HF Trust Limited

HF Trust - Corunna Close

Inspection report

1 Corunna Close
Eaton Ford
St Neots
Cambridgeshire
PE19 7NE

Tel: 01480471937
Website: www.hft.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 6 and 11 December 2017 and was unannounced. At our previous inspection on 23 November 2016 the service was rated as Good. At this inspection the service remained Good.

HF Trust – Corunna Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

HF Trust – Corunna Close accommodates up to five people in one adapted building and a one bedroom self-contained 'annex' that is adjacent to the bungalow. The service is located on the outskirts of St Neots. There was one person receiving care at the time of our inspection.

This service is for people living with Prader-Willi Syndrome (PWS). This is a condition where people have a chronic feeling of hunger that can lead to excessive eating and sometimes life threatening obesity.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of this inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were given information in a format that they could understand about what keeping safe meant. Risks to people were identified and assessed. A robust process was in place to learn when things had not gone as planned and improvements had been made when incidents had occurred.

A sufficient number of safely recruited staff with the right skills were deployed in a way which maximised people's independence. People's medicines were managed and administered safely by staff whose competence had been assessed.

Systems were in place which helped ensure that any potential risk of infection was minimised. This was achieved through staff training, cleaning routines and adherence to food hygiene standards.

People were supported to attend their healthcare appointments by staff who were able to recognise if any external healthcare interventions were needed. People ate a balanced diet and they had the nutritional support they needed to maintain their health and wellbeing.

People's preferences and needs were supported by staff who had been trained to have the right skills. This helped people achieve their potential. Adaptations were made to the home according to any person's diverse needs.

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.

People's privacy and dignity was upheld by staff who knew what compassionate care was and what this meant to each person. People were listened to by staff who supported them to make decisions about their care. Staff knew the people they cared for well and how to enable people to live a meaningful life.

People were supported to live as independently as possible by staff who gave people every possible opportunity to fulfil their ambitions and build upon their strengths.

People's concerns, suggestions and compliments were used to identify where improvements might be needed as well as what worked well. Systems were in place to involve people in discussions about any advanced decisions or end of life wishes.

The registered manager was aware of their responsibilities to notify the CQC about any serious incidents as well as displaying their previous inspection rating conspicuously. They had also fostered an open and honest staff team culture.

Audits, governance and quality assurance systems were in place and these helped drive improvements. People were involved in determining how the service ran. The registered manager used a wide network of contacts to help ensure that best practise was recognised and if required, implemented.

Further information is in the detailed findings below.

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 remained Good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained Good.	**Good**

HF Trust - Corunna Close

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 checked 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.

The inspection was prompted in part by a notification of an incident following which a person using the service sustained a serious injury. This incident is subject to a criminal investigation by the Care Quality Commission (CQC) and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of burns to people. This inspection examined this risk.

This unannounced inspection was undertaken by one inspector and took place on 6 and 11 December 2017.

In November 2016, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we hold about the service. This included information from notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law. As part of our inspection planning we requested, and received, information from those organisations who commission care at the service. We asked for feedback from Healthwatch which is the independent champion for people who use health and social care services in Cambridgeshire.

On the 6 December 2017 we visited the service to speak with people who lived there and staff. We spoke with one person and three members of care staff. We spoke with a relative and the registered manager on 11 December 2017.

We looked at one person's care records, records in relation to the administration of medicine, accidents and incident records, one staff recruitment file, and audit and quality assurance and governance processes. We also looked at staff training, supervision planning, quality assurance and audit records.

Good

Is the service safe?

Our findings

Staff were able to describe the process for reporting any harm or suspicions of harm in line with the provider's policies and procedures. They were also able to tell us about the signs and symptoms of any potential abuse. This showed us that people were supported to be kept safe by staff who understood what safeguarding people from harm meant and how this was achieved.

One person said, "I can go out when I want to. I am supported by [staff]. I am going out today and they come with me to make sure I am safe. I can also go out on my own such as for a coffee." People, as a result of staff's skills, had their safety and independence promoted and were able to take risks where this was acceptable and as safe as practicable. Information was given to people in a format they understood such as, in pictures as well as by talking to people about any issue they may have had about their safety.

Risks to people had been identified and acted upon and records of these were accurate and up to date. A relative said, "[Family member] does get out quite a lot with his staff and they keep him safe." One staff member told us, "It is important to give people the skills they need but doing this safely such as preparing meals with them." Examples of how risks were managed included staff making sure their personal possessions were kept locked in the office. This was as well as a robust recruitment process continuing to be in place to check potential staff's suitability to work with people.

We saw that there were sufficient staff deployed to assist with keeping people safe. Staff told us that there were sufficient staff. One said, "We do get to go out with people when they ask. We cover each other if required and agency staff would be a last resort." People's support needs for staffing was based upon their dependencies and the registered manager's knowledge of people's care needs.

Staff continued to be recruited in a safe way. Checks were undertaken to ensure staff had evidenced their qualifications, employment history and photographic identity. One staff member told us. "I had a DBS [Criminal records checks] and I started when this came back clear." We saw that the registered manager used a checklist to ensure all the necessary pre-employment checks had been satisfactorily completed.

People were supported in the least restrictive way such as, going out on their own without any money which they agreed with. Also, by having equipment such as door access sensors, to alert staff to people's movements. This helped people to be safe and to avoid any temptation for them to buy food or other items. Information about these risks was shared with the relevant authorities such as healthcare professionals as well as putting safeguards in place including medicines as and when required.

People's medicines were managed and administered safely. This was by staff who had the right training and who had been deemed to be competent. One person said, "I do get all my medicines on time. I get up at 8am and this is when I like to have them in the morning. When I go to see my [family member] on a weekend I take my medicines and [my family member] makes sure I take them all." Medicines were stored, disposed of and recorded accurately. Any person who needed medicines on a when required basis only had these medicines where it was safe and appropriate. This meant that staff followed the prescriber's guidance.

Systems were in place to help ensure that people were protected from the risk of infection as much as possible. Staff had received hygiene and infection control training. Cleaning schedules were in place and we found that the service was clean. This was as well as people being supported to maintain good standards of food and hand hygiene and staff using colour coded mops for floor areas. These were only used in a designated area to limit any potential spreading of infections should these ever occur.

Lessons were learned following incidents and when things had gone wrong and this helped keep people safe. The organisation had taken learning from this and people's safety had been improved. Guidance from the local safeguarding authority was also used to help prevent further occurrences.

Good

Is the service effective?

Our findings

Prior to moving to the service people's needs were assessed. This was undertaken to ensure that staff were able to meet people's needs.

Records showed, and staff told us, that they had the training, knowledge and mentoring they needed. As a result of this they had the skills they needed to support people. This was achieved through a planned programme of regular support and supervision of staff. The provider's PIR stated, "Some staff have received training from Prader-Willi Syndrome Association UK (PWSA) and cascade this knowledge to new staff during induction and shadow shifts." One person said, "They [staff] understand my PWS and they know me well." One staff member told us, "Our training is very good. Not only do we cover safeguarding, the MCA [Mental Capacity Act 2005], and moving and handling, we get specific training on PWS, diabetes, food hygiene, positive behavioural support and autism."

We were told that a regular exercise routine was encouraged to avoid excessive calorie restriction that may lead to anxieties and challenging behaviours. People were supported to eat a healthy balanced diet and to take regular exercise. One person told us, "I like going to the gym, having a black coffee and also eating healthily. I take my food to church." And, "I can eat where I want but staff look after me so I don't eat what I shouldn't have. I am now at my [healthy weight] and I can have a bit more to eat."

One person told us, "I am much healthier since moving here. I eat sensibly but I have treats." The registered manager said, "Once people's nutritional needs are met, calories for people are like currency and they can spend them pretty much as they want to. Having foods such as [alternative to meat] mean people can have sensible portions but also the energy they need." A relative told us, "[My family member] is very good at preparing his meals with staff. He has done ever so well with their help."

We saw the service was accessible to people who used it. Adaptations had been made to the property. This included sensors which notified staff if doors were opened and closed; and door locks which people could open with their finger prints. Other adaptations included areas which could be secured by a combination lock such as that fitted to the kitchen to prevent unauthorised access and radiator covers to prevent people being exposed to the risk of hot surfaces. People could decorate their room in a homely manner as well as having any equipment they needed such as communications aids.

The registered manager and staff team worked with various healthcare professionals and various commissioning authorities. This was to help ensure that people received care that was based upon their individual needs. This was also to help people to have their needs met when they moved into, or left, the service.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People

can only be deprived of their liberty 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). We checked whether the service was working within the principles of the MCA.

We found that people using the service had the mental capacity to make informed decisions for themselves. One person told us, "I know the risks I can take. They [staff] let me decide but offer me support or alternative options if I need this." One staff member said, "The MCA is about giving people a choice, helping them to decide but guiding them if they make unwise choices such as, going out when it's very cold wearing summer clothes." Staff also told us how a decision in the best interests' of the person could be made if this was ever needed. For example, with the involvement of relatives, health professionals, the person, the registered manager and staff.

We saw that the provider was aware of how to make applications for a DoLS. Where people who had previously used the service had had restrictions put in place the registered manager had followed the correct procedure in applying to the local authority (supervisory body) for authority to do so. Staff we spoke with and records we saw confirmed that staff had been trained and had a good understanding of the requirements of the MCA and its code of practice.

Good

Is the service caring?

Our findings

One person told us that they were made to feel that they mattered. This was because staff took time to listen to them as well as letting them take as much time as they needed to communicate. If required, information was available and provided to assist people with their communications including in easy read pictorial format. A relative told us, "[My family member] just needs a little prompting and guidance with finances. They will tell staff if they need any help." The registered manager said, "We normally have house meetings where each person can contribute their thoughts. As we only care for one person at present we meet regularly with them and they can always ask to speak with me or any staff member."

Care plans were held securely. They were detailed and provided staff with a detailed picture of the person and how best to meet their needs. This included favourite family members, foods, hobbies, interests and pastimes. We found that staff were fully aware of this information and as a result people gained benefit in being more independent. One person told us, "If I am ever feeling a bit low or if they [staff] notice I am not my usual self they always ask 'is there anything we can do or are you in pain?'" We saw that the staff team had all shared the same view of how to deliver personalised care that people gained benefit from. Examples of this included staff going out with people to a gym, cinema, to see the Christmas lights or having a coffee together. We saw that the timing of the turning on of these lights had changed without notice and staff had offered an alternative to go and look at the lights which had been switched on. The person told us they really appreciated this response from staff.

Where people had a person who represented them or who acted as an advocate this was actively promoted. Advocacy seeks to ensure that people, particularly those who need someone to speak up for them, are able to have their voice heard on issues that are important to them, safeguard their rights and have their views and wishes considered when decisions are being made about their lives. One person told us, "I can ask for anything within reason. I can have my [family member] to help me if there is ever anything I am unsure about." Records we looked at confirmed that formal arrangements were in place to support this advocacy if ever this was required.

We saw that people's care came first and foremost and that staff had the time they needed to complete the required training. Anxiety is common in people with PWS and they benefitted from being fully consulted about their care and being given clear information about how this would be provided. One person told us, "My [equipment] arrived last week and we had so much fun unpacking it. There was packing foam everywhere." The staff team were aware that people could become anxious or confused about their care or treatments. Staff knew how to prevent or reduce people's anxieties. This was achieved by staff having an understanding approach to people's care and accessing support from community health professionals.

People's care was provided with compassion, sensitivity, kindness and in a dignified and respectful way. One person told us, "All the staff are nice to me. I like it here as it is like home." Staff told us how they protected people's dignity such as by closing a bedroom door, explaining what they were going to do; protecting people's modesty as much as possible and giving people privacy if this was safe. People's independence was also promoted and they were encouraged to do as much as possible for themselves.

A staff member told us, "It is important to let people have their privacy, not rushing them as this could upset them or deskill them." Another staff member said, "If people become anxious it is important to understand why so that in future we can prevent this." A person told us, "I can have visitors if I want but I can also go home to see my family. I go out on my own independently. Staff have supported me to be able to do this."

Good

Is the service responsive?

Our findings

People's care needs were determined following an assessment. Prior to moving to the service staff visited people and if required, their relatives or representative, to help identify and determine the person's care and support needs. Staff used this assessment information to help formulate care plans with the person. Care plans were regularly reviewed and contained full information to enable the staff to be able to meet the person's care needs effectively. A relative told us, "I get a call from my [family member] every day and they would tell me if there was anything that needed changing."

Care plans were used to identify the person's strength, levels of independence and what their support arrangements were. This provided clear guidance to staff on how to support people to live an independent life safely.

People were supported to pursue interests and develop relationships. One person was supported to attend church on a Sunday where they helped with the music and computer systems as well as enjoying meeting friends.

People were provided with information in appropriate formats such as picture cards, easy read diagrams or using technology including mobile phones and e-mail. A member of staff told us, "It isn't just about caring for people. They are a person and not a number. We can and do have fun. That's the best part of it for people. Each person is different so you have to adapt to them as an individual." A person told us "I didn't like the electronic door locks so I asked for, and got, a door key." This showed us that the service responded to people's needs in a person centred manner.

One person we spoke with told us that if ever they were unhappy or concerned about something they would "feel able to speak with the [registered] manager, contact the staff team or speak with [my family member]." They told us that apart from "a few minor niggles" that they were happy and satisfied with the service they received at HF Trust - Corunna Close. The registered manager told us in their PIR that, 'People we support have access to the provider's 'Making Things Better' complaints form and a form they could send to the CQC.' These forms were available in easy read format. The complaints guide explained to people that staff would support and help them to make their own decisions and direct their own care arrangements. We saw that complaints were responded to in line with the provider's policies and procedures and that this had been to the satisfaction of the complainant.

No person using the service had a need for any end of life care or support. This had however been discussed with people in line with current best practice and that the person had chosen to not talk about this. Arrangements were in place should any person ever need this support as well as support for relatives if this was needed.

Good

Is the service well-led?

Our findings

The registered manager motivated their staff team using regular supervision, mentoring and also by using regular staff meetings to gain staff's views. Subjects covered in supervision included what was working well for staff and how people's needs had changed. This was as well as any training staff felt they might benefit from as well as updates from the registered manager on PWS best practise. In addition to treating people equally, the registered manager supported their staff team to have the same opportunities. For example, with the shifts they worked, the people they supported and any potential training or formal qualifications in PWS.

Staff meetings and daily handovers included updates for staff on people's care needs. The monitoring of staff's performance was used to identify any issues in an open and honest way. One staff member told us, "If I ever saw poor standards of care I would report this. We work as such a great team here we help each other. I am confident that any one of us could report a concern and that we would be supported. This is also an opportunity to learn and make improvements if this was ever needed."

The registered manager was supported by senior care staff and care staff. They also had regular contact with a regional manager. As a 'cluster manager' for the provider the registered manager also helped other services owned by the provider in empowering people and supporting staff. We saw examples of this where people had moved from the service to a more independent life in their own home but with just limited outreach support from staff to help the person maintain their independence. A relative said, "[Registered manager] keeps me updated abut [my family member]. They have made such a huge difference to their life." One staff member told us, "[The registered manager] is very supportive. They have taught me so much. I can call them at any time and I know I would get a positive response. They are only, at most, a phone call away. I have regular supervision and we talk about anything that is relevant. It is very much about me and the people I support. I can ask for more help or extra staff if this is what is needed."

The registered manager and all the staff we spoke with had a shared view of the challenges in meeting people's needs. One person told us, "I see [the registered manager] nearly every day. We often have a chat. I don't have any issues with any staff as they are all great to be with." The registered manager told us, "Getting the right staff is a challenge but I won't recruit a new staff member just to fill a gap. Equally, I won't take on a person's care if we don't have the resources to do this." We saw that regular reviews were undertaken to ensure people's care was being provided in a way which was safe and maximised each person's independence. A relative said, "[My family member] has come on in leaps and bounds due to the support they get."

The registered manager told us that they visited the service outside their usual hours such as late at night or over a weekend to monitor staff's performance. They also checked to make sure the provider's vision that 'anyone with a learning disability can live within their community with all the choice and support they needed to live the best life possible' was actively being promoted. We saw that staff exhibited these qualities and that they were supported by the registered manager to implement this vision. We also saw that a process was in place to review this each time a person started to use the service. This helped ensure that

people's equality, inclusion, wellbeing and safety was given due consideration.

As part of the registered manager's role they fed back to staff on their performance in a constructive manner. This could be at a formal supervision or if an urgent situation arose this could be as soon as possible with individual staff or the staff team. We found that the registered manager understood their responsibilities to display their previous inspection rating, notifying the CQC about events that, by law, they have to such as serious injuries as well as inspiring their staff to provide high quality care that enabled people to achieve any ambition they had.

The registered manager told us that they maintained links with other care professionals and had presented at the PWS UK Association. This is a national organisation where best practise and information about PWS is provided. One person told us, "I like all of them [registered manager and staff]. I am so much more independent. I have lost [the right amount of] weight." The registered manager told us [Name] is an ambassador for what we do. They have done so well in managing their PWS. It's amazing what can be achieved. [They] even help by sitting in on staff interviews which are more like an assessment over a day. [Name] then feeds back to us."

A range of quality assurance, audit and governance systems were in place and these all contributed to driving constant improvements. For instance, audits of medications, checks on the building's safety and cleaning schedules and reviews of staff performance as a whole to make sure all staff worked to the required standard.

Staff made a valid and valued contribution in how the service was developed and they lived out the provider's values in putting people first in everything. Staff's views were considered on a daily basis as well as during observations of them whilst supporting people both in and outside of the service. One staff member said, "[Registered manager] is always open to our suggestions. She considers our views and decides if anything could be improved upon." We saw how an open system of communication was in place for people, their relatives and staff. A commissioner of the service told us, "The service [registered manager and staff] has a good understanding of the nature of PWS and its impact on people they support to manage their diet and to maintain good levels and lose weight."