very approachable. It is a very open culture here. [registered manager] is pretty much open door."

Records showed that the service held regular meetings with people who used the service at which they could discuss ways in which the service could improve their experience. We saw that at a recent meeting one person had discussed the cleaning of their flat, transport, personal care, food shopping and managing their money.

Staff from the service and the neighbouring residential service held joint meetings at which staff were encouraged to contribute to discussions about service improvements. One member of staff told us, "We can raise stuff at team meetings. We all get an opportunity to discuss anything. Everyone is asked as a group if there is anything that has been missed that they want to bring up." 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. One member of told us, "It is about person centred care promoting their independence and giving them choice."

We saw that there had been a number of quality audits carried out. These had included audits of training completed by staff, health and safety and record completion. In addition direct observational 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 residential 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 the supervision programme. This had now been embedded in the service 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.