

HF Trust Limited

HF Trust - Oaktree House

Inspection report

Oak Tree House
Barnhay, Bampton
Tiverton
Devon
EX16 9NB

Tel: 01398331446

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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

About the service:

HF Trust Oaktree House is a residential care home that is registered to provide personal care to seven adults with a learning disability.

The house provided accommodation over two floors with each person having their own bedroom and sharing other facilities. At the time of the inspection seven people were living at the home.

People's experience of using this service:

People lived in a happy and caring environment and had warm and friendly relationships with the staff who supported them and with each other.

People felt safe at the home and told us staff were always kind. One person said, "Staff are very kind and so are other people."

People's independence was promoted by risk assessments which minimised risks but enabled them to take part in activities of their choosing. One person told us, "I like the independence of coming and going as I please, but staff give me the confidence to do that."

People were cared for by staff who were well supported and competent in their roles. Staff had access to a wide range of training, including training to meet people's specialist needs. This meant people could be confident that staff had the skills needed to effectively and safely support them.

Care was personalised to each individual because staff knew people well and had information about people's likes and dislikes. People were involved in planning their care and choosing how they lived their lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff worked in a non-judgemental way and respected people's wishes and lifestyle choices.

People were supported to maintain contact with friends and family and take part in a wide range of activities according to their interests.

People lived in a home where the provider, management team and staff were committed to monitoring standards and planning ongoing improvements to the care people received.

Rating at last inspection: Good (Previous published October 2016)

Why we inspected: This was a scheduled/planned inspection based on previous rating;

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

HF Trust - Oaktree 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

HF Trust – Oaktree House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Notice of inspection:

This inspection was unannounced.

What we did:

- We asked the provider to complete a Provider Information Return (PIR.) This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- We looked at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

During the inspection we spoke with;

- Five people who used the service.
- Three members of staff.
- The registered manager.
- We were able to observe staff interactions with people in the communal areas.

We looked at a selection of records which included;

- Three care and support plans
- Records of staff training.
- Records of meetings
- One person's Medication Administration Records (MAR.)

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe at the home and with the staff who supported them. People looked very comfortable and relaxed with staff. One person said, "Staff are very kind and so are other people." Another person told us, "Staff are alright, kind. Everything is safe."
- Risks of abuse to people were minimised because the provider had systems and processes which helped to keep people safe. These included a robust recruitment process and training for staff on how to recognise and report signs of abuse. Staff knew how to report concerns and were confident action would be taken to keep people safe.
- Staffing levels were adequate to meet people's needs and kept under review. There had been some changes to staffing levels and routines in response to people's more complex physical needs.

Assessing risk, safety monitoring and management

- People's independence was promoted by using positive risk assessments. These included assessments which enabled people to access the local community without staff support.
- Some risk assessments regarding people's healthcare needs were not detailed. For example, one person had a risk assessment to minimise the risk of pressure damage to their skin. The control measures stated that the person used an air flow mattress on their bed. However, there were no instructions for how this mattress should be set to provide maximum protection to the person and staff were unclear about the correct setting. During the inspection staff contacted the district nursing team for advice on this and the risk assessment was updated.
- Two people's beds were fitted with bed rails and there were no risk assessments or checking system in place to make sure the equipment remained safe. This could potentially place these people at risk of harm. When we discussed this with the registered manager they gave assurances this would be addressed as a matter of urgency.

Using medicines safely

- People who needed help to manage their medicines were supported by staff who had received relevant training.
- People who wished to self-medicate were supported by staff to do so. One person showed us their

medicines and the record sheet they and staff signed each time they took their medicines. They told us, "I know all my tablets and what they do but I'm not quite confident to do it on my own so staff help me."

Preventing and controlling infection

- People were protected from the risk of infection because staff had received training about infection control and followed safe practices appropriate to a domestic household.
- Staff had access to personal protective equipment, such as disposable gloves and aprons.

Learning lessons when things go wrong

- All accidents, incidents and near misses were reported and analysed. The analysis of these helped to identify trends and enable the provider to take action to avoid re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- People lived in a homely environment within easy walking distance of local amenities. The house, including people's bedrooms, had been decorated and furnished in line with people's preferences. One person said, "I like it here. I've got my own bedroom which is nice."
- Changes to the layout of the home had been made in response to the changing needs of people living at the home. The main office had been moved upstairs to enable additional bedrooms on the ground floor for people who were not able to access upstairs rooms.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to the home to make sure it was the right place for them to live.
- People received care and support in accordance with their wishes and preferences. Care plans gave information about people's likes and dislikes and staff knew people well. This helped to make sure people received support which was personalised to their individual needs and wishes.
- Care plans did not always give clear information about care practices in place. For example, two people had bed rails on their beds and listening monitors linked to the staff sleep in room. There was no assessment of need to show the rationale for why these were being used. The lack of assessments could lead to people receiving inappropriate care.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training and guidance on how to effectively meet people's needs. People told us they thought staff were well trained and competent. One person said, "The staff are good. Very clever."
- Staff kept their training up to date to make sure people received their care and support in accordance with up to date best practice guidelines and legislation.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to a range of healthcare professionals according to their individual needs. Staff told us they had excellent relationships with the local surgery and we heard referrals being made for people to be seen by GP's.
- Staff sought advice from other professionals and followed advice given to make sure people received the care they required. For example, people had been seen by occupational therapists and community nurses to make sure they had the equipment they required.

Supporting people to eat and drink enough to maintain a balanced diet

- People were helped to plan menus, shop for food, prepare and cook meals. During the inspection we saw one person was supported by staff to cook the main evening meal. One person told us, "It's nice food. I cook sometimes." Another person said "We've got a new oven. We can make better cakes."
- People's nutritional needs were assessed and met. One person's care plan showed they required their food and drinks to be served at a specific consistency to minimise the risk of them choking. During the inspection we observed this person received food and drink in accordance with the instructions in the care plan.

Ensuring consent to care and treatment in line with law and guidance

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.

- Care plans gave clear information to show when a person had been assessed regarding their capacity to make a specific decision. Where a person was assessed as not having the capacity to make a decision, or consent to areas of their care, a best interests decision was made in partnership with appropriate representatives. Decisions included taking medication and changing to a specialist diet.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had made applications for people to be deprived of their liberty where they required this level of protection to keep them safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had built kind and caring relationships with each other and the staff who worked at the home. Throughout the inspection we heard, and saw, friendly banter between people which created a lively, happy atmosphere.
- People were supported by staff who respected their individuality. All staff received training in equality and diversity to ensure they worked in an anti-discriminatory way. The staff had taken part in a pilot project with Skills for Care called 'Confidence with difference.' We saw this had been discussed at a team meeting with suggestions regarding how this could be embedded into everyday practice to make sure people were able to discuss issues fully with staff.
- Equality and diversity was supported by the provider's policies and procedures. For example; the providers' policy on how to support people with relationships had been up dated to include challenging discrimination for people who were lesbian, gay, bi-sexual and transgender (LGBT.) This all helped to make sure people's lifestyles and rights were respected.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express themselves because staff know how to help them to effectively communicate their wishes. For example, images and pictures were used to help people with care planning and choosing food.
- People were supported to become actively involved in campaigns which they felt strongly about. People at Oaktree House had taken part in a disability awareness raising campaign challenging the Prime Minister to 'Walk in our shoes.' In response to this the home had been visited by their local MP and they had been able to raise their concerns directly with them.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted which enabled them to feel valued and in control of their day to day lives. One member of staff told us, although they tried to balance risk against people's wishes, they always respected people's right to make their own choices. One person told us, "I like the independence of coming and going as I please, but staff give me the confidence to do that."
- People's privacy was respected. Everyone had a single room where they could spend time alone or see

visitors in private. Staff did not enter people's rooms without their permission which showed they respected people's personal space.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- People had personalised care plans which gave information about them and their needs. Care plans also provided information about people's likes and interests to make sure staff knew what, and who, was important to the person.
- People's wishes for the care they would like to receive if they became unwell, and at the end of their lives, were discussed with relevant healthcare professionals and recorded. This helped to make sure people would receive care that was personalised to them and respected their wishes and beliefs.
- People had opportunities to take part in social activities according to their interests. People followed their own social interests, such as meeting with friends and family and taking part in activities. People had a wide variety of social interests. One person told us they were very involved in the local church and others said they enjoyed going out for coffee or lunch. One person said they were having piano lessons and another person attended a regular drama club.
- The provider ran an accessible choir which was open to all and everyone at the home belonged to the choir. The choir had performed locally, including at a diversity festival which they had been invited back to this year to perform on the main stage. One person said, "Oh I love the choir. It's interesting and you meet lots of new people."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. Each care plan we saw contained a communication profile to make sure staff knew how to communicate with each person. Accessible care plans were in different formats according to people's individual needs.
- Staff used photo's, symbols and audio recordings to make sure information was accessible to everyone. For example, there was a pin board with photos on each day to show what staff were on duty. The minutes of house meetings were in written and audio format.

Improving care quality in response to complaints or concerns

- The registered manager told us they used house meetings and complaints to listen to people's views and identify where improvements could be made

- People said if they had any concerns about the care they received or any worries they could talk to a member of staff. One person told us, "I would talk to staff if I was worried about anything."
- The provider sought people's views on a local and national level through a group called 'Voices to be heard.' There was a local representative who people at the home could ask to raise issues at the group. This enabled the provider to drive improvement according to people's views and concerns.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager also managed another service locally owned by the same provider.
- Staff felt well supported and confident in their roles. This helped to create a happy and caring environment for people to live in.
- People lived in a home where the management and staff were always looking at ways to improve people's well-being and quality of life. Minutes of house meetings showed people were asked for suggestions about things they would like to do and changes they would like to make. One person told us, "They ask you about everything. It's so everyone gets what they want."
- Staff were keen to trial new ways of working to promote people's independence. For example, in response to changes in one person's needs, staff had begun to complete a notice board with them each morning to remind them of the events taking place that day.
- The registered manager and provider carried out audits and checks to maintain people's safety and monitor standards. Following on from audits there was an action plan which showed how identified shortfalls would be improved. The registered manager told us their current priority for improvement was ensuring accessible care plans were enhanced to make sure they covered people's holistic needs and were meaningful for each person.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager told us they were committed to providing a service which was person centred and encouraged people to fulfil their goals and aspirations. This ethos was communicated to staff through one to one supervisions, appraisals and team meetings. One member of staff said, "It's their home. We are only here to help people do the things they want to do."
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The registered manager told us they had an open culture and staff confirmed this.

- Staff told us the registered manager was very open and approachable. During the inspection we saw staff and people were very relaxed and comfortable with the registered manager.

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

- People who lived at the home were well integrated into the local community and used all local facilities to meet their physical needs and engage in leisure activities.
- People were supported to take part in activities which raised awareness of people with disabilities. People had taken part in some awareness campaigns and attended local events such as a diversity festival. They had also invited their local MP to visit the home so they could discuss issues with them.
- People could be confident they would receive appropriate care and treatment because the staff worked in partnership with other professionals to meet people's needs.
- The provider sought people's views and acted on suggestions made. For example, following feedback from families the registered manager had put in place a quarterly letter to relevant family members to make them aware of any changes at the home.