HF Trust Limited

HF Trust - Chy Keres

Inspection report

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Ratings

Overall rating for this service	Good
Is the service effective?	Good

Summary of findings

Overall summary

We carried out a comprehensive inspection of HF Trust – Chy Keres on 7 March 2016. A breach of the legal requirements was found. This was because the service had not made appropriate referrals to the specialist supervisory body when there was concern about people's right to liberty being restricted.

Following the comprehensive inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breach. As a result we undertook a focused inspection on 4 July 2017 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the question 'is the service effective?' You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HF Trust – Chy Keres on our website at www.cqc.org.uk

Chy Keres is a respite service that provides care and support for up to six people who have a learning disability or autistic spectrum disorder. The service can accommodate up to six people, although due to the nature of the service this fluctuates on a daily basis. There were four people using the service at the time of the inspection visit. The service is provided by HF Trust (Hft), a national charity with services throughout England.

Chy Keres has six bedrooms, one lounge and a sensory room. There are two open plan kitchen and dining areas although one is used only when cooking skills and craft workshops are held. Private and enclosed garden areas surround the service. All rooms are on the ground floor. All rooms have en-suite facilities and one room has a track hoist to support people with more profound disabilities. Rooms and lounge areas incorporate a range of seating and equipment to support people with physical disabilities.

Chy Keres is required to have a registered manager and there was one 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.

The service had taken action to ensure appropriate referrals had been made to the specialist supervisory body when there was concern about people's right to liberty being restricted. The registered manager told us the service had recently completed two new applications on behalf of people staying at Chy Keres; however, these had not been sent to the Deprivation of Liberty (DoLS) team. The supervisory body receiving applications had advised the service to put a hold on any additional applications. Following the inspection, we spoke with a representative from the DoLS team who confirmed there had been a county council change in policy regarding authorisation for restrictions for people using respite services. The service had acted correctly according to the advice provided by the DoLS team.

The service had completed mental capacity assessments on behalf of people who used the service and required this. These were documented. However, the assessments did not clearly identify decisions made around specific restrictions. For example, where Best Interest decisions had been taken on behalf of people who had specific restrictions, such as for the use of a stair gate at night for a person who was considered to be at risk of falls. The recording of this was not clear in its outcome. We have made a recommendation about how the service manage the requirements of the Mental Capacity Act, 2005.

The management team and staff understood the principles of the Mental Capacity Act and what their responsibilities were for assessment and referral, where restrictions were necessary for a person's safety and well-being. Staff had undertaken training in this area and could clearly understand what restrictions meant and how these should be reviewed to ensure they were the least restrictive option.

At this focused inspection we found the registered provider had taken effective action to meet the requirements of the regulations and the breach had been met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good

The service was Effective. Appropriate referrals had been made to the supervisory body where there were restrictions to people's liberty had been required.

Staff had the knowledge and skills to understand what action to take should restrictive measures be required due to a person's impaired mental capacity.

Staff were receiving training to equip them with the necessary knowledge and skills to carry out their role and were supported through annual appraisal to identify performance and training needs.

HF Trust - Chy Keres

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 was planned to check 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.

We undertook an announced focused inspection of HF Trust – Chy Keres on 4 July 2017. The provider was given 24 hours' notice because the location is a small respite service for adults who are often out during the day; we needed to be sure that someone would be in.

This inspection was completed to check that improvement had been made to meet legal requirements following our comprehensive inspection on 7 March 2016. We inspected the service against one of the five questions we ask about services; is the service effective? This was because the previous concerns were in relation to this question.

The inspection was carried out by one adult social care inspector. Before our inspection we reviewed the information we held about the service. This included the information from the service regarding what steps they would take to meet the legal requirements.

We spoke with the registered manager and a senior support worker for the service. We looked at records relating to referrals made to the specialist body responsible for making assessments about potential restrictions placed on the liberty of people living in residential care. Following the inspection we spoke with a professional familiar with the practice of the service. We also spoke with one relative of a person who used the service.

Good

Is the service effective?

Our findings

At our previous inspection on 7 March 2016, we found the service were aware of the Mental Capacity Act (MCA) and what actions to take should restrictive practice be necessary for a person's health and well-being. However, the service had not made referrals to the specialist supervisory body when there was concern about a person's right to liberty being restricted'

People who lack capacity can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Since our previous inspection the registered manager had correctly identified that the support provided to 15 people was potentially restrictive. The manager had reviewed these practices and appropriately sought guidance from social care professionals to establish if it was necessary for a DoLS application to be made.

Records showed staff had received training in the MCA since our previous inspection. Staff told us they now had a better understanding of the MCA and felt confident they could now identify restrictive practices.

The service had taken action to ensure appropriate referrals had been made to the specialist supervisory body when there was concern about people's right to liberty being restricted. The registered manager told us the service had recently completed two new applications on behalf of people staying at Chy Keres in June 2017; however, these had not been sent to the Deprivation of Liberty (DoLS) team. The service had been in communication with the supervisory body receiving applications which had advised the service to put a hold on any additional applications. Following the inspection, we spoke with a representative from the DoLS team who confirmed a county council change in policy regarding authorisation for restrictions for people using respite services. The service had acted correctly according to the advice provided by the DoLS team.

It was not always possible to gain peoples' consent to their care and support due to their level of mental capacity. A person can only consent on behalf of another if they hold an appropriate order such as lasting power of attorney or a court appointed deputy. We reviewed consent forms used for the use of medically required monitoring equipment such as a visual or auditory monitors. We also reviewed consent forms to use a person's photograph for the organisations publicity purposes. Where people could not consent themselves there was signed consent from the person's representative. This was usually a relative with legal authorisation to provide consent. The previous consent period to use photographs had expired for some people. We found that 18 forms were blank apart from the person's name and were told these had been prepared ahead of sending out to relatives but that in the interim period the organisation did not have consent to use some people's photographs. The registered manager understood the importance of this and agreed to address the issue with immediate effect.

The service had completed mental capacity assessments on behalf of people who used the service and these were documented. However, the assessments for some people did not clearly identify decisions made around specific restrictions. For example, where one assessment covered a person's capacity to understand and give consent to their support plan, management of money and medication. This meant full

consideration to the fluctuating nature of capacity and the fact that a person's capacity to understand certain aspects of these areas had not been made.

Best interest decisions had been taken on behalf of people such as for the use of a stair gate at night for a person who was considered to be at risk of falls. The recording of this was not always documented. A relative we spoke with told us they were always consulted when a decision on behalf of their relative was required to ensure they were in agreement that any decisions were in the person's best interest. They commented, "We are always consulted about any decisions about our [relative]; the manager normally phones me up."

It is recommended the service review the management of requirements under the Mental Capacity Act, 2005.

We reviewed the service staff training plan and saw all staff had received appropriate training and updates on the mental capacity act (MCA) and dementia care. This training was initially provided when new staff received their induction training and subsequent refresher training was also provided.
The registered manager told us they had taken steps to ensure all staff had completed training in these areas and by using the training matrix would be alerted to when the next update was due. This meant staff would have the knowledge and skills which reflected current good practice and guidance.

We judged that the service had taken action to meet the requirements of the regulations and the breach was now met.