

HF Trust Limited

HF Trust - Gaston House & Dolphin House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

HF Trust – Gaston House & Dolphin House is a residential care home providing accommodation for up to 9 people who require personal care and have a diagnosis of a learning disability and/or autism. The location consists of 2 separate houses, Gaston House which can accommodate 5 people and Dolphin House which can accommodate 4 people. At the time of our inspection, Dolphin House was closed, and 5 people lived in Gaston House.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right Support, Right Care, Right Culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

People did not always receive person centred care in line with Right Care, Right Support, Right Culture.

Right Support: Although staff knew people well and made attempts to engage people in their hobbies and interests, there was little direction for staff on what they should do each day to promote people's emotional and social well-being. Meaningful activities were completed on an ad-hoc basis rather than being planned as a regular part of people's lives. Where people had been allocated one to one staff support to complete meaningful activities, people had not always received this support. When people were supported to pursue social interests within the community, they often had to rely on other people wanting to do the same thing and went out in pairs or as a group. People's goals and aspirations were not always identified with people or those involved in their care.

People were not always supported to have maximum choice and control of their lives, but staff supported them in the least restrictive way possible and in their best interests; the providers policies and systems supported best practice, but these were not always followed by staff.

Right Care: Overall, people received care from a consistent staff team which had the best interests of people at heart. However, there was limited consideration given to the varying ways people could be empowered to make everyday choices using different communication methods. Where people required additional aids to promote their ability to communicate, these were not always used or known by staff.

Right Culture: There had been significant changes in both the internal managers and senior managers within the provider group. Systems were not always operated effectively to identify if people were receiving person centred care in line with Right Care, Right Support, Right Culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 2 October 2018).

Why we inspected

We received concerns in relation to health and safety procedures and good governance. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HF Trust – Gaston House & Dolphin House on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

HF Trust - Gaston House & Dolphin House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

HF Trust – Gaston House & Dolphin House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. HF Trust – Gaston House & Dolphin House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. An interim agency manager had

been employed to provide short-term managerial oversight and the provider was actively recruiting a new registered manager at the time of our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We met with all of the people who lived at HF Trust – Gaston House & Dolphin House. We spoke with 1 person and 3 relatives about their experience of the care provided. We spent time observing how staff interacted with people. We spoke with 8 members of staff including 3 support workers, 1 senior support worker, the interim agency manager, the regional area manager, the residential operations manager and the head of service delivery. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included information contained in 2 people's care records and samples of medicine and daily records. We also looked at 1 staff recruitment file and records related to the management and quality assurance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Environmental risks had been identified, but not always managed safely. For example, as part of the home's legionella risk assessment, monthly water temperature checks should have been completed to mitigate the risk of legionella. This had not been done and records showed these checks had stopped in April 2021.
- In October 2022, microbes which could lead to legionella were detected in the water supply. Whilst we were assured the provider had taken action to respond to this risk by instructing an external agency to treat the water supply, there was no formal risk assessment for what action staff needed to take in the home to keep people safe. One staff member told us, "To be honest there has been a lack of communication about it."
- Fire safety checks had not always been completed. Weekly fire alarm tests had not been recorded since September 2022.
- Overall, risks to people's health and emotional well-being had been identified and assessed. However, there was limited information in one person's care records about how risks associated with their epilepsy were managed. The interim manager took immediate action to implement a risk assessment and management plan following our visit.
- Some people had complex conditions which required careful care planning to minimise the likelihood of distress. Where relevant, people had a 'Positive Behaviour Support' care plan which focussed on understanding the person and directed staff on how to respond proactively.

Learning lessons when things go wrong

- Although these were not frequent, staff understood their responsibility to report and record accidents or incidents. The provider could review these remotely via an electronic monitoring system. However, it was not always clear what action was taken to mitigate re-occurrence.

Systems and processes to safeguard people from the risk of abuse

- People appeared comfortable in the presence of staff and relatives told us they felt people were safe. Comments included, "[Person] is better cared for where he is now. I have no concerns with their safety" and, "They make my life stress free because I know how well [person] is looked after."
- Systems and processes were in place to protect people from the risk of abuse and staff understood their safeguarding responsibilities. One staff member told us, "It is about the safety of people living here. Keeping your eyes open and reporting things you have any concerns about. I have never been concerned here but if I was, I would always get in touch with someone more senior and keep escalating it."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough competent staff to support people safely. People benefited from a stable and consistent staff team who knew how to keep people safe.
- The recruitment process continued to ensure staff were suitable for their roles by conducting relevant pre-employment checks. This included Disclosure and Barring Service (DBS) checks which provided information about convictions and cautions held on the Police National Computer.

Using medicines safely

- People received their medicines as prescribed from staff who had been appropriately trained.
- Medicines processes were managed safely. This included how they were ordered, stored, administered and disposed of.
- The interim manager and senior staff member understood the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). Medicines were regularly reviewed and reduced where appropriate, which ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- Some people needed medicines on an 'as required' (PRN) basis. Protocols were in place for staff to follow to determine when these medicines should be considered. Where these medicines were prescribed to relieve a person's distress, staff consistently told us these medicines would only be used as a last resort. Records showed these medicines were rarely used.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives told us they could visit the home when they wanted and felt welcome.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider aimed to provide person-centred care through their 'Fusion Model of Support.' This is a way of supporting people so they are engaged in meaningful activity and relationships as active participants. This was not fully embedded at the home.
- Although staff knew people well and made attempts to engage people in activities, there was little direction for staff on what they should do each day to promote people's emotional and social well-being. For example, one person's care records described how they would benefit from a weekly planner of activities, but this was not in place.
- Staff explained how people used to have specific timetables, but these had not been used for some time. Activities were completed on an ad-hoc basis rather than being planned as a regular part of people's lives.
- Staying active was particularly important for 2 people living at the home and their records described how they enjoyed going to the gym or swimming. Records showed these activities had not been offered since October 2022. We discussed this with staff who told us they often struggled with availability of a vehicle or limited drivers.
- Some people had been allocated specific one to one staff support to enable them to pursue individual interests or activities meaningful to them. Records did not always show people received this support. When people were supported to pursue social interests within the community, they often had to rely on other people wanting to do the same thing and went out in pairs or as a group. One staff member told us, "If I am honest, no, people aren't always getting their hours because of staff shortages. We do what we can do, when we have the staff to do it."
- Despite this, we received positive feedback from relatives about the quality of life people had at the home. One relative commented, "[Person] does a lot more. I am confident he can do the things he wants to."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Records contained detailed information about people's preferred method of communication. However, some people required additional aids to promote their ability to communicate. These were not always used or known by staff. For example, records described how a healthcare professional had produced a 'communication profile' for 1 person to support them to manage their behaviour which was not being used.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and in a format people could understand. However, use of this was not always actively promoted, and people were not always encouraged to give feedback on their experience care.
- Relatives told us if they had any concerns about the quality of the care provided, they would not hesitate to complain. There had been no recorded complaints in the past 12 months.

End of life care and support

- At the time of our visit, no end of life care was being provided and we were confident that in an emergency, staff knew how to respond to ensure emergency medical assistance was sought.
- However, records did not always show people's end of life wishes or preferences had been considered and staff described this as 'a work in progress'.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There had been some significant managerial changes at the home. The previous registered manager and deputy manager had left 2 months prior to our inspection. The provider had employed an interim agency manager to maintain managerial oversight on a short-term basis. The provider was in the process of interviewing candidates for the registered manager role at the time of our visit.
- There had also been significant changes within the provider's senior management team. Senior managers who had been overseeing the quality of care at the home for the past 12 months had either left the organisation or had been re-deployed. A recent provider restructure meant senior managers from other areas of the provider group were now responsible for senior managerial oversight of the home. However, they had not yet had time to familiarise themselves with the improvements required at HF Trust Gaston House and Dolphin House.
- Staff consistently told us they did not feel valued by the provider and how the managerial changes had impacted them. Staff confirmed morale was low. One staff member told us, "It used to be the best company to work for. It was smoothly running; staff were valued, and managers managed. Now there is a lot of resentment. We don't feel cared about as staff."
- Quality assurance processes were not always effective. The provider's internal quality assurance team had completed a compliance audit in May 2022 which had identified a number of the concerns we found during our inspection. These included the lack of health and safety checks in the environment and that people were not always encouraged to give feedback on their experience of care. However, timely action had not been taken to drive forward the required improvements.
- Where a risk of legionella was identified, the provider failed to ensure an appropriate risk assessment was carried out to ensure staff knew how to keep people safe. Staff did not always know how to mitigate this risk and felt communication about this was poor.
- Checks on the quality of care had not identified or taken action to ensure the provider's aims and values of providing person-centred care were met, and people were able to regularly pursue their hobbies and interests.

The provider's oversight and governance systems were not always operated effectively in assessing, monitoring and improving the quality and safety of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the provider assured us that although a formal risk assessment was not produced, steps were taken to ensure people were protected from the risk of legionella such as drinking bottled water. Immediate action was also taken to commission an external contractor to complete the required health and safety checks.
- The interim agency manager and the senior staff member had begun to work with people to formulate new timetables to ensure staff were supporting people to pursue their interests regularly. Confirmation was received that a daily planner for 1 person had already been implemented. Re-training had been arranged for staff in 'Person Centred Active Support'.
- The provider had introduced a new monitoring system to ensure people received their one to one hours.
- A director from the provider company arranged a meeting with staff to increase staff morale and aid communication.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives felt involved with people's care and provided positive feedback about communication with the home. One relative told us, "I am kept informed and feel involved in his care. If I email, they will email back quickly. I can call when I want."
- People were supported by a very consistent and stable staff team who knew people well. Staff were passionate about the people they supported, and we saw, and they told us, they worked well as a team.
- Staff worked with professionals, so people achieved better health outcomes and records showed people's health needs were regularly reviewed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to be open and honest when things had gone wrong.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>17(1) The provider had failed to ensure systems or processes were established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>17(2)(a) The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>17(2)(b) The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>