HF Trust Limited

HFT Milton Heights

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected HF Trust Milton Heights on the 13 and 23 February 2015. HF Trust - Milton Heights is a service that offers residential care to up to 36 people with learning and associated disabilities. People live in five houses on the site.

The previous inspection of this service was carried out in April 2014 when we found breaches of two regulations in relation to medicines and Notifications. The registered person had not protected all service users against the risks associated with the unsafe use and management of medicines and the registered person had not notified CQC of all incidents of abuse in relation to service users. The inspection in February 2015 was an unannounced inspection to see whether action had been taken. At this inspection the service had taken appropriate action to meet the standards in the area.

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

Summary of findings

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 who used the service were safe. The service had a clear understanding of the risk associated with people's needs as well as activities people chose to do. The service had sufficient numbers of suitably qualified staff, who had a good understanding of safeguarding and their responsibilities to report suspected abuse. Medicines were administered safely with safe arrangements for storage and recording of medicines.

People were not always supported by staff who had a good understanding of the Mental Capacity Act 2005 and their responsibilities under this Act with regard to supporting people to make choices.

Staff were supported through ongoing meetings and individual one to one supervisions to reflect on their practice and develop their skills. Staff received the provider's mandatory training as well as training specific to people's needs.

Staff were caring and showed a genuine warmth and commitment to the people they supported. People felt they mattered to staff and were involved in every aspect of their lives. People were encouraged to be involved and their feedback was used to improve the service.

People's needs were assessed and staff understood these needs and responded appropriately when these needs changed. People's interests and preferences were documented and they were encouraged to pursue activities and areas of interest.

The registered manager had a clear vision for the service that was shared by the staff team. Leadership of the service at all levels was open and transparent and supported a positive culture committed to supporting people with learning disabilities.

Summary of findings

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 safe.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Arrangements for medicines were in place to ensure they were administered safely and stored appropriately by staff.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures and the service had an effective procedure in place to ensure people were safe.

Good

Is the service effective?
The service was effective. However, Staff did not always have a good understanding of the Mental Capacity Act 2005 and their responsibilities under this Act to ensure people made their own choices.

People were supported by staff who were well trained and supported as staff received appropriate supervision, appraisals and training.

People were asked for consent before receiving care and treatment by staff who valued the need to respect people's right to consent.

Requires Improvement

Is the service caring?
The service was caring.

People were supported by caring staff and were involved in their care planning.

People were supported to communicate using their chosen methods of communication.

People and were informed about the service and benefited from a culture that worked hard to maintain and develop their independence.

Good

Is the service responsive?
The service was responsive.

People we spoke with felt the service was responsive. Staff identified peoples changing needs and involved other professionals where required.

We saw that when people's needs changed the service responded. People said they knew who to talk to if they had any concerns and felt there would be a quick and positive response.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

We found that there were systems in place to monitor the quality and safety of the service

Staff spoke positively about the team and the leadership. They described the registered manager and other senior staff as being supportive and approachable.

The leadership throughout the service created a culture of openness that made people feel included and well supported. There was a clear vision that staff understood and were aligned to.

HFT Milton Heights

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 13 and 23 February 2015. The inspection team consisted of two inspectors. At the time of the inspection there were 27 people being supported by the service. Before the inspection we asked the provider to complete 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 also reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also received feedback from three health and social care professionals who regularly visited people being supported by the service. This was to obtain their views on the quality of the service provided to people and how the home was being managed.

We visited four households on the site and we spoke with the eight people who were using the service and three people's relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a means of understanding the experiences of people who could not speak with us verbally. We also spoke with eight care staff, the registered manager and two service managers. We reviewed seven peoples care files, records relating to staff supervision, training, and the general management of the home. We also reviewed quality audits that had been carried out by the registered manager and senior management team.

Good

Is the service safe?

Our findings

At the last inspection in April 2014, we required the provider to take action to make improvements with regard to medicines. At this inspection in February 2015 action had been taken to ensure that safe arrangements were in place for the storage and administration of medication.

People told us they received their medicines when they needed them. Medicine records were fully completed with details of when people received medicines, the amount and the time the medicine was administered.

All medicines were securely stored in line with current and relevant regulations and guidance. Where people were away from the service, such as with families for the weekend, staff ensured they had access to their prescribed medicines. People's medicines were given to the person's relative or representative and a record of the medicine taken recorded. This meant people could live their life as they chose and be protected from the risks of not receiving the medicines they needed to maintain their well-being.

Care staff knew how to protect people where they required emergency medicine to maintain their wellbeing. Each person had an individualised care plan for the administration of this medicine. These plans gave clear guidance to care staff to follow, including when to administer medicine and information on the person's healthcare needs.

Where possible, people were supported to be independent with administering their medicines. One person wished to administer their own medicines. Care staff had a clear risk assessment to follow, which included ensuring the person had a weekly stock of their medicine. Staff told us, they gave a limited stock of the medicine and prompted the person to take their medicine if needed. One member of staff said, "we check the stock occasionally, and we don't give all of the stock to ensure the risk of overdosing is minimalized."

People we spoke with felt safe. Comments included, "Yes, I do feel safe, the staff are very good". Another person told us, "Very safe yes". One relative told us, "people couldn't be safer, really nice place". Professionals told us that they felt people were safe. One professional told us, "It's a very secure environment and people's safety is important to staff". During both days of our inspection we saw people were comfortable spending time in the registered manager's office and talking to senior staff.

We looked at risk assessments for seven people and found they were comprehensive, up to date and protected people appropriately from identified risks. For example, one person with a visual impairment had clear guidance to staff documented on how to support them. The risk assessment was very clear about when and in what circumstances the person may be unsafe. Another person was at risk working in the kitchen; we saw the kitchen was kept locked and staff were clear about which people were able to access it safely and how the risks should be managed. In one person's care file it stated they had epilepsy; There were arrangements in place to ensure a member of staff was always present, so they could be monitored appropriately. In other cases, specialists had been consulted to ensure people who presented behaviours that challenged were able to be supported safely. Staff were able to speak with us about the risk to people they supported in line with the guidance we had seen.

People and staff benefited from environmental risk assessments that identified environmental hazards. There were also emergency plans in place in the event of incidents that may impact on the people using the service

Incidents and accidents were recorded. Records clearly documented when incidents and accidents had occurred and what action was taken following the event. For example we saw an incident recorded which involved a person cutting themselves whilst cooking. We saw that new equipment had been purchased that was safer to use.

We looked at the service's policies on safeguarding and whistle blowing. We saw these were up to date and appropriate for this type of service. Staff records showed all staff had received training in safeguarding and this training was refreshed annually. Staff had knowledge of the types of abuse, signs of possible abuse, which included neglect and their responsibility to report any concerns promptly. Staff members told us they would document concerns and report them to the registered manager. Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role. We also

Good

Is the service safe?

looked at safeguarding notifications made by the registered manager. The provider had worked with the local authority safeguarding team to ensure people were protected from abuse.

We looked at the arrangements for safeguarding people's money. We saw that where a person was unable to manage their own finances due to a lack of understanding, appropriate arrangements were in place for staff to manage them safely. All money spent on behalf of people was properly recorded, receipts were obtained and audits conducted. The system protected people effectively from the risk of financial abuse.

People were receiving care from adequate numbers of competent and skilled care staff. Each household had sufficient numbers of care staff on duty to meet people's needs and also facilitate daily activities. If people's needs changed the registered manager made changes to ensure there was the appropriate mix of skill and experience to meet people's changing needs. For example one person's support needs had increased due to their behaviour; we saw the service had increased the numbers of staff in order to safely support this person.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records also showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

Requires Improvement

Is the service effective?

Our findings

Systems were in place to support service managers with embedding the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. Staff we spoke with were not always able to share a good understanding and could not always tell us when the MCA may need to be used. One staff member told us, "my manager deals with all of that kind of thing". Another member of staff told us, "I've heard of it, but wouldn't know what we'd need to record". There were no records relating to where best interest meetings had been held. Service managers carried around key rings with MCA information on them and one service manager told us how they were giving them to their staff. However, at the time of our inspection despite systems being in place there was not a consistent understanding of the principles of the MCA within the service.

Staff files documented that staff received regular supervision and annual appraisals. Staff we spoke with told us they received regular supervision and adequate training. Comments included, "I get very good supervision and additional support if I need it", "Supervision is not always regular but extremely useful" and "Yes I always feel very well supported by the managers. We have enough training. I have regular supervision and appraisals."

People we spoke with felt the service was effective, as care staff were skilled enough to meet their needs. One person told us, "Yes my carers understand me". One person's relative told us, "People are treated so well, staff are confident and understand people". Comments from professionals included, "staff have always appeared skilled and committed to the people they support" and "overall its an effective service, people's needs are understood".

New staff were given an induction, which involved all of the provider's mandatory training. New staff also had regular meetings with their line manager through their induction period to support their understanding of the role and organisation. The induction period involved shadowing shifts so people felt comfortable with the new staff member, and also so staff felt supported.

People received care from staff who were appropriately trained. Records showed the provider's mandatory training was up to date for all staff members. In addition to mandatory subjects, staff were able to request additional training courses. For example, in Makaton specialist communication system, administering emergency medication and 'enabling positive risk taking'. Staff were also receiving Person Centred Active Support (PCAS) training. The registered manager and staff we spoke with all told us this training had had a very positive impact on people. One staff member told us, "it's just such a simple way of thinking, but the people I support have responded so much better to me".

Before entering the service each person had an assessment. This assessment was used to develop care plans and health action plans that were personalised and contained clear and concise information regarding people's support and health needs. Records showed referrals to dentists, psychologists, and speech and language therapists had been made for specialist advice. One person said, "If I am not well staff help me to sort it out and make an appointment to see someone." This showed that people had received appropriate healthcare support.

Care plans were split into three parts: finance, health, and general care and support. The general care and support plans provided clear guidance to staff about how people wished to be supported, including details of their personal care needs, daily routines and activities. In the health files, we saw people received appropriate support from healthcare professionals when required. Referrals had also been made to specialists, including psychologists, psychiatrists, occupational therapists and physiotherapists.

The service worked with other professionals to ensure people's additional or changing needs were supported. For example, people who required support with their mobility were supported by an occupational therapist to ensure they had the equipment they required. Where people required support with behaviours that may be challenging, the service accessed support from their positive behaviour support team. One person when they arrived at the service required PRN (as required) medicines to support their anxieties to prevent behaviour that may challenge. Over a short period of time the need for this medication had stopped because the person was settled and well supported within their household.

People were supported to eat a balanced diet. People were involved in creating the menu which consisted of healthy foods. On the day of our inspection we saw staff preparing home cooked food that people enjoyed. People with specialist dietary requirements had these detailed within

Requires Improvement

Is the service effective?

support plans and care staff understood these needs. For example, in one house two people who could be at risk of choking required their fluids thickened. We observed this happening in line with instructions in their support plans.

Staff we spoke with felt that the environments were not always suitable to meet people's needs. One staff member told us, "it was fine when they were younger, but people's needs change as they get older". We had already been informed by the registered manager that planning was in place to build new and alternative forms of accommodation to better suit some people's needs. People told us they had been consulted about these plans and were looking forward to the opportunities they would present. We observed that whilst living environments were in need of improvement, the staff were ensuring that what they had was being used in the best possible way. Living areas were well thought out and households had spaces where people could go and have some time to themselves. Some of these areas had also been newly decorated.

Good

Is the service caring?

Our findings

People who used the service felt they were treated with dignity and respect and that they were listened to. One person told us, “staff respect me, they listen, it’s nice”. Another person told us, “staff care about me a lot and I care about them, they treat me with respect, so I treat them with respect”. One relative told us, “I am reassured by the care they [the staff] provide, they are very good”. These comments supported our observations. We observed care staff completing daily tasks but taking every opportunity to engage with people. In each house we visited people were treated with patience and compassion. People had positive relationships with care staff. We observed staff stopping to speak with people and ask about their day.

People we spoke with were satisfied that support was provided in a caring way. Staff at all levels clearly knew the people they were supporting and caring for. They were able to tell us about people’s life histories, their interests and their preferences.

People had individual meetings to discuss their care plans and set themselves goals. People were encouraged to be as independent as they wanted to be. People who expressed a wish to manage their own medicines were assessed to be safe and given an automatic device which dispensed their medicines at set times. If they did not take their medicines, the device sent a message to staff to alert them. People moved freely around the site and anybody who wished to leave the site were assessed to be able to do so safely.

People were supported to be able to make choices for themselves. The service also developed creative ways that people could be involved in their decision making as well as influencing the wider service. One person who was unable to communicate verbally used objects to communicate their views. Staff understood how this person communicated and supported them to be involved in staff recruitment.

Staff told us about one person who had become sad when their friend left the service and moved away, this person was supported to stay in touch with this friend and helped to start attending a friendship group. This person had started a relationship with someone at the group and they had been supported to maintain their relationship and had also been on holiday together.

Good

Is the service responsive?

Our findings

People told us the service was responsive as care staff understood their needs. Comments included, “Yes, my staff know exactly what my needs are”. One person’s relative told us, “the staff respond very efficiently to people’s needs and their questions”. Health professionals told us they felt staff understood people’s needs. One health professional told us, “Staff really understand people, they make sure of it”. Another health professional told us, “The staff knowledge of people’s needs is very impressive”. People also felt their choices were respected, one person told us, “My support worker is very good they give me choices”.

People’s support plans contained detailed and comprehensive information for staff to follow in order to meet people’s needs. We reviewed a range of files for people with epilepsy, mobility issues and people who presented behaviours that may challenge. For each of these people there were clear assessments in place and these were used to develop clear and concise support plans for staff to follow. Staff had a good understanding of people's needs.

The service worked with other professionals to ensure people’s additional or changing needs were supported. For example, people who required support with their mobility were supported by an occupational therapist to ensure they had the equipment they required. One person was at an increasing risk of falls the person was supported to move down stairs to ensure their safety. Another person was finding their living space difficult and wished for something more independent. This person was living in their own flat and was much happier as a result.

One person's health appeared to be deteriorating with a possible diagnosis of dementia. However, the staff team questioned whether this was because the person was unhappy with the living environment and not because of the dementia. This person was offered the choice to move and their emotional health had significantly improved since their move to a new household.

People’s wishes and preferences were recorded within their support files along with detailed information about themselves and their personal histories. This information was used to identify activities of interest for people. Each person was supported to develop a weekly plan that involved a number of social groups and activities of their choice. Support was planned around people’s preferences.

People had access to a wide range of activities. The service operated a ‘flexible support centre’ where music, dancing and other activities were provided both to people living at the service and to other members of the community.

People and their relative’s benefited from a culture that valued feedback. In addition to an annual satisfaction survey, the registered manager and their operations manager held regular meetings that gave relatives an opportunity to discuss their issues. These session were also sometimes used to keep relatives informed of updates within the service. One relative told us, “I don’t get to as many as I used to, but they are very informative, it’s nice that we are important to the service as well as our relatives they support”.

The views of people and their families were recorded on admission and during monthly meetings with their key workers. Records of the monthly meetings showed people were able to comment on any aspect of their care and welfare and were able to request changes to the way they were supported. Care plans were centred on the person as an individual. One person showed us their care plan and told us they had had input into creating it. One staff member we spoke with told us, “I like that the care plans are all different, because people aren’t the same”. This showed staff understood the principles of personalised care.

The service had a complaints policy and information regarding complaints was given to people when they started receiving the service. Every person said they knew how to make a complaint if it was necessary to do so. One person told us, “I don’t feel I need to complain but would know how to”. Communication with people and their relatives was recorded to ensure open and clear communication. This meant the service took action to prevent complaints arising.

The provider’s policy on complaints also included pictorial representations to aid communication. Staff told us people were supported to make complaints in writing or could equally make them verbally. Records showed complaints were recorded, investigated and resolved appropriately. At the end of the process, people were asked whether things

Good

Is the service responsive?

had improved. The more serious or significant complaints were recorded on the provider's computer system. The registered manager explained how these were used to identify patterns or themes.

Good

Is the service well-led?

Our findings

At the last inspection in April 2014, we required the provider to take action to make improvements with regard to notifications to the CQC. Notifications are information about events that occur within the service. These are required by law to be notified to the Care Quality Commission. This was a breach of regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection in February 2015 we found that action had been taken to ensure standards improved. The registered manager maintained regular contact with their inspector and local safeguarding teams to ensure that there was clear guidance with regard to incidents that needed notifying.

The registered manager had identified issues with the new quality and monitoring system that had been implemented, preventing it being fully effective. The registered manager had also reported these issues to senior managers who were taking action to review the system. The new system involved service managers conducting a monthly quality assurance audit. This audit Identified what the service was doing well and what needed to improve, this was done through a series of options. The lack of flexibility in these option made it difficult for service manager to accurately report what was happening in their services. The audit identified a clear action plan that made staff responsible for the completion of those actions. The registered manager acknowledged that this system still needed some further changes to ensure service managers had the ability to report accurately on the issues in their services. At the time of our inspection their was also not a system in place for the registered manager to ensure what was being reported was an accurate report of the quality and safety within each service. One service manager told us, "they aren't checked, but its about trust". We spoke with the registered manager who informed us there was an imminent plan for this additional quality assurance to start. Another service manager told us, "nobody checks currently but I know someone is starting soon to make sure this happens". The registered manager has since confirmed that service managers may not always be aware of their checks unless an issue is found.

The registered manager was also responsible for completing the quarterly audit of health and safety report and sending this to senior managers to review the progress of the service. This audit helped identify trends and themes that occurred in relation to health and safety, so learning could be applied across the whole service. For example, the audit identified a number of scalding incidents due to the facilities used for hot drinks not being fit for purpose. This equipment had been changed to ensure people could maintain their independence but be safer. This audit also captured training needs to ensure that all staff remained trained in relevant areas.

Throughout our inspection, staff spoke positively about the culture of the service and told us it was well-managed and well-led. They described management as supportive and said they felt valued by HF Trust. We found staff were willing to question practices and were supported appropriately when they raised concerns. Comments included, “The manager is great, she listens and takes our views on board”. Another member of staff told us, “Very good manager, there is lots of change in this job, but she puts people first”. One person’s relative told us, “The manager is hardworking and keen to resolve issues in an effective manner”.

People and their relative’s benefited from a culture that valued feedback. In addition to an annual satisfaction survey, the registered manager and their operations manager held regular meetings that gave relatives an opportunity to discuss their issues. These session were also sometimes used to keep relatives informed of updates within the service. One relative told us, “I don’t get to as many as I used to, but they are very informative, it’s nice that we are important to the service as well as our relatives they support”.

Opportunities were provided to ensure peoples voices were heard. These included house meetings and a ‘parliament’ that representatives attended to promote the interests of people using the service, both locally and across the provider’s other services. This group also worked with the local community. For example one person also worked for a neighbourhood watch scheme so would bring regular updates with regard to what was happening locally. This group had influenced policy within the service regarding smoking and mobile phones. People were unhappy with

Good

Is the service well-led?

staff smoking outside their homes and using their mobile phones. The service as a result of this feedback introduced a new mobile phone policy and created a designated smoking area.

We saw records of house meetings which showed people were encouraged to express their views about the service. This meant people were able to influence decisions that affected them. We saw how the structure of the day was influenced in one house to fit around people plans.

Staff told us there were regular team meetings which provided an opportunity to discuss concerns and suggest improvements. The provider also operated a staff representative group to enable the views of staff from all of its services to be heard. This promoted an open culture and showed staff views were valued.

Professionals all told us that the service was well led. One professional told us, “It’s a very well led service, the registered manager is a good communicator and knows what is going on". Another professional told us, “Excellent management within the service, they work very well, and are definitely person centred, you forget people's disability when you are there”.

We spoke with the registered manager about their vision for the service. She spoke about the “Fusion Cycle”. The ‘Fusion Model of Support’ explains how people are supported. It is made up of eight elements that the service believe are essential to providing high quality, person-centred services. These elements included person centred active support, choice, creative solutions, families and other partnerships, healthy, safe and well, personal growth, personalised technology, specialist skills and total communication. Total communication is a way of communicating with people with learning disabilities. It is a combination of lots of different ways of communicating. It is not just about speech.

This vision was shared by the staff and was also supported by our observations and what people were telling us. Staff were able to give us examples of the how the model was promoting a positive culture of support in the service. One staff member told us, “it’s been useful, because working with learning disability, you hear lots of different terms, this has come together in a way I understand and you see how people benefit”. Another staff member told us, “this model reminds everyone that we must think outside of the norm, it gives everyone a chance”.

In addition to this vision we also observed that the key principles of person centred active support (PCAS) were being embedded within the service. One staff member told us, “its completely improved the culture, it was good before, but even better now, PCAS is about believing every moment has potential”.