

HF Trust Limited

# HF Trust - Chy Keres

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of Chy Keres on 7 March 2016. This was an announced inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at the service to speak with us. The service was last inspected in November 2013. The service was meeting regulations at that time.

Chy Keres is a respite service that provides care and support for up to six people who have a learning disability or autistic spectrum disorder. The service can accommodate up to six people although due to the nature of the service this fluctuates on a daily basis. There were four people using the service following day support at the time of the inspection visit. The service is a national charity Home Farm Trust (HFT) with services throughout England.

Chy Keres has six bedrooms, two lounges, of which one is shortly to be made into a sensory room. There are two open plan kitchen and dining areas although one is used only when cooking skills and craft workshops are held. Private and enclosed garden areas surround the service. All rooms are on the ground floor. All rooms have en suite facilities and one room has a track hoist to support people with more profound disabilities. Rooms and lounge areas incorporated a range of seating and equipment to support people with physical disabilities.

The manager was currently going through the process of registration with the Care Quality Commission. 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.

The service had considered the impact of restrictions for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). However there was no evidence other than the services own assessments that referrals had been made where people's right to liberty was restricted.

Some people using the service had limited verbal communication. We therefore observed people's activities when they arrived at the service. People were relaxed and engaged in their own choice of activities. There were enough staff to support people in what they chose to do. People were being supported by staff to settle in their rooms and plan their evening meal.

Staff were trained in a range of subjects which were relevant to the needs of the people they supported. New employees undertook a structured induction programme which prepared them well for their role.

The staff team were supported by the service manager through daily communication and regular supervision to support their personal learning and development needs.

Staff said the training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people. They told us, "We are kept up to date with training, especially supporting guests with special needs" and "The organisation is really keen on training. I think I am up to date with everything".

There were systems in place to ensure people who used the service were protected from the risk of harm and abuse and the staff we spoke with were knowledgeable of the action to take if they had concerns in this area.

There were suitable storage facilities to make sure medicines were stored safely. Medicines were signed in and out for each short stay at the service. Records were accurate and audited following each stay.

On the day of the inspection visit four people were booked to use the respite facilities and they began arriving later in the afternoon. Staff were on duty and ready to support people when they arrived. People were talking and interacting with staff in a relaxed way. Staff told us, "I love working here it has been the best job for me by far" and "We (staff) make sure we give guests a good quality of life whenever they come here

There were sufficient numbers of suitably qualified staff on duty to support peoples' needs and engage in activities. The recruitment process took into account applicants had the appropriate skills and understood the needs of people using the service as well as having the necessary checks in place to make sure they were safe to work with people who may be vulnerable.

Care plans were being reviewed to include more person centred information. They were informative and contained guidance for staff. The plans included information about people's routines, personal histories, preferences and any situations which might cause anxiety or stress. They described how staff could support people in these circumstances. In addition records included assessments and support plans from other health professionals. These were in easy read versions to aid communication.

People knew how to complain and we saw people had the opportunity to discuss how they felt about the service. Each person had a key-worker who checked regularly if people were happy with the service they received. One relative told us, "I have never had to make a complaint, but I am very confident if I was not happy with something the manager would listen to me and act on my concerns".

Chy Keres was well-led and people told us they were kept informed about any changes in the service. They told us they felt their comments were listened to and acted upon. One relative told us they had needed some urgent support in the past and the service arranged it for them. They said, "It was a worrying time but I needn't have worried about anything. It was a big relief for me". The service had an open and positive culture with a clear focus on enabling and supporting people to reach their own personal goals.

We identified a breach of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. There were sufficient numbers of suitably qualified staff on duty to keep people using the service safe and meet their needs.

Staff completed a recruitment process to ensure they had the appropriate skills and knowledge to be able to support people.

Staff knew how to recognise and report the signs of abuse.

There were arrangements in place to ensure people received medicines in a safe way.

### Is the service effective?

Requires Improvement ●

The service was not always effective. The requirements of the Mental Capacity Act 2005 had not been adhered to.

Staff were supported in their day to day roles.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to other healthcare professionals as necessary.

### Is the service caring?

Good ●

The service was caring. People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in making decisions about their care.

Staff worked to help ensure people's preferred method of communication was identified and respected.

### Is the service responsive?

Good ●

The service was responsive. People's care plans were personalised and contained information to support staff to meet individual needs.

Staff were responsive to people's specific life events and worked closely with families and health and social care professionals to achieve positive outcomes for people.

There was a system to receive and handle complaints or concerns.

People were supported and encouraged to actively engage with the local community and maintain relationships that were important to people.

### **Is the service well-led?**

The service was well-led. The staff team told us they were supported by the service manager and the organisation generally.

The service worked closely and in partnership with other health and social care professionals to ensure best practice for people who used the service.

There was a system of quality assurance checks in place. People and their relatives were consulted about how the service was run.

There was a clear ethos in place which focussed on ensuring people had fulfilling lives and experiences.

**Good** ●

# HF Trust - Chy Keres

## **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 7 March 2015 and was announced the day before to make sure staff were available due to the way respite services operate. The inspection was carried out by one inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

During the inspection we observed three people who were using the respite service at Chy Keres. Following the inspection visit we spoke with three relatives and two external professionals who had experience of the service. We looked around the premises and observed care practices on the day of our inspection visit.

We spoke with the service manager and three support staff. We looked at three records relating to the care of people, three staff recruitment files, staff duty rosters, staff training records and other records relating to the running of the service.

# Is the service safe?

## Our findings

Relatives told us they were very happy with the care and support the service provided and that their relatives were safe. They said, "I know I don't have to worry about anything when (person's name) stays at Chy Keres", "(Person's name) loves going there. I have complete trust in them all". and "If there are any issues they let me know straight away". Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service, in order to find out their experience of the care and support they received. Instead we observed staff interactions with people. When people returned from daytime activities people were seen to be engaged and interacting with staff. It was clear people were comfortable and relaxed in the service and familiar staff on duty and with the environment.

There were no restrictions at Chy Keres in how people moved around the service. People had access to all areas; some were using their rooms others moved around the lounge and dining area. People were observed to be receiving the level of support they needed. Where people needed specialist equipment to support them with their mobility, there were enough storage areas for the equipment to be stored safely.

Staff were aware of the service's safeguarding and whistle blowing procedure and said they felt able to use it. Staff were confident they knew how to recognise signs of abuse. They told us they would report any suspected abuse and felt assured they would be taken seriously by the service manager. Staff knew who to contact externally if they felt any concerns were not being acted on. The processes in place ensured safeguarding concerns would be recognised, addressed and actions taken to improve the future safety and care of people living at Chy Keres. There was a poster on the noticeboard giving details of how to raise a safeguarding alert.

The Care Quality Commission (CQC) had received notifications as appropriate when there were any concerns regarding people's well-being or safety. There were clear procedures in place for making safeguarding alerts to both CQC and the local authority. This demonstrated an open and transparent approach to sharing information with other agencies where required.

Medicines were managed safely at Chy Keres. All medicines were stored appropriately and records of medicines administered had been recorded. Medicines were signed into the service at the beginning of a respite stay and signed out when the person left. We checked medicines for one person who was staying at the service and they tallied with what had been recorded. Staff on duty talked us through the process of administering medicines and how they would be recorded. This demonstrated staff were competent in the process and that it was a safe system. Where people required rescue medicines (medicine which the person needed with them when out of the service in case of an emergency situation) there was system to record this. A homely remedy procedure was followed to make sure any medicines administered which were not prescribed were recorded and could be clearly audited.

There was a safe system in place to support people to manage monies brought into the service when they had respite stays. Arrangements were in place for people to keep their money securely in the service. Records of when staff supported people to make purchases were kept and regularly audited.

Care plans were centred on the person's individual needs and risk assessments which were specific to the care needs of the person. For example, there was information informing staff of allergies and direction as to specific equipment which some people needed. However, while information about an allergy was incorporated into the care plan it had not been highlighted in a way which might draw staff to its attention. Staff we spoke with knew about the allergy and what to avoid, however to ensure it was clear to new staff the service manager agreed to highlight the issue immediately.

Staff told us they worked with people to keep them safe while allowing them to try new experiences and increase their independence. One commented: "It's important guests are given the opportunity to try new things and be as independent as possible but we have to be careful to balance the risks"

There were sufficient numbers of staff on duty to support people to take part in individual activities and engage in routines. People were arriving and settling into the service. They were familiar with their rooms and what they wanted to do. One person was looking forward to going out in the evening to a regular social club. Staff were talking with people about their choice of evening meal. Some people required more than one staff member to support them. Staff said, "Every day is different and some guests need more support than others but there are always enough of us" and "There are enough of us (staff) to make sure that when some people go out there are enough staff to support guests who stay here". Staff rotas were flexible to allow people to take part in activities which overlapped the shift patterns. For example if people wanted to go out for the evening this was catered for.

Recruitment processes were robust. All appropriate pre-employment checks were completed before new employees began work. For example disclosure and barring checks were completed and references were followed up.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed manual handling equipment had been serviced. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills taking place.



## Is the service effective?

### Our findings

People's representatives told us they thought the staff team were knowledgeable in their roles and understood their relative's needs. They said, "Great staff always got time for us if we call", "They (staff) go over and above in everything they do. They (staff) know how to manage (person's name) really well and understand how to communicate even though (person's name) cannot verbally express themselves". A professional told us, "Individuals are well supported by staff that have a good understanding and knowledge of their support needs and follow Care & Support Plans provided".

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.

The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). 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).

There was no evidence that, where people did not have capacity restrictions on their freedoms had been agreed appropriately through a Best Interests process. For example, one person's movement was supervised using a monitor. A relative consented to this because of the need for hourly checks. The records gave details of reasons for the monitoring but no evidence of best interests meetings taking place. In another instance a stair gate was used at night for one person who had a history of entering other people's rooms during the night and disturbing them. This was identified in the risk assessment planning but no evidence of a best interests process having been followed to justify the use of restrictive practice.

This meant that people who had some restrictions placed on their liberties in their best interests had not had these restrictions considered and agreed appropriately. This was not following legislative practice.,

The service had considered the impact of restrictions for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). Where people did not have the capacity to make certain decisions, there were some assessments to reflect this. There was no evidence of applications or authorisations in place to act in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service assessed each person's needs prior to them using the respite and short stay services at Chy Keres. This ensured the placement was suitable for their needs and would keep them safe. This was because people's needs were met by staff who had the right competencies, knowledge, qualifications, skills,

experience, attitudes and behaviours to provide support in meeting people's needs effectively. Assessments were detailed and provided a comprehensive report of the needs of the person they were about. They were written in a way which people could understand. People were supported to access a range of other health and social care professionals, including GP's, social workers and other health and social care specialists. Multi-disciplinary meetings were held when necessary to help ensure all aspects of people's needs were taken into consideration when planning people's support needs.

People were supported by skilled staff with a good understanding of their needs. Staff told us, "Some guests have been using the service for years and we get to know them well. If new people use the service we get to know what support they need and about their life history. It really gives us a good overview and gives us a starting point" and "We (staff) get a lot of information from the family about what's important to the guest and what behaviours might indicate a person is not happy or upset". A relative told us; "Very happy with the way staff support (person's name)". The service manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. Staff were responsible for reporting information every day about people they were supporting. This ensured people received consistent care and support from staff who knew them well.

New employees were supported to undertake the Care Certificate as well as accessing further training which was specific to their roles and meeting the needs of people using the service. Training included understanding autism, epilepsy, safeguarding vulnerable adults, as well as other core training areas such as food safety and infection control. Staff members told us, "Training is very good" and "I have learnt so much about this type of care".

Staff told us they felt well supported by the service manager. They said there was an 'open door' policy and the manager was very visible in the service. This supported staff informally whenever they wanted advice or guidance. Staff were supported in regular meetings (called supervision) with the manager or senior staff. They discussed their role and accountability in that role. Supervision meetings also provided an opportunity for staff to review their personal development needs.

People had a choice of meals, snacks and drinks. A pictorial communication board was in place for people who were unable to verbalise their choice of foods as well as a more varied communication book. Some people required special diets and clinical feeding support. For example 'peg feeds'. Staff had been supported with training to understand and respond to people's specific dietary needs

Staff encouraged people to eat their meal together and make it a social occasion. Staff prepared meals and were in the process of arranging the evening meal. The atmosphere was relaxed and unrushed.

# Is the service caring?

## Our findings

We spent the majority of the inspection visit in communal areas observing interactions between staff and people who used the respite service. Staff were respectful and spoke with people considerately. Staff were unrushed and caring in their attitude towards people. For example people were choosing to do different activities that evening. Staff supported people individually. Relationships between people were relaxed and friendly and there were easy conversations and laughter. A relative told us they felt very satisfied with their family members care and support and said "We wouldn't receive better care anywhere else". Another relative told us, "So grateful for all the support".

Chy Keres was a respite service therefore occupancy levels varied throughout the week. During the week most people arrived at the service after daytime activities such as day support facilities or work placements. Staff told us week-ends were the busiest times when the service was often full. Four people were using the service during the inspection visit. We spent time in the lounge and dining area. Interactions between staff and people were open and friendly. For example, one person recognised the members of staff on duty as soon as they arrived and went to each one where they were greeted. This showed how comfortable the person was in the service.

The routines within the service were flexible and arranged around people's individual and collective needs. People were provided with the choice of spending time anywhere in the service including their own rooms. Throughout the inspection visit people had freedom of movement around the service and were able to make decisions for themselves. For example, choosing to listen to music and talking with staff about how the person's day had gone.

Not everyone who lived at Chy Keres communicated using words. Staff were familiar with people's communication techniques and able to support people to engage with us. Comments included: "Some of us have basic sign language qualifications but other staff become familiar with how individual guests communicate. A lot of it is about body language and behaviour patterns". Staff communicated effectively with people throughout the inspection visit.

People's care plans showed their styles of communication were identified and respected. For example some people responded verbally and others needed picture symbols as a visual tool to assist them. The care records we looked at were written in a person centred way as well in a range of easy read formats for people to understand and be involved in their care planning. This meant the person was at the centre of their care which was arranged for their individual needs. Care records contained detailed and personalised information to help staff to deliver care that met the person's preferences. People's individual preferences were described, for example their choice of clothing, personal care and preferred time of getting up and going to bed.

Staff clearly understood people's needs and preferences and gave examples of how they supported people in their care. For example, they were able to describe behaviours which indicated when people were happy or anxious and what sort of interests encouraged them. This showed staff understood the care and support

people needed.

Prior to and following this inspection visit we received information from care coordinators who had some responsibility for the wellbeing of people who lived at the service. Links with these professionals were good and we received some positive feedback from them about the care being provided. They told us they were confident of the quality of care and support people received and had no concerns.

## Is the service responsive?

### Our findings

The service manager and staff were very knowledgeable about people's needs and how to respond to them. Relatives we spoke with us told us staff responded to their family members needs and they were looked after well. Comments included, "They (staff) are very supportive and very flexible if there are any home emergencies" "We (family) were concerned at first with the transition between children services to adult, but we needn't have as it all went well with the support from the manager and staff" and "The staff go over and above. I could not manage without the support from Chy Keres." Staff told us, "Guests are the main focus. Every day is different because of the nature of the service, but we make sure we can respond to their needs".

Care plans were person centred identifying what support people required and how they would like this to be provided. The plans were being updated to provide more information about the person and their background. Symbols and pictures were used as part of the care planning document to support people's engagement and decision making. Where possible relatives were involved in the care planning process and were kept informed of any changes to people's needs through regular reviews. A relative told us, "We are kept up to date and we always let them [staff] know if there has been any change before they go to Chy Keres".

People's respite and short stays were all booked in advance unless there was a reason for an urgent stay. This had occurred on occasions and staff had responded to support the person through a family emergency. A staff member told us, "It doesn't happen often but when it does we manage to support people for a longer period when there is a family issue. We are a flexible service and strive to respond to needs whether planned or unplanned". The service manager told us the focus of the organisation was central to the person. They were confident that staff were competent and people responded positively to their approach. They told us this helped people to enjoy their stay at the service and to develop trusting relationships. Observation we made confirmed people responded positively with the staff engaging with them.

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a verbal handover and daily logs were completed so staff could follow instruction and there was a clear audit. The records reported any changes in people's support needs as well as information regarding activities and people's emotional well-being. A communication book was also used to record any general information which needed to be shared amongst the staff team.

People had access to a wide range of pursuits which were meaningful to them and reflected their individual interests. There was good access to community activities including swimming, walking and shopping. There was an ideas board where collectively people could discuss options for activities people would like to engage in. A fund raising activity was taking place to raise money to introduce a polytunnel in the garden to grow their own produce. Produce was also intended to be sold at local garden festivals and the Cornwall Show in the summer. A sensory room was being installed in the near future which would therapeutically support people with complex needs. There were a range of board games and music available to people. Some people brought their own choice of music or DVD's. Activities were very flexible and people's choices were acknowledged by staff who understood what people liked to do. People were known in the local

community because they often visited. Staff told us they encouraged and supported social interaction where appropriate but acknowledged people were vulnerable and therefore, "It needed to be well managed".

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. People we spoke with including relatives told us they had never felt the need to raise a complaint but had the information if they felt they needed to.

## Is the service well-led?

### Our findings

There was a positive atmosphere within the service and staff and people interacted with each other in an open and friendly manner. Staff told us they were a strong team were well supported by management and their colleagues. Staff meetings were held regularly and staff told us they were able to raise issues or concerns they had at any time. Staff were highly motivated and keen to ensure the care needs of the people they were supporting were met. Staff told us, "Love working here. Feel very well supported" and "We (staff) get all the support we need to do the job. It's nice that we get all the information we need and also talk with families all the time". Relatives told us, "I think we are very well informed about anything going on at Chy Keres" and "We are confident with the manager and staff. They all do a good job at communicating with us".

An external professional told us they had confidence in the organisation as a whole. They told us, "The staff and management at Chy Keres have always been positive and communication is good. The registered manager engages well with external health care professionals".

There were clear lines of responsibility and accountability within the service. The staff team was lead effectively by the service manager. The service manager was supported by area managers as well as the organisation. The service manager told us they had the resources they needed to provide a high quality service.

Staff told us that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the service manager respected and acted on their views. The service manager was aware of what was happening at the service on a day to day basis. There was a clear shared set of values across the staff team. In our conversations with staff they frequently referred to the aim of supporting people to have fulfilled lives. One staff member said, "We (staff) focus on areas where guests might develop their life skills. For example cooking, exercise and understanding money and its value. It does vary though as you have to work within the limits of the guest".

Staff were provided with opportunities for personal development. There were opportunities to request additional training or undertake further training at various levels. The service manager told us they actively supported staff to develop their skills commenting; "There is a wide scope of training due to the range of needs presented by guests".

People and their relatives were consulted regularly both formally and informally. People talked together frequently to discuss any plans or changes. Decisions were made individually and as a group about, outings and meals. This showed people using the respite service were provided with as much choice and control as possible about how the service was run for them. The views of people using the service were surveyed. There were pictorial questionnaires from August 2015. They showed people were happy with the staff and service they received. Relatives told us they were actively encouraged to approach the manager and staff with any concerns or ideas they might have. Comments included, "The manager and staff are very good at encouraging us to speak up about anything we feel we need to" and "I feel very confident about how the

service is run".

The service manager oversaw quality assurance systems to drive continuous improvement within the service. Policy and systems audits were carried out annually or if guidance changed. There were other regular audits for systems including medicines, accidents and incidents and maintenance of the service.



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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Referrals had not been made when the service was concerned about people's right to liberty being restricted. Regulation 11 (3)