HF Trust Limited

HF Trust - Gaston House & Dolphin House

Inspection report

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Date of inspection visit:
04 September 2018

Date of publication:
12 October 2018

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 4 September 2018.

HF Trust – Gaston House and Dolphin House 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.

The service is delivered from two semi-detached homes in a rural area. The homes are treated as two separate households which meant the service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The service provides accommodation and personal care for up to nine people with a learning disability or autistic spectrum disorder. Eight people lived at the home on the day of our inspection visit.

There was a registered manager in post at the service. 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.

At the last inspection in February 2016 the service was rated as Good. At this inspection we found people continued to receive a service that was safe, caring and effective. However, we found pressures on staffing levels and people's differing needs meant staff could not always be responsive to the needs of those people who benefitted from more involvement and engagement in the local community. The rating remains 'Good' overall, but the responsiveness of the service is now 'Requires Improvement'.

Risks were identified and risk management plans were in place to support staff to mitigate the risks of harm people may face at home and in the community. The provider analysed accidents and incidents to ensure appropriate action had been taken to keep people safe. Staff understood their responsibility to report any concerns they had about people's health or wellbeing.

There were enough staff to keep people safe, although staff vacancies meant some staff were regularly working extra hours to maintain safe staffing levels. Staff received an induction and training to ensure they had the appropriate knowledge and skills. Further training was being arranged so staff worked consistently to meet the complex needs of people living with autism. The principles of the Mental Capacity Act (MCA) were followed by the registered manager and staff.

People were supported to access health services when needed. Staff regularly worked with other health and social care professionals to develop care plans to ensure they met people's changing needs. Each person had information in their care plans about their diet and nutritional support which staff were aware of. Staff managed medicines safely and people received their medicines as prescribed.

People had developed positive relationships with the staff supporting them. Staff knew people's favourite activities and how they liked to be communicated with. Relatives were kept up to date with the wellbeing of their family member. The provider had an accessible complaints procedure, but relatives told us they had no cause to complain.

The home was clean and tidy and suitable to meet people's individual needs. The provider had quality audit systems to identify where improvements were needed to improve the service.

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 rating remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service was not consistently responsive. Staff understood people's needs and important routines so they were able to respond appropriately to them. However, due to people's varying social preferences, staff were not always able to respond to the social needs of those people who benefited from more opportunities to engage with the local community.	**Requires Improvement**
Is the service well-led? The service remains Good.	**Good**

HF Trust - Gaston House & Dolphin House

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 took place on 4 September 2018 and was conducted by one inspector. It was a comprehensive, announced inspection. We gave the provider 24 hours' notice of our visit as this is a small home and we needed to be sure staff and people would be available to speak with us.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority.

During the inspection visit we spent time with four of the people who lived at the home. We spoke with the registered manager and three care staff. Following our inspection visit we spoke with two relatives by telephone.

People were not able to tell us in detail about their support plans, this was because of their complex needs. However, we observed how care and support were delivered in the communal areas and reviewed two people's care plans to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records and the provider's quality assurance audits.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. The rating continues to be Good.

One person who had recently moved to the home told us, "I feel safe here. It's better than my old place." The registered manager told us how the move to Gaston House had been positive for this person and explained, "[Name] feels safe and their family feel they are safe because of the (safeguarding) policies and procedures we have here." A relative confirmed they were confident their family member was cared for safely.

Staff had received training on recognising and reporting signs of abuse and were able to explain how and when they would do this. One staff member explained abuse could be, "Neglect, people not being bathed or shaved and they are dirty and their clothes not clean. Or it could be institutional abuse where people aren't given choices and the home is run to a strict regime." Another staff member said they would report any concerns about people's wellbeing or poor practice by other staff to their manager. They told us that if nothing was done, "I would go higher and go to my area manager." The registered manager was aware of their responsibilities to report and act upon any concerns.

The registered manager told us there were sufficient staff on each shift to keep people safe. However, it was clear there had been challenges with maintaining staffing levels due to vacancies and long-term sickness. Staff told us they regularly worked extra hours to ensure safe staffing levels were maintained. On the day of our inspection visit we were told there should be one member of staff in one house and two in the other, but there was only one in each and the registered manager was providing cover and support. One staff member explained, "Sometimes we do work with just two staff. I wouldn't say it was unsafe, but it does impact on people quite a lot because they don't get our full attention." Another confirmed, "I think it is fairly safe." The registered manager told us they had recently recruited a new member of staff which meant there would only be one staff vacancy remaining. They were confident this would alleviate pressures on the existing staff team.

The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

Systems were in place to identify and reduce risks to people both within the home and outside in the community. Staff were aware of risks to people's health and wellbeing. For example, some people living at the home had epilepsy. Staff told us that because the epilepsy was well controlled by medication, people very rarely had seizures. They told us if anybody had a seizure, the protocol was to call straight for an ambulance as it could be a sign of an underlying infection impacting on the person's epilepsy.

Medicines were administered by staff who were trained in the safe administration of medicines and had their competencies assessed. Staff recorded in people's records when medicines had been given and signed a medicine administration record (MAR) to confirm this. We did not identify any concerns from the records

we looked at. Medicines were appropriately stored and managed in line with current best practice.

Some people were given medicines on an 'as and when required basis' (PRN), such as for pain relief or to manage anxiety. Overall, there were guidelines in place to inform staff in what circumstances these medicines should be given and when. However, we identified one person was on PRN medicine for anxiety and agitation, but there were no guidelines in place. We shared this with the registered manager who was unaware of the prescribed medicine. The registered manager later confirmed the medicine had not been given in the 12 months the person had been living at the home. They assured us they would consult with the person's psychiatrist to have the medicine removed from their MAR, as it was felt it was no longer needed.

Care staff completed cleaning and housekeeping tasks, and where possible, encouraged people to assist them. A member of staff told us there were cleaning schedules in place and we found the home, including people's bedrooms and communal areas, were clean and odour free. Staff received training in infection control and food hygiene and told us personal protective equipment (PPE) such as gloves and aprons was available for their use.

The provider's health and safety policies ensured the registered manager and staff knew their delegated responsibilities for checking the premises, supplies and equipment were well maintained and regularly serviced. However, there were two types of window restrictors being used in the home and we found one type did not meet health and safety standards because they could be easily overridden by people. We shared our concerns with the registered manager who immediately escalated them to the provider. Following our inspection visit the registered manager confirmed that action was being taken to make the restrictors safe.

There was a process for reporting and recording any incidents. These were then shared with the provider who would analyse any factors that could reduce the risk of reoccurrence. There had been very few accidents and incidents in the home.

Staff had received training in first aid and fire safety so understood what action they needed to take in the event of an emergency. Each person had a personal evacuation plan [PEEP] so staff and the emergency services knew what support people would need to ensure their safety should the building need to be evacuated. Staff had signed the PEEPs to confirm they read and understood them.

Good

Is the service effective?

Our findings

At this inspection, we found the registered manager had recognised that staff needed more training and support to enable them to effectively meet people's individual and changing needs. Staff continued to support people to remain healthy. The rating continues to be Good.

People's care needs were assessed and appropriate plans of care put in place. The registered manager was working with a range of health professionals to develop care plans to ensure they reflected people's changing needs and adhered to recognised guidance.

An induction programme supported new staff to understand their role. The induction, which incorporated the Care Certificate for staff who were new to care, consisted of training and working alongside experienced staff. The Care Certificate includes the fundamental standards of care expected of all health and social care staff.

Following induction, staff completed an on-going programme of training to equip them with the required skills to provide effective care. This included training in areas the provider considered essential such as epilepsy, health and safety and autism. The registered manager explained the training in autism was at a basic level, and due to people's needs, they felt more training in this area was required. They had therefore arranged training in autism based on the specific individual needs of people who lived in the home. They told us this training was due in October 2018 and would ensure staff worked in a consistent way to support people's routines and maintain their environment. They explained, "People need very clear guidelines that all the staff follow." A relative told us they thought staff had the skills needed to work with their family member.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibilities under the MCA. Where the registered manager had concerns about whether a person had the capacity to make a specific decision, they had assessed the person's capacity and understanding. However, we found some assessments were not clear as to the strategies that had been used to help the person understand the decision to be made, and the people who had been involved in the assessment. Due to the continuous supervision and control required to ensure safe and appropriate care, DoLS applications had been made for all eight people who lived in the home.

We looked at the records for one person who had been assessed as needing a frame to keep them safe when walking, but chose not to use it. The registered manager had organised a 'best interests' meeting with the person, healthcare professionals and someone to advocate on the person's behalf. The meeting had been used to discuss strategies for mitigating the risks in the person's best interests.

Overall, staff understood the importance of promoting and supporting people to make as many of their own choices and decisions as possible. For example, we saw staff helping people choose what they wanted on their sandwiches at lunch time and what they wanted to drink.

However, the main meal was served in the evening and there was a three-week rolling menu in place. Although we were told the menu could be adapted if someone did not like the meal choice, there was no opportunity for people with no or limited verbal communication to make their views known. We also found the menus lacked variety and there was no evidence people had been involved in their planning. We discussed this with the registered manager who agreed people should be involved in planning menus on a weekly basis with the support of communication aids, such as photographs and pictures. They assured us this would be implemented as a priority.

Each person had information in their care plans about their diet and nutritional needs which staff were aware of. People were weighed regularly to ensure they were eating and drinking enough to maintain their health.

People were effectively supported to access healthcare services and received ongoing healthcare support. Care records showed people had access to a range of health and social care professionals such as doctors, speech and language therapy, psychiatrists, psychologists, opticians and dentists. Each person had a health action plan which contained details of what support each person needed to stay healthy.

Where staff were concerned or had noted a change in people's health, we saw they had made referrals to healthcare professionals. For example, one person had started to show some behaviour that was impacting on their social wellbeing. Healthcare professionals were working collaboratively to develop strategies that would support this person's health. One healthcare professional was working directly with the person to encourage engagement and involvement in activities. They were then going to work alongside staff to develop staff understanding of the positive behaviour strategies being implemented so there was a consistent approach to maximise the outcomes for this person.

Each person had a 'fact sheet' which contained important information about the person that could be passed quickly to health care staff if it was necessary for the person to be admitted to hospital. This included information about the person's medicines, any allergies and any support they needed with eating, drinking and communication. This ensured all their needs could continue to be met during a transition between services.

The service consisted of two semi-detached homes. Each household was treated separately, although there were interconnecting doors so staff could support each other at different times of the day. Each person had their own bedroom and there were spacious communal areas where they could socialise with others and join in activities. Bedrooms on the first floor were reached by stairs, and a stair lift had recently been installed in one household to support a person who had suffered a decline in their mobility. The kitchen in one of the households had been refurbished, and the registered manager told us a need for further improvements had been identified, especially the replacement of carpets and furniture in the communal lounge. There was a spacious garden and one person had a summer house where they enjoyed spending time on warmer days. The registered manager explained, "[Name] likes to go outside and it is nice they have the freedom to go out when they want to."

Good

Is the service caring?

Our findings

At this inspection, we found people continued to receive care that was kind and staff treated them with dignity and respect. The rating continues to be Good.

People had developed positive relationships with the staff supporting them. We saw people asking for staff by name and talking about which staff were coming to support them that evening. People looked comfortable and relaxed with staff. A relative told us, "They (staff) care for them. You couldn't wish for better care. [Name] is clean and tidy and seems quite happy." Another relative explained, "The home is calm and staff deal with things calmly, it is not reactive."

Staff knew people's favourite activities and how they liked to be communicated with. Staff were able to give examples of the body language, sounds and words people used to express themselves.

Staff responded to people's requests for assistance and checked whether people were happy and comfortable and if any assistance was required. Staff respected people's need to spend time on their own and gave them the space to do so, whilst being available when people wanted company.

Staff spoke positively about the home and their role in supporting the people who lived there. One staff member told us. "The staff team do an amazing job and they put the people we support first." Another told us, "The guys are always put first and well cared for." A relative told us, "The same staff have been there for a while."

People's bedrooms were personalised with photos, pictures and belongings and staff respected people's right to their own private areas. For example, when a staff member showed us round the service, they knocked on bedroom doors and sought people's permission before entering. When one person indicated by their response that they did not want to talk with us, they respected that person's decision.

At lunch time we saw a staff member working with people to maintain their independence by encouraging them to make their own sandwiches. One person was able to spread their own butter on the bread and then put pickle on the ham. With hand over hand support from the staff member, they were then able to cut their sandwiches into pieces. The registered manager explained, "To see [name] going in the kitchen and try and butter a piece of toast. It is only a small thing, but for them it is a really big thing." However, they acknowledged that some staff were better at motivating people to do things for themselves than others. They told us this was particularly so of new staff who had been through the provider's new induction which emphasised promoting independence. They told us more training was planned so all staff had a better understanding of how to encourage people to do more for themselves.

People's individuality and diverse needs were respected by staff who had received training in equality and diversity. When talking with us, staff demonstrated a non-discriminatory approach regardless of people's abilities or needs. The registered manager told us, "Everybody is just respected for who they are."

Relatives told us they could visit when they wished and felt welcomed into the home. One relative told us, "The first thing is they (staff) ask if you want a cup of tea or coffee. They chat with us for a while and then leave us to have some privacy."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in March 2016 we rated this key question as Good. At this inspection we found staff continued to be responsive to people's physical needs, but felt they were not always able to meet their social needs. The rating is Requires Improvement.

People had detailed care plans which assisted staff to have a clear understanding of people's individual needs. Plans contained individualised information about all areas of support including communication, nutrition, mobility and personal care. There was also a 'pen picture' at the front of people's care plans which gave staff a quick overview of the person.

Overall, staff understood people's needs and their important routines so they were able to respond appropriately to keep them physically and emotionally safe. For example, routine was extremely important to one person living with autism, but they lacked understanding of time and could become very anxious or agitated. All the staff we spoke with were consistent in describing the strategies used to minimise this person's anxieties.

However, we found for one person who could sometimes demonstrate behaviour that challenged themselves, others and staff, there was little information about how staff should support this person to ensure a consistent approach. The registered manager explained the person had moved to the home 12 months ago and they were recording incidents on the electronic care system to see if a pattern was forming. They told us, "We will put a strategy in place once we have a clearer picture." However, talking with staff there were clearly some responses to situations or people that were already known, which had not been incorporated into the care plan.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The provider recognised people's different levels of communication. Detailed communication plans described the way people communicated and how staff should engage with people to ensure they provided responsive care. For example, one person's communication care plan advised staff, 'To discuss one thing at a time as [name] cannot keep track if more information is given'. However, we found that a pictorial wall menu to help people understand meal choices had not been used for months. The registered manager was unaware of this and told us they would discuss with staff how the menu could be used as an effective communication tool.

Relatives told us they felt involved in their family member's care because staff communicated well with them. One relative told us, "They keep us informed of anything going on." Another said, "If there is an incident, it is immediately addressed."

People were able to engage in activities according to their choice and preferences. People were supported to attend day centres, go on outings and undertake activities within the home, such as helping with meal preparation or household chores. Some people preferred their own company and chose to spend time

watching DVDs or listening to music in their bedroom. Activities outside the home included visits to hydrotherapy, a sensory centre, the gym, cinema and shopping.

However, staff felt that because some people chose not to go out, it sometimes impacted on other people who benefited from being more involved in activities outside the home. They explained that staffing levels did not allow them to provide support for those people who wanted to stay at home, as well as those who wanted to go out. When speaking of one household, a staff member told us, "Tuesday always seems to be short staffed so nobody goes out." The registered manager acknowledged this could be a challenge because of people's varying social needs and preferences. They told us if it was identified that people were not receiving the support they needed to maintain their interests and hobbies, they would seek a reassessment of the person by the local authority for increased one to one provision to allow more activities to take place. The registered manager gave the example of a person who had recently been reassessed for an extra five hours one to one support each week to enable them to visit the gym more regularly and participate in other activities that were meaningful to them. However, they accepted that due to staffing levels, "Once a month at least, they don't get those extra hours." They told us that once new staff were in post, there would be more 'flexibility' to staffing and assured us they would review the rota to make sure, "It meets the needs of the individuals."

We saw some people had their end of life wishes recorded and for others there was no formal end of life plan in place, as yet. The registered manager told us these could be difficult conversations to have with people as it could cause them anxiety and distress. They told us that if a person was very poorly, they would prepare an end of life care plan in collaboration with the person, those closest to them and other healthcare professionals. The provider had access to a specialist end of life care team who could provide guidance if required.

The provider had a complaints procedure that was available in a format that was accessible to people. There had been no complaints in the 12 months prior to our inspection visit, but the registered manager assured us any received would be dealt with in accordance with the policy and procedure. A relative told us, "There is nothing for us to complain about."

Good

Is the service well-led?

Our findings

At this inspection, we found there continued to be good governance and management of the service. The rating continues to be Good.

Relatives we spoke with were happy with the quality of care their family members received. One relative described the home as, "Brilliant, it is absolutely marvellous. We are all very pleased the way [name] is being taken care of." Another said, "It is excellent, we couldn't have hoped for better."

The home was led by the registered manager who had worked at the home for many years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager also managed another home within the provider group and was supported in the day to day running of the service by a senior support worker. Staff spoke positively of the senior support worker and their 'hands on' support and knowledge of the people who lived in the home.

When we asked the registered manager what had been the most significant challenges in the 12 months prior to our inspection they responded, "Staffing and staff morale." They explained, "We had 12 months when we had a lot of long term sickness. We got through it because the staff rallied together……..They are a very dedicated and close knit team and very competent as well." One staff member told us, "It is hard work and it has been difficult because of staffing, but everybody pulls together." However, it was clear that staff morale was still an issue. Whilst staff felt supported by their immediate managers, they did not feel their commitment had been recognised by the provider. The registered manager told us there had been issues where staff did not feel listened to, and these had been escalated to the provider through the Staff Consultation Group.

The registered manager acknowledged the pressures on staff, but was confident that as staff vacancies were filled, things would improve. They had also arranged further training and support for staff to give them the confidence and understanding to support people's complex needs. They told us, "The difference in the house and atmosphere, it is so nice now. It is a lot calmer and that is down to the staff. The staff are working to the guidelines and involving professionals more." This was clearly important to staff who were very committed to the people they supported. Staff wanted time to be more responsive to people and support them to become more independent and develop their skills.

Relatives were asked their opinions of the service through questionnaires sent directly from the provider. A relative confirmed, "We have a questionnaire every now and again." The provider had a 'Family Carer Support Service' where relatives could ask questions and receive advice on topics relating to people with a learning disability. Relatives could also leave their comments about the care provided at the home through a 'hub' on the provider's website.

The registered manager told us staff regularly spoke with people on an informal basis to gather their views

and opinions about the service and day to day choices. However, they accepted that people's thoughts and choices were not always formally recorded. We saw this had been identified and discussed with staff at a meeting on 28 August 2018. Meeting minutes showed that staff felt confident to raise issues and these had been followed up by the registered manager. A staff member told us, "If staff have any concerns they will feedback to [senior care worker] or [registered manager] and things will get done really quickly."

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. Each month the registered manager completed an audit against the five key questions: Is the service safe, effective, caring, responsive and well-led? The audit identified areas where improvements needed to be made, the timescale for implementing the improvements and where evidence would be located once the action had been completed. From these audits, the provider developed an improvement plan which was monitored to ensure action had been taken.

The registered manager understood their responsibilities and legal obligations under the Health and Social Care Act 2008. They had notified us about significant events such as death and applications to deprive people of their liberty under the Deprivation of Liberty Safeguards. They had ensured the ratings from our last inspection report were clearly displayed in the entrance to the home and on the provider's website.