

HF Trust Limited

HF Trust - Milton Heights

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

We undertook an unannounced inspection of HF Trust – Milton Heights on 18 July 2018. The lead inspector also visited on 25th and 31st July 2018 to complete the inspection. HF Trust – Milton Heights is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 24 people living in accommodation across six separate houses, each of which had separate facilities. The houses were situated on the HF Trust Milton Heights site which also comprises of day support facilities and supported living accommodation.

The service had two registered managers. One registered manager was responsible for house 4 and the other registered manager for houses 6, 6a, 7, 8 and 10. 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. There was an acting manager in the absence of the registered manager for houses 6, 6a, 7, 8 and 10.

When we completed our previous inspection on 6th and 15th June 2017 we found the houses were in need of refurbishment and redecoration to ensure they were appropriate and suitable for the current needs of the individuals living there. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well Led to at least good. At this inspection we found that not all actions had been completed to ensure the necessary improvements were made. The service was still not fully meeting the fundamental standards that premises and equipment should be clean and properly maintained. The condition of the premises and some equipment in areas such as bathrooms and flooring created a challenge for staff to achieve a good level of hygiene and cleanliness.

The provider's Information Return had stated that the provider's estates department were in negotiations to provide new accommodation. However, there were no clear timelines for when this accommodation would be sourced to ensure people were living in well maintained and suitable premises. Regulations state that providers must monitor progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected. Insufficient action had been taken to address the shortfalls identified at the last inspection.

Although staff working at the service were suitably qualified and skilled, people and staff told us that more permanent staff would provide more stability. However, staffing numbers and shifts were managed to suit people's needs so that people received their care when they needed and wanted it. Staff had access to information, support and training they needed to provide people with satisfactory care. The provider's training was designed to meet the needs of people using the service. As a result, staff had the knowledge they required to care for people effectively.

People told us they were safe. Staff knew the correct procedures to follow if they considered someone was

at risk of harm or abuse. They had received appropriate safeguarding training and there were policies and procedures in place to follow in case of an allegation of abuse. The service had appropriate recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Risks to people's well-being had been identified and were managed safely. Appropriate individual risk assessments were in place to keep people safe. Medicines were managed safely. All staff had received training in the safe management of medicines. The provider had systems in place to store medicines safely. People received their medicine as prescribed.

People were supported to maintain their health and were referred for specialist advice as required. Staff worked with local social and health care professionals and referrals for specialist advice were submitted in a timely manner. Where people had received end of life care, staff ensured their wishes were complied with and comforted people that had lived with the person.

People's nutritional needs were met and people were supported to maintain a balanced diet.

Staff treated people with kindness, compassion and respect and promoted people's right to privacy.

People's support plans were informative and contained guidance for staff. They included information about people's routines, likes and dislikes, preferences and any situations which might cause people anxiety or stress.

People were provided with a range of activities which met their individual needs and interests. Staff also supported people to maintain relationships with their relatives and friends.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff told us they were well supported by the management team. Staff support was through regular supervisions (one to one meetings with their line manager), appraisals and team meetings to help them meet the needs of the people they cared for.

People and their relatives were provided with information about how to make a complaint and complaints were managed in accordance with the provider's complaints policy. The registered provider had informed the CQC of all notifiable incidents.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is the second consecutive time the service has been rated Requires Improvement.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 always safe.

The premises and some equipment had not been properly maintained to ensure they were of a suitable standard.

There was a high use of agency staff and people told us they missed having more permanent staff.

People told us they felt safe. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

People's individual risks had been assessed so they could be managed safely.

There were sufficient numbers of skilled and experienced staff to meet people's needs. Safe recruitment practices were implemented for permanent staff.

People were supported by staff who managed medicines safely. Medicines were stored and disposed of correctly and accurate records were kept.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained to meet people's individual needs. Staff were supported to deliver effective care as they received on-going training and regular management supervision.

People enjoyed the food provided and had sufficient amounts to eat and drink. People received support with eating and drinking where needed.

People received the support they needed to maintain good health and well-being. Staff cooperated effectively with health and social care professionals to identify and meet people's needs.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect from staff. Staff had developed good relationships with people living at the service. People told us they were happy and well cared for.

The service supported people to express their views and be involved in making decisions.

Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

Is the service responsive?

Good ●

The service was responsive.

People using the service had personalised care plans and their needs were regularly reviewed to ensure they received the right care and support.

Activities were meaningful and were planned in line with people's interests. Community links were developed and maintained.

The service had a complaints procedure that was accessible both to people who used the service and their relatives. When raised, issues had been responded to in an appropriate and timely manner.

Staff provided end-of-life care in a responsive and compassionate way to the person and to those around them.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not ensured that resources had been provided to properly maintain buildings and some equipment.

Clarification was needed to ensure the overall management of the service was consistent across the whole service.

Staff felt supported by their managers. Management and staff had a desire to deliver high quality care.

The provider had effective systems in place to regularly assess and monitor the quality of service provided to people. On-going audits were used to improve the support people received.

HF Trust - Milton Heights

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 18 July 2018 and was unannounced. The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned on the 25th and 31st July to complete the inspection.

Before the inspection we looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met and spoke with 10 people who lived in the service. We also spoke with the registered manager for house 4 and the acting manager for the other five homes. We also spoke with the regional manager and operational development manager, five support workers and three agency staff. During the inspection we looked at six people's support plans, five staff files, six medicine records and other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in June 2017, we identified that people's living environments needed improvement. The houses were in need of refurbishment and redecoration to ensure they were appropriate and suitable for the current needs of the individuals living there. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to submit an action plan to explain how and when they were going to ensure compliance. At this inspection, we found not all actions had been taken as agreed by the provider. The service was still not fully meeting the fundamental standards that premises and equipment should be clean and properly maintained.

We asked one of the registered managers about the outstanding actions and saw evidence that these had been pursued with the responsible departments. However, these had not been completed at this inspection. The condition of the premises and some equipment in areas such as bathrooms and flooring created a challenge for staff to achieve a good level of hygiene and cleanliness. Staff were spending time cleaning and maintaining the houses which were in a poor state of repair. Therefore, at times staff felt stretched, and not always able to focus on person-centred care and support. Comments from staff included, "There's only so much cleaning you can do. The paint is in a poor state so cleaning it just makes it worse"; "They do need to put money into it". Another said, "It affects morale (referring to the interior and exterior condition of the houses and the gardens). They keep promising all sorts but nothing happens". Another member of staff said that, at times, they decorated people's bedrooms to ensure that at least these were nicely decorated and personalised.

At this inspection, we found further concerns in relation to infection prevention and control. For example, the toilet on the first floor of House 6 had no handwashing facilities in the room. We were told that people used the hand basin in the bathroom next door. However, if the bathroom was in use then people would not be able to wash their hands. The first-floor temporary living room had damaged tiles above the hand basin. We were informed that this was reported to the maintenance company after the first day of the inspection.

In House 7 the ground floor toilet had a radiator which was rusted on the top. This meant there was a risk of infection as the surface could not be adequately cleaned. The toilet on the first floor of House 7 had no handwashing facilities in the room. The first-floor bathroom's bath panel was dirty and there was limescale around the plug.

In House 8 we found there was still a noticeable odour from the toilet. The action plan submitted after the last inspection said an air freshener system would be installed to counteract this by October 2017. However, we saw no evidence of any measures to install this. In addition, the taps on the bathroom sink were in poor repair with the caps missing meaning that they could not be kept clean and infection free.

Following the last inspection, we were told that the bath panel and boxing of pipework was being renewed in House 10. It also stated the sink taps would be replaced by the end of September 2017. We saw this had not been completed. The bath panel had peeling paint on it and the sink taps were in poor repair. We saw the downstairs wet room was tiled and the grouting and grab rail were stained. The door was covered by a

shower curtain and the rail for this was rusty and therefore unable to be cleaned to prevent the spread of infection. One person's room had a heavily stained hand basin. We raised this with the registered manager who reported it so it could be replaced. The flooring outside the downstairs bathroom was lifting and uneven presenting a trip hazard. Prior to the inspection we were contacted by an external professional who had visited a person to complete a review. They reported that the person's room had cobwebs and needed cleaning and requested this happen.

The site where the houses were situated was in a tired condition. Areas of the garden and raised beds were neglected. A member of staff said, "When I first started there was a gardening group. There's no gardening group anymore as people have aged. Contractors do the garden".

We saw the provider's schedule of proposed works. There were plans to replace bathrooms and toilets in three of the houses which had timescales of completion between three and seven years' time. The Provider Information Return stated that the provider's estates department were in negotiations to provide new accommodation. However, there were no clear timelines for when this accommodation would be sourced. In the interim, the provider was failing to ensure that they met the fundamental standards to provide well maintained premises.

These concerns were a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, the CQC recommended that the provider seek further advice about the temperature management of medicines storage. At this inspection, we found people's medicines had been relocated to their bedrooms in locked medicines cabinets. The medicine cabinets were monitored daily to check the temperature. During the recent hot spell of weather measures had been taken by using ice packs to keep the temperatures within range. We did see in one case that the temperatures had exceeded the safe level for a number of days. We asked the registered manager who said that due to the hot weather they were replacing the ice packs more regularly to keep the temperatures low. We saw from records that this had provided a solution when reviewing more recent charts.

Medicines were only administered by trained staff. One person was supported to self-administer medicines from a pill dispenser kept in their room which was filled by staff at the beginning of a week. Staff told us how they supported the person to safely manage their own medicines and to store them safely. Any medicine errors were investigated and appropriate action taken. We saw most PRN 'as needed' protocols were in place and saw these were being reviewed to ensure everyone had these available to guide staff.

Staffing levels and rotas were arranged to meet people's support needs. If people's needs increased, the provider would ask the local authority care management team to review so that staffing levels could be amended.

There was a high use of agency staff. Prior to the inspection, we had an anonymous concern that agency staff had not undergone relevant competency checks and training before working in the service. We contacted the provider and received assurance that the provider was checking this prior to agency staff working at the service. They stated they would request profiles of all agency staff that worked with them to ensure they had evidence that they had the skills and training to meet people's needs.

People at the service commented on the lack of permanent staff. One person commented, "I like living here but it's not the same because staff have left. They've got new jobs with more money". Another person said, "The old one was here for 17 years but left for more money. It's alright here but it's not the same, like it used

to be, it keeps changing. At house 8 staff have left". A member of staff said, "House 8 has a bit of a crisis because of staff leaving, it's mainly agency although they are familiar but still not permanent staff". Another member of staff said, "One of the residents doesn't like new faces. It takes time for him". We discussed these comments with the registered manager and regional manager who told us all efforts were being made to recruit more permanent staff. Staff absences were also covered by bank relief staff who were familiar with the service to ensure consistency.

Records relating to the recruitment of new permanent staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

People told us they felt safe. One said, "I feel safe and looked after". There were organisational systems and processes in place to protect people from abuse and neglect. Staff had received training and understood what was needed to keep people safe. One staff member told us, "(We) have training courses and eLearning and just doing safeguarding training". Another staff member said, "Look out for neglect, abuse. If someone acts out of character, acts differently, inform manager or ring on call. Staff always ring on call, write it all down, document it in [person's] own words". The provider's internal safeguarding group audited the safeguarding log to identify any trends and patterns that may be present and to highlight any concerns.

Risk management policies and procedures were in place. However, we found that whilst personal emergency evacuation plans (PEEPs) had been completed not all were dated, so this made it unclear how up to date they were. Individual risk assessments were completed and the system notified staff when they were due for renewal. Current risks were identified and monitored and up to date. For example, for people who had epilepsy. Rotas were managed to ensure that an epilepsy trained staff member was available at all times. We saw one person had a risk assessment in respect of accessing the community independently. Staff had worked with the person to help them understand how their over friendly actions may be perceived and offered advice as to places to avoid. Some people had Positive Behaviour Support Plans to enable staff to understand the behaviours.

The provider used an electronic health and safety system to record accidents, incidents and near misses which were regularly monitored and reviewed. The service had a crisis management plan in place in the event of needing to evacuate the premises. Each house had a health and safety folder to record checks. We saw that checks had taken place in respect of electricity, gas, fire and water safety.

Is the service effective?

Our findings

There had been no new admissions to the service since the last inspection and so we did not see any recent assessments. The provider had completed a PIR and stated that if someone wanted to be supported by them the assessment process was fair, equal and the dignity of a person was maintained. It stated that if a person moved in with others that compatibility would be assessed to ensure everyone's human rights were maintained.

New staff underwent an induction when they started at the service. All new staff received training on Person Centred Active Support (PCAS), which promoted person centred approaches and how to engage people in all aspects of their lives, including keeping them safe. All staff received a range of training including management of medicines and observations to ensure they could administer medicines safely. Other training included safeguarding, fire safety and food hygiene. Training to support people's needs included dementia care and epilepsy.

Staff had annual appraisals to reflect on and develop their practice and were encouraged to agree a personal development plan during their employment. Registered managers and senior support workers attended additional training including supervision skills, managing poor performance and problem solving and decision making.

People had choice and access to sufficient food and drink throughout the day and were encouraged to make healthy food choices. We observed people made their own choices about what they wanted for lunch. One person choosing a cheese sandwich and another a microwave meal. A person told us, "I actually cook the dinner sometimes, [agency staff name] helps me. I like doing that, we all choose what to have". A member of staff said, "They've just helped me do a shopping list". One person's support plan identified the person as needing to lose weight and the plan was for staff 'to encourage a healthy diet' for which a best interest decision was recorded.

People were protected from the risk of poor health. Records contained information about their health conditions and we saw people received relevant health checks from professionals. For example, one person had problems with their ears and records showed us staff followed up actions in relation to this. Each person was offered a Health Action Plan and an annual health check. Hospital passports were used to help professionals understand and support individuals in the event of a hospital admission. For example, a person who had been admitted to hospital was assisted by staff helping hospital staff to understand the person's communication methods and their likes and dislikes. Information was provided in an accessible format to assist people to make decisions about medical treatment. In recognition of the ageing population in the service, plans were being reviewed to consider timely referrals for people to have a baseline dementia assessment to ensure they received the appropriate support if they were to be diagnosed with dementia. Some people who did not like having blood tests had benefitted from a de-sensitisation programme.

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 demonstrated a good awareness of the MCA's code of practice and confirmed they had received training in these areas. A member of staff told us, "This relates to every aspect of people's lives. You need to ask for consent to everything". Records showed us staff had completed mental capacity assessments where necessary and developed 'best interest decisions' if the person did not have capacity. For example, we saw that advice was sought from three different dentists about a person's potential tooth extraction. This was to ensure that the eventual decision was in the person's best interests. We saw the paperwork had been completed in respect of this decision.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). A system was used to monitor DoLS authorisation requests submitted by the service to local authorities. Appropriate applications had been submitted. Due to a backlog with the local authority not all had been approved. In the interim, the management team monitored people's restrictions to ensure these were the least restrictive. Information was gathered about consent-related activity in the service.

Is the service caring?

Our findings

People told us that staff were caring and that they were happy. One person said, "I like all of it. I like all of the carers, they're all kind to me". Other comments included, "I love it here" and "I get on well with my flat mate". We observed all staff supporting people with kindness and they had a good knowledge of people's likes and dislikes. For example, a member of staff told us one person was a private person and probably would not want to show us their room and we respected this person's wishes.

We saw people had good relationships with staff supporting them. We observed an interaction between a person and a member of staff which was warm and affectionate and the member of staff was kind and gentle. One person said, "Staff have to help me in the bath with my hair and my back. It would be lovely if [agency staff name] was permanent, she does my hair. She is my favourite". Another person had a fall and support staff attended to them, gently rubbing their back and asking, "Are you ok?" A member of staff told us, "The main reason I took the job is to support people. The best thing here is the people we support. I support them to cook the meals". Another said, "We spend a lot of time with the guys. Being there emotionally for them and providing the appropriate response to reassure them".

Staff were aware of what was important to people and used this information to enhance their personal preferences. People's bedrooms were decorated to reflect their individual preferences and contained their belongings such as family pictures and ornaments. One person told us, "I get to choose (furnishings/décor)".

People were involved in how they wanted their support on an individual basis. This included involvement in staff recruitment and meeting with people they lived with to discuss 'house issues' including decoration. When staff recruitment took place, a meeting was arranged to assess compatibility with the people they would support. This helped to ensure staff shared people's common interests and had the correct skills.

People had developed positive relationships with others in their house. We observed a person return from an activity proud and happy of what they had made. They put their arm round a housemate in a warm greeting and was smiling. They commented, "I love it here, I love all of them. My best thing is all of them. I'm so happy here. All the carers are nice to me, I love them all. I do tables and washing up. I get a cooked meal, I love it here". Later, we observed the person joining their housemate in the lounge, and they were sat close together side by side and appeared happy in each other's company, watching television.

People were supported to maintain and develop their relationships with those close to them. For example, staff provided support to a person to visit their parents at their family home, as they were no longer able to make visits due to the journey time. If family or friends did not live close by technology was also used such as using Skype or Facetime calls. Staff also supported people to write letters. Relatives were welcome to visit anytime and were invited to share occasions such as annual garden parties and Christmas dinner. HF Trust had recently introduced 'Commitment to Partnership', which allowed people to create an agreement about what information was shared and the involvement they would like from those in their circle of support.

If people did not have families or they lived far away, the service helped people to have advocates during

reviews. An advocate is a person who represents another person's interests or views if they need help to express this. For example, one person's closest relative lived overseas. An advocate met with the person a number of times prior to and attending their review. This ensured the person's views were taken into account.

People's privacy and dignity needs were understood and respected. We were told new staff did not provide support with personal care until they were fully inducted and observed in practice. One record showed us staff supported a person with a positive behaviour plan which appeared to promote the person being able to participate in an activity which they enjoyed in as safe and dignified way as possible. All staff received training on dignity and respect, equality, diversity and human rights. People had as much choice and control as possible in their lives, including how to spend their time, clothing and what they wanted to do in the future.

People's rights and choice were respected about information shared with others. Consent was requested within the principles of the Data Protection Act. Recent legislation about the General Data Protection Regulation (GDPR) had been shared within team meetings, emails, newsletters and supervisions. This legislation regulates how organisations protect people's personal data. All staff were requested to complete an online learning module on GDPR.

Is the service responsive?

Our findings

People, and where appropriate, family or representatives had been involved in developing care and support plans. Information was summarised on a 'one-page profile'. Support plans had recorded people's likes and dislikes, support needed to keep them healthy, safe and well, personal care, looking after their home, money, maintaining friendships and relationships, and any cultural needs. Each person was encouraged to set themselves goals which were broken down into steps, and progress was monitored and recorded.

Staff were supported to understand and meet people's needs through learning and development. Observations provided managers with an opportunity to observe how staff supported people. This ensured practice was in line with a person-centred approach and provided feedback for improvement and recognition of good practice. Supervisions also reflected on person centred active support to provide managers with the opportunity to focus on staff's working practices.

Each person's support plan described what support was needed and how and when it should be delivered and was reviewed annually, as requested or when changes had been made. For example, a person's mobility was deteriorating. A referral was made to an Occupational Therapist for re-assessment and adaptations made to address the declining mobility. The support plan was updated with this information.

With people's consent, families were involved in decisions such as finances. For example, the provider was carrying out a project for people in respect of the issues they and support staff faced with banks. Some people's accounts had been frozen due to inactivity and consent issues. For example, one person had difficulties accessing her bank account due to fears around transport. Therefore, the bank stopped sending monthly bank statements. Staff had worked with the person organising a visit to the bank with the person's next of kin to try and resolve this. The next of kin was applying to the Court of Protection with a view of becoming a Deputy, to support her to close the bank account down and transfer all her funds to an account that she could access to give the person more control over their finances.

The provider sent a questionnaire that went to all family members so they could provide feedback on the service their family member received. This feedback was considered to identify any issues or concerns raised, or any good practice highlighted to celebrate this with staff.

People's communication needs had been identified, recorded and measures put in place to assist where necessary. The provider had worked in consultation with people in the service to design and create new documents to ensure information could be understood such as accessible timetables, support plans, one-page profiles and person-centred plans. Support plans had a section on how the person wished to communicate and Health Action Plans and hospital passports stated how best to communicate with the person. If necessary, the Speech and Language Therapist (SALT) was consulted for advice. Staff received training in communication methods such as Makaton and Total Communication. For example, we heard that one person with limited verbal communication used a mix of Makaton and their own individualised signs to communicate. This meant the provider was meeting the Accessible Information Standard Accessible Information Standard (AIS) framework. AIS was introduced by the government in 2016 to make

sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

Staff tried to ensure people had access to interests and activities to alleviate boredom and isolation. People we spoke with told us what they enjoyed doing. One person told us they enjoyed doing dance, drama and music. They said "I'm happy. There's nothing that makes me unhappy here". Another person told us they were looking forward to a planned 'girls' day out' which staff were going to support them with. One person was tactile and enjoyed spending time in the garden. A member of care staff was supporting them to look through sensory catalogues to find items that would be beneficial to use whilst relaxing in the garden, such as seating areas, a relaxation pod with lights, a trampoline and water features. Another person told us they went out every day (Monday to Friday) to the on-site centre. Another person said, "Nice here. I like butterflies and having my nails done" and showed us their nails.

People were active members of their community using local facilities such as leisure centres, banks, shops, opticians, hairdressers, attending local cinemas, bowling, bingo, fairs and markets. Visitors such as local councillors, politicians, and members of the police force met with people through a forum called Parliament group. People were encouraged to be members of wider networks championing the rights of people with a learning disability in Oxfordshire, such as My Life My Choice (a local self-advocacy organisation) and 'Mates & Dates' (a friendship & dating agency for people with learning disabilities including same sex relationships). People were encouraged to build and maintain friendships and some people went out without staff support in their community in pursuit of this.

The provider had a complaints procedure, including an easy read version called 'Making Things Better' and information about other external services were provided to people and their families. No trends had been noted in respect to complaints over the past year. However, people's support was continually reviewed including changing shift times to meet a person's preferences and changing staff if requested. If concerns were raised the regional manager logged these and ensured they were responded to. Complaints were shared with the team within house meetings to aid learning and development from concerns raised. The service said it uses concerns or complaint as an opportunity to improve services.

We asked for feedback from professionals about the service. We received a reply from one stating, "Overall, following my visit I feel it is a good service and these views were echoed by the family". Staff had received thanks from professionals about the way they supported people. An email was received stating, "I was really impressed how proactive you both are in recording falls and flagging your concerns to relevant teams". Another compliment was received from the Personal Technology Co-Ordinator about a member of staff identifying an issue with a pager which no-one else, including the manufacturer had noticed.

People were supported to make decisions about their preferences for end of life care. If a person did not wish to discuss, this was evidenced and approached again at a later date. End of life plans were person centred and expressed the person's wishes. These included preferences such as what type of service they wanted, songs and flowers were recorded. We heard of how staff had supported people to be involved with planning and taking part in one of their housemate's funeral. The ceremony and celebration afterwards reflected the person's wishes and everyone was able to remember the person and support each other. We saw that staff were still mindful of how upsetting this bereavement had been to people and spend time acknowledging this and providing opportunities for people to talk about and remember the person.

Is the service well-led?

Our findings

At the last inspection in June 2017, we rated the overall service as Requires Improvement. We found that improvements were needed to improve people's living environment. These findings were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to submit an action plan to explain how and when they were going to ensure compliance. At this inspection, we found not all actions had taken place as agreed by the provider.

The provider's vision and values placed people at the heart of the service. However, this did not extend to ensuring people's environments were reflective of HF Trust standards which state 'All our residential care homes are registered with and run to meet the fundamental standards set out by the Care Quality Commission (CQC), which regulates care provision in England'. We reported under the 'Safe' domain of this report that the premises and environment where people lived had not been maintained to ensure they met the fundamental standards. The provider had not put in the necessary resources to ensure buildings were adequately maintained.

Regulations state that providers must monitor progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected. We reviewed the provider's proposed schedule of works and these had timescales of up to seven years in some areas. This did not provide assurance that improvements were being planned without delay.

These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The way the service was managed did not provide consistency of standards across all the premises under the registration of residential care. There were two registered managers for the service. One was responsible for one of the homes and other supported living services and the other registered manager was responsible for the other five homes. We found during the inspection, that the registered manager present was not always able to provide the information we required as information was kept in different ways in each house. We discussed this with the regional manager who said they would discuss this with senior management.

We found that agency staff were not able to access information about people held electronically as they did not have passwords. Due to the high number of agency staff this meant information that was updated on the online systems could not always be accessed or relevant information recorded. The regional manager said this would be reviewed if agency staff were regularly visiting the service to ensure access was available at all times.

Staff had confidence in their managers. We had comments including, "I like it here, it's a very flexible company to work for. The organisation is good, we feel okay and comfortable. There's lots of activities"; "For me it's fine here. I like supporting people and this job gives 100% satisfaction. There's no issues here"; "I love supporting people. We work as a team, I can't complain. I know everyone works for money but put it this way, we don't work here for the money" and "We're not paid enough. I saw an advert for [another job] but I

couldn't leave, my heart is here with them". A member of agency staff told us, "I would love it if they offered a permanent position to me. They are lovely to be with (referring to people). We work as a team here and we support each other. If you love what you're doing, then you're happy".

Staff were recognised when they had gone the 'extra mile'. For example, a member of staff had persevered in ensuring a person had the appropriate investigations to avoid the health condition becoming an emergency. Another senior member of staff identified an issue with some personalised technology that could impact with the effectiveness of it. The provider had national awards in the organisation and we heard that staff from Milton Heights had been nominated for these and won awards. For example, staff in one of the houses had supported a person during illness and hospital admission, even cancelling annual leave to provide consistent, familiar support during this time.

Staff attended a partnership forum, where they could contribute ideas or improvements they felt the provider could make. Staff communicated in ways such as a face to face handover, communication books, and IT systems such as email or 'handover' sections. Regular team meetings took place and we saw that issues such as ensuring medicines were kept cool and training had been discussed. Relevant information was shared with staff. For example, information on constipation in adults with learning difficulties.

The provider had online systems to monitor areas such as safeguarding, risk assessments, incidents and accidents and complaints and compliments. Registered managers completed monthly audits and these were then checked by the provider's compliance team. An internal Health & Safety Audit is held every 18 months. Action plans were then developed as a result of these and monitored and updated. In addition, the local authority undertook contract compliance reviews, to ensure contractual responsibilities were carried out.

Staff at the service were kept updated as registered managers received newsletters from CQC and Skills for Care and other organisations which provided information on any changes in regulation, legislation and best practice. Registered managers had attended the Skills for Care conference. Weekly managers meetings were held and senior staff were based in services to promote and drive positive culture. Senior staff completed an online assessment on the 'Senior support worker' development programme. Both registered managers and senior staff attended leadership training.

The provider was a member of many societies which kept them updated on current guidance and research. These included, the British Institute for Learning Disabilities (BILD), Voluntary Organisations Disability Group (VODG), Association for Real Change (ARC), Alzheimer's Society, Syndrome Association and Dementia Action Alliance.

The service worked in partnership with professionals and others. The provider had liaised with the Ann Craft Trust about how they safeguarded people. Following this, an action plan was put together by the safeguarding team to make safeguarding personal. Necessary referrals had been made to professionals such as the learning disability team, dietitian, behaviour team, sensory specialists and occupational therapists. Staff completed 'Commitment to Partnership' training so they understood the need for partnership working and how this should be achieved. Managers were encouraged to attend networking events such as the registered manager's network. One of the registered managers provided input into the local authority's revision to the concerns threshold matrix. Local businesses had sponsored, supported and attended fundraising events.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered provider was aware of their

responsibilities and had systems in place to report appropriately to CQC about reportable events.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>This was a continued breach of Regulation 15. The premises had not been properly maintained and an action plan from the last inspection still had outstanding actions.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not taken all action to ensure that Regulation 15 was met. This was the second time that a Requires Improvement rating had been issued.</p>