

HF Trust Limited

HF Trust - Bramley Gardens

Inspection report

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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 

Overall summary

The inspection was announced and took place over two days on 26 February and 13 March 2015. We announced the inspection because we needed to arrange visits to people who used the service. The last inspection took place on the 20 August 2013, this was a routine inspection and we found the service was compliant with the regulations.

HF Trust- Bramley Gardens is registered to provide personal care to people in their own home and in supported living services. People who use the service have physical disabilities and/or learning disabilities. The service provides support to 41 people in 29 different properties.

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

People told us they felt safe. The service had a robust mechanism in place for reporting and monitoring safeguarding concerns and the registered manager was able to provide a detailed update on the safeguarding

Summary of findings

concerns which were currently being investigated by the local authority. The staff we spoke to knew how to look out for signs of abuse and who to report concerns to. We confirmed staff had received safeguarding training.

We saw medicines were managed safely and people had up to date and individual risk assessments in place.

There were enough staff available to provide people with good support and to achieve their goals. Staff told us there were always enough staff available. Some relatives were concerned about staff turnover. The service had a robust and innovative recruitment process in place.

Staff told us they felt supported, we could see the service offered staff a good induction programme and opportunities for ongoing learning and career development. The service provided staff with regular effective supervision and everyone had an annual appraisal.

We saw people had detailed assessments of their ability to make their own decisions and when they were unable to make decisions for themselves the service had ensured the relevant people discussed what was in the person's best interests. These decisions were recorded and clear to follow. Staff had received training on the Mental Capacity Act (2005).

People had individual plans in place to ensure they had support to maintain a healthy and balanced diet. The service had developed specific guidelines to support staff to implement this and had drawn on guidance from the National Health Service (NHS).

The service worked with health care professionals to ensure people were given the right support; people were supported to attend routine appointments to maintain their health.

We saw people had a good rapport with staff. Their support plans were person centred and gave you a picture of the person who needed support and how they would like this support to be provided. People and their families had been involved in developing and reviewing these.

All of the people we spoke with were positive about the variety and amount of activities available to them. Staff supported people to engage in meaningful activity based on the person's interests and goals.

The registered manager was looking at how they could improve learning from complaints. The service had a robust system in place to audit the service and they had a strong ethos on getting feedback from people who used the service and their friends and families.

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.

People told us they felt safe. Staff understood how to safeguard people who used the service. They could describe the different types of abuse and had received training on safeguarding vulnerable adults.

Risk assessments were detailed and enabled staff to know what support a person needed to reduce and manage risk. Medicines were managed safely.

There were enough staff to meet the needs of the people they supported. Recruitment processes were robust and innovative.

Good



Is the service effective?

The service was effective.

Staff implemented the Mental Capacity Act (2005), all of the relevant people were consulted when making best interest decisions. Deprivation of Liberty Safeguards (DoLS) were in place to protect the rights of people's whose freedom was restricted.

The service had detailed 'Menu and Nutrition' guidelines in place, these were detailed and practical, and had been developed based on guidance from the NHS. People had individual nutrition plans within their support plan which were individual to their needs. People had access to appropriate health care, both routine appointments such as opticians and dentists, but also more specialist health care support via the learning disability service.

Staff were well supported, they had access to a robust induction programme and ongoing training both in house and delivered by external organisations. Each service had a training plan specific to the needs of the people who lived there.

Good



Is the service caring?

The service was caring.

People told us they were well supported by staff, we saw staff and people who used the service had positive interactions and staff knew people well and how best to communicate with them.

People who used the service were actively encouraged to be involved in planning their own support and giving feedback about the service.

Good



Is the service responsive?

The service was responsive.

People had person centred support plans in place which they and their friends and families had been supported to develop and review. They focused on how staff should support people to achieve their goals. Each person had a personal profile which told you about the person.

People were supported to be actively involved in meaningful activity, this included a variety of leisure tasks, work and the domestic duties associated with living in your own home.

Good



Summary of findings

People were encouraged to make complaints, the registered manager was looking at how to develop this to improve information sharing and learning from complaints.

Is the service well-led?

The service was well-led.

There were effective systems in place to assess and monitor the quality and safety of the service.

Staff were aware of their roles and responsibilities and knew what was expected of them. Staff told us they were well supported by the management team, and that they encouraged to develop their skills within the organisation.

Regular meetings took place with staff and there was engagement with people and their families.

Good



HF Trust - Bramley Gardens

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.

The provider was given 48 hours' notice because the location provides supported living services in people's own homes; we needed to be sure that people who used the service would be in.

The inspection team consisted of two inspectors and an expert by experience, this is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience has experience of supporting younger people with physical and learning disabilities.

Before our inspection, we reviewed all the information we held about the home. This included previous inspection

reports and any statutory notifications that had been sent to us. We contacted the local authority. We used this information to help plan the inspection. The Care Quality Commission had not requested a provider information return. This is a document that provides relevant and up to date information about the home that was provided by the registered manager or owner of the home to the Care Quality Commission.

During our inspection we used different methods to help us understand the experiences of people who used the service. We visited six supported living services and during these visits we spoke with six people who used the service. We observed how staff interacted and how people were supported. We also spoke with three people who used the service on the telephone and four relatives of people who used the service. During the inspection we spoke with 13 members of staff; seven support workers, three service managers, the operations manager, training manager and the registered manager. We looked at six people's support plans and medication administration records for five people. We also visited the provider's office and reviewed the records relating to the management of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe and well looked after, one person said they enjoyed living there and felt safe. A relative said, “I believe my daughter is totally safe.”

The staff we spoke to showed a good understanding of how to support vulnerable adults and protect them from avoidable harm. They knew what to do if abuse or harm happened or if they suspected it. Everyone said they would report any concerns to the management team and were confident they would respond appropriately. Staff we spoke with told us they had received training in safeguarding and this was regularly updated. The staff records we saw supported this. We saw the service had safeguarding and whistle blowing policies in place, which, provided staff with detailed guidance. The service used the ‘West Yorkshire Safeguarding Adult Policy and Procedures’ as practice guidance.

We saw the registered manager had an electronic system to monitor safeguarding activity across the service; this recorded all safeguarding incidents. We reviewed this system in line with the safeguarding notifications the Care Quality Commission (CQC) had received. We were able to see CQC had been notified of all reportable concerns; these were detailed and had been appropriately anonymised. We saw the service had a checklist to remind staff of the action required and a record of when this had been taken. The system was clear and it was easy to establish where the investigation was up to.

The service also kept a record of non-reportable concerns, we asked the registered manager about this and they explained they used the local authority guidance to assist their decision making about whether to refer an incident. We were also told this was used as a record should there be any further incidents, and could be used to inform the safeguarding referral to the local authority.

We were aware the local authority were currently investigating four safeguarding incidents, the registered manager was able to provide a detailed update on each of these. CQC will continue to liaise with the local authority and provider with regard to these.

Risks to people who used the service were appropriately assessed, managed and reviewed. The support plans we looked at included personalised risk assessments. We saw

the service used assistive technology such as epilepsy sensors to manage risk and to ensure staff were alerted should someone need help in an emergency. We saw people took part in a variety of activities and for each activity we saw detailed risk assessments were in place for people. The service had also used assistive technology to monitor people’s needs over-night, ‘just checking’ is a system which monitors movement and can be used to assess the frequency of support a person needs and to assess risk. We saw the provider responded appropriately when people’s needs changed.

We saw people had personal emergency evacuation plans in place so staff were aware of the level of support people who lived in the houses required should they need to be evacuated in an emergency. All of the staff we spoke with were aware of these and told us where to find them.

Each house we visited contained a health and safety folder, we saw there were checks for the fire alarm, smoke alarm, water temperatures, first aid kit check, and gas safety certificates. We saw these files were audited on a regular basis, and the service manager at one house told us there file was audited weekly.

We observed there were enough staff available to meet people’s needs. All of the staff we spoke to said there were enough staff, and they did not have concerns about staffing levels. A staff member explained they had the flexibility to arrange the hours to suit the individual needs of the people living in the house and to ensure that they were supported with various activities.

Although everyone thought there were enough suitably skilled staff we received several comments from relatives about a high turnover of staff. One relative said, “My only concern would be the high turnover of staff, it takes time to build relationships and my [relative] just gets to know them and they leave,” another said, “Unfortunately, there are lots of staff changes.” We saw the issue of staff changes had been discussed at a team meeting, and the registered manager told us the situation should improve and that there was ongoing recruitment.

Medicines were stored securely and there were adequate stocks. We saw a variety of medicine storage based on the needs of the people in the individual houses. For some

Is the service safe?

medication was safely stored in the rooms where staff slept, some were kept in locked cupboards, some people had their medication in their bedrooms and again these were kept securely.

Medication was administered safely, support staff were trained to administer medication, and we saw medication was being administered in line with the prescribing instructions. We checked the medication administration records (MARs) for five people. We saw clear instructions for staff about how to support people to take their medication, these were detailed and individual to the person and there were guidelines about what to do if medication was missed.

Weekly medicines audits were completed and should any incidents or errors occur, these were appropriately investigated and any learning shared to reduce the risk of reoccurrence. A member of staff told us that a routine audit had highlighted a medication error, the service manager had a supervision session with all of the staff involved and they each had medication refresher training.

Accidents and incidents had been recorded in line with the service's policy and procedures. There were comments about any action which had been taken to manage the risk of the situation re-occurring.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. People who used the service were involved in the second stage of interviews; this was referred to as a 'compatibility meeting.' The registered manager told us the compatibility meeting ensured staff were recruited to support people based on their skills and mutual interests. A member of staff said, "At the end of the day, they have the choice, it's their home."

The registered manager explained to us that they have a regular intake of students on placement from Leeds College, this gives people an opportunity to develop skills within a supported environment, they are not used as core staff. We saw two people on placement in one service, they engaged well with people who lived there and told us they had been very well supported. The registered manager told us this was the third intake, placements were offered for a four week period and they were guaranteed an interview at the end of the experience. So far this has proved an effective way to recruit staff.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring that if restrictions are in place they are appropriate and the least restrictive.

We saw one person was subject to a DoLS which had been approved by the Court of Protection. We reviewed their support plan and could very clearly see the authorised restrictions which were in place and clear instructions for staff about how to manage this on the person's behalf.

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. The registered manager and support staff demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people's consent, we observed staff supported people to make choices throughout our inspection. Staff told us they understood the principles of the legislation and how to apply this on a day to day basis.

We saw mental capacity assessments were completed with detail and it was evident how the person who completed the assessment had made the decision that the person was unable to make their own decisions, the assessments were decision specific and we saw clear records of best interest decisions which involved all of the relevant people. We concluded the service followed the principles of the legislation and the code of practice. This ensured any decision taken on behalf of someone who used the service was in their best interests, and was the least restrictive decision.

People had nutrition plans in place within their support plans; these were individual and contained information for staff about how to support people to eat well. The service had Menu and Nutrition Guidelines for staff which had been developed locally, we saw a copy of this and it drew on information from the NHS which included the 'Eat Well Plate'. It contained information about how to support people to make healthy choices and guidance for staff about how to support people who were unable to make informed decisions about their diet. It contained practical advice for staff and encouraged a culture of healthy eating. The guidance had been shared with staff for consultation.

Staff told us they received good support and training which ensured they had the required skills to support people who used the service. They said they received a good induction which had prepared them well for their role. We spoke to the training manager who told us all staff have two days face to face induction training which covered the following topics; a history of Learning Disability, information about Home Farm Trust, the Personalisation Agenda, Professional practice and decision making, and an introduction to person centred active support, Professional boundaries, an introduction to safeguarding and the Mental Capacity Act (2005), Human Rights Act and an introduction to communication. We looked at three staff files and confirmed these subjects were covered during the induction period. The training manager explained to us the induction programme was currently being rewritten to fit with the care certificate.

Staff told us they had access to on going training which included e-learning and face to face learning. The training manager told us that all staff were to have person centred active support training, which is accredited by the University of Kent. There is a taught course and then staff have to be observed putting the learning into practice with people who used the service. The registered manager told us it is important they check people's competency after training and ensure this is embedded in day to day practice. The registered manager told us the aim was that staff will challenge each other on a day to day basis within the service to ensure this approach is being followed.

Staff were supported to update their skills on an on going basis and had undertaken their NVQ equivalent qualifications. The service offered specific training which was tailored to the needs of the individual staff supported and were provided by external training companies, examples included; Makaton training, Multiple Sclerosis training, loss and bereavement and how to support each other. Some staff had received person centred planning training which was delivered face to face over two days.

The service has an electronic system which records the training staff have undertaken. We saw staff had training and development plans for each individual house, based on the needs of the people who lived there and the staff who supported them.

Is the service effective?

All of the staff we spoke to said they were well supported and received regular supervision. We looked at three staff files and confirmed supervision took place on an eight weekly basis, and saw people had received an annual appraisal.

We saw in people's records they had access to health care professionals such as the GP, occupational therapists, opticians and dentists. We saw in one person's support plan that they needed increased support, the service had

liaised with the occupational therapist to look at how best to support this person to maintain their independence through adaptations and equipment. Another person had been referred to the specialist learning disability team for assessment to ensure staff provided appropriate support in terms of behaviour management. We saw a clear behaviour management plan in place for this person which was based on guidance from their health professionals. People were supported to attend health appointments by support staff.

Is the service caring?

Our findings

People who used the service and their relatives were positive about the quality of care received; we did not receive any negative feedback from the people we spoke to. People who used the service said, “I am very happy, they are good,” another person told us, “staff are very good to me, I have a nice life.” A relative said, “They (staff) do a very good job, exceptional in fact,” another said, “We have a very high opinion of the quality of care,” and one relative told us, “We are very impressed with staff.”

During our inspection we observed positive interaction between staff and people who used the service, people appeared to be relaxed and at ease in the company of staff. Staff were respectful and treated people in a caring way. Staff spent time chatting with people, they prompted people to discuss their experiences with us and it was evident from these discussions staff knew the people they supported very well.

Staff were encouraging and supportive in their communication with people. They provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. We could see this from support plans which were person centred and we observed staff had developed their communication skills to fit with the needs of the individual. One member of staff was being trained in how to communicate via Makaton as the person they supported preferred this as their main form of communication.

Staff said they found the support plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed. One person showed us their support plan, we saw this contained information about what support the person needed to meet their goals. We found people were supported to live as independently as possible, support plans focused on goals people wanted to achieve and the support they required from staff to facilitate this. Many of the people who used the service had moved from a residential care environment into supported living. We saw some people had been supported to move from a large property into a smaller house at their request.

Relatives told us they felt their family member was treated well and they were contacted about any changes in their relatives support needs. One relative said, “They treat [relative] with absolute respect, if there are any issues they ring us.” One person told us, “We have yearly reviews and I usually attend the meeting,” another relative said, “Yes [person’s name] has a care plan and this develops around her changing needs. We have lots of input”.

The registered manager told us people who used the service were involved in a group called, ‘voices to be heard’, the service had established this to ensure people were involved in service development and had a means to communicate their views. However, they told us they were currently looking at how this could be improved to ensure more people gave feedback, one consideration was setting up an internet page which would enable people to be involved if they didn’t want to attend a meeting.

Is the service responsive?

Our findings

We looked at six people's support plans. Records showed that people had their needs assessed before they received support. This ensured the service was able to meet the needs of people they were planning support. Information was gathered from a variety of sources, for example, information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life.

People's support plans were person centred and focused on how support staff should support individuals to achieve their goals. They contained a 'Personal Profile', which provided details about an individual's personality and their likes and dislikes. Support plans contained in depth information about the support people required and gave clear direction for staff about how to support the person. Each support plan contained step by step guidance for staff about how best to support the individual, we saw evidence these were reviewed and updated as the person's needs changed and they were involved in this.

During the inspection we saw one person was becoming distressed and shouting, the person was supported by a staff member to go for a walk. We looked at their support plan and could see this was a clear method to support the person to manage any anxiety and distress. When the person returned from their walk they appeared to be much calmer and engaged in the activity which was taking place in the house.

We saw support plans were reviewed on a regular basis. A member of staff told us one person had a review with their relative every two months. We could see changes had been made to the support people received following a review. One person's health had deteriorated and they needed support to be increased, records of discussions with the relevant health professionals were in the person's support plan. We reviewed some daily records and these showed people's needs were being met.

The service placed a high value on supporting people to have good relationships with their family and friends, and to be actively involved in their community. People who used the service were involved in a wide range of activities; sensory sessions, horse riding, swimming, adapted cycling, food shopping. We saw people had weekly plans which the

activities the person could take part in on each day and the support they needed for each activity. People were supported to go on holidays of their choice. We saw people's spiritual and religious needs were recorded in their support plans. As well as leisure activities there was a strong focus on ensuring people were supported to be involved in the day to day running of the house and domestic activities.

One person spoke to us about a drama group they were involved with. Another person explained to us that they were supported to work one day a week in a local café. People told us they were supported to explore opportunities for work and to take part in specific jobs for which they would receive payment.

Another person who used the service was being supported by staff to plan what they would like to do to celebrate their birthday. We saw the person had been out shopping with staff that afternoon and had bought party decorations.

People who used the service were supported to use technology to maintain good links with friends and family; people were supported to communicate with family and friends via Skype, an online video call programme. We saw in one person's support plan clear instructions for staff about the need to support the person to maintain contact with family and friends, "[person's name] needs full support in all aspects of making and retaining friends", it went on to explain staff need to ensure birthday cards are bought for family and friends, along with support to have regular telephone contact with family.

A member of staff told us, "People enjoy living in their own houses, people seem happier [than when they lived in residential care] and they have more personal activities." They went on to say they felt people had a better quality of life and were more settled. We looked at daily recordings which showed people regularly engaged in a range of activities.

We looked at records of complaints and concerns received in the last 12 months; we saw the service had received two formal complaints. We could see these had been investigated and responses provided. We spoke to the registered manager who told us they only have a mechanism for recording formal complaints, however they did not record complaints which were resolved immediately but the registered manager told us this was an area they wanted to develop, to ensure they did not lose

Is the service responsive?

out on any learning across the services. The registered manager told us all managers would be going on a training session run by Leeds City Council which focused on how to manage complaints, with the aim of making sure the service was learning from less formal complaints and sharing the learning.

None of the people we spoke to had any complaints, and said if they did they would speak to the registered manager or the service manager. In each support plan we looked at people had an easy read guide on how to make a complaint. The registered manager told us she was looking to develop the 'Voices to be Heard' group as a way to encourage people to give more feedback on the service.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by two operations managers and seven service managers who were each responsible for a cluster of houses, then there was a team of support staff. The registered manager has worked for the organisation for 26 years and demonstrated a commitment to continuous improvement, she told us about how the service needs to develop and we found action regarding these themes when we reviewed meeting minutes.

Each supported living service had a system of audits that were completed on a regular basis. These included fire safety, food hygiene, medication and personal money checks. The registered manager told us the service had recently started a new system of audit; which was being completed by the service managers with support of the operations managers and then reviewed by the registered manager.

We looked at the new compliance tool and found this was a robust system which linked to the CQC domains; safe, effective, caring, responsive and well-led and the fundamental standards; these are the new Regulations providers must meet and come into effect from April 2015. Each area had a traffic light colour for ease of reference, and then there was a list of actions required, the name of the responsible person and a date which the improvement needed to be made. The registered manager told us each month there would be a focus area for service managers and staff to develop for example the Mental Capacity Act (2005). Each month this data was collated by the registered manager and fed into the provider's regional report, we saw a copy of the regional report for March 2015 and could see this captured all of the relevant issues the registered manager had discussed with us. The registered manager told us this would give them a bench mark as to how they were doing within the whole organisation.

We checked the notifications and found the service had notified CQC of all reportable events, the information was held centrally and it was clear to follow what action had been taken, any outstanding action included who was responsible for this and a clear timescale.

The service had a managers meeting every four weeks, we saw the notes of the managers meeting held in February 2015; it included discussions on complaints and how to

support people who used the service and their friends or family to make a complaint, and also how staff can be supported to raise concerns or complaints, staff use of personal phones and smoking whilst at work, how to ensure all people who used the service were involved in change and had an opportunity to give feedback, not only those who attend the 'voices to be heard' group and a discussion about how to use a recent donation.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the development of the service. They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were respected and valued team members. We also saw a copy of the team meeting minutes from one house and this included staff development, issues that related to the individual who used the service, and general issues. These were detailed and contained clear action points and who was responsible for the action.

The registered manager told us they were keen to get feedback from staff and people who used the service and their friends and families. We saw from the 'Family and Friends Questionnaire' that 29 people had returned their questionnaire. From these responses, 29 people said they felt staff provided their friend or relative with respectful support. In response to the question about whether people are involved in making choices and taking control of their lives in a way the individual is able to understand, 23 people replied 'yes', four people replied 'sometimes', one person replied 'never' and one person did not respond. The feedback was collated and returned to families with a highlight of areas where the service received positive feedback, and actions the service planned to take where improvements had been suggested. This survey had been sent out in the summer of 2014, with the results and actions sent on 3 October 2014. The registered manager told us this is something the service does annually.

In addition to the annual questionnaires, the registered manager held an annual meeting with people who used the service and their relatives, and three times a year there was a family newsletter which contained information and updates about the service. Every six months there was a 'staff road show' which was opportunity to explain to people about the organisations priorities, and get their feedback.

Is the service well-led?

Staff spoke confidently about their role and said they felt well supported. One support worker told us about the philosophy of the service being about involvement, independence and ensuring people had choice and control over their support and life. They said the management team supported them to achieve this with people.

One member of staff told us, "It was a joy to come to work," another support worker said, "They're lovely to work for,

they look after you." We saw staff were supported to develop their skills and progress within the organisation, one of the service managers we spoke to had started with Home Farm Trust as a volunteer, then became a support worker and then a service manager. We found there was a culture and commitment within the organisation to support staff to achieve their potential.