HF Trust Limited

HF Trust - Newcroft

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

Summary of findings

Overall summary

The inspection took place on 23rd May 2016. HF Trust Newcroft is a care home, without nursing, for up to four people with learning disabilities and autism. People who use the service may have additional needs and present behaviours which can be perceived as challenging. At the time of our inspection there were three people living at Newcroft.

This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. The previous inspection was completed in October 2013 and there were no breaches of regulation at that time.

There was 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 responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment. The provider practised safer recruitment procedures. People felt safe and staff were trained to deliver medicines appropriately.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

The service was caring. People spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which promoted this.

The service was responsive. Care plans were person centred and provided sufficient detail to provide safe, high quality care to people. People felt listened to and they were able to attend meetings to voice their opinions.

The service was well-led. Quality assurance checks and audits were occurring regularly and identified actions required to improve the service. Staff and people spoke positively about the registered manager.

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.

Medicine administration, recording and storage were safe.

Risk assessments had been completed to reflect current risk to people.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had concerns

Staffing levels were sufficient.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA).

People and relevant professionals were involved in planning their nutritional needs.

People had been given choices about their care and support and were fully involved in their own care planning.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were supported to maintain relationships with their families and friends.

People had privacy when they wanted to be alone.

Is the service responsive?

Good

The service was responsive.

Each person had their own detailed care plan. People and relatives were involved in the planning of their care and support.

The staff worked with people, relatives and other services to recognise and respond to peoples needs.

People took part in activities and were able to access the community.

Is the service well-led?

Good

The service was well-led.

Regular audits of the service were being undertaken.

The registered manager and senior staff were approachable.

Quality and safety monitoring systems were in place.

HF Trust - Newcroft

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.

This inspection took place on 23rd May 2016 and was unannounced. The inspection consisted of two Adult Social Care Inspectors.

The service is registered to provide accommodation for up to four people and cares for people who predominantly have learning disability needs.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we looked at all three people's care records and those relating to the running of the home. This included staffing rotas, staff training details, policies and procedures, quality checks and staff supervision files.

We spoke to four members of staff and three people who use the service. We also spoke to three people from the community who were visiting the home. We spent time observing people and staff interactions.

Good

Is the service safe?

Our findings

People felt safe living at the home. We spoke with people who said they "Enjoyed living at Newcroft, and it was important to them". Another person stated "I don't want to move ever, I want to stay here forever".

All parts of the home were clean and tidy. Staff told us they carried out the cleaning of the home. There were hand washing facilities in the toilets and people's bedrooms were personalised and kept clean, however we recommended that changing from hand towels to paper towels in the communal toilets and bathrooms would be a better way to reduce the risk of any infections being spread.

The service had a safeguarding policy and procedure in place. The policy had been reviewed and updated. All staff received safeguarding training and had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. People told us they "felt safe".

Arrangements were in place to keep people safe in an emergency and staff understood these and knew where to access the information. The service had a disaster plan and we were told personal emergency evacuation procedures were in place; however these were not visible during the inspection. The staff member on duty gave reassurance these would be found and placed next to the fire panel. Regular day and night time fire drills were carried out.

Risk assessment and health and safety systems were in place and were subject to regular review. Staff completed monthly health and safety checks. The senior support worker or registered manager reviewed these checks and ensured that any actions identified were completed. Risk assessments were included as part of people's assessments and care records. These were reviewed and amended whenever there were any changes or developments in the person's care and support needs. Risk assessments covered possible incidents that could happen when providing care and supporting people with various needs, such as personal care and using the kitchen. Guidance was given for staff to ensure they could manage the risks. Staff told us they were clear about their responsibilities to follow the guidance and ensure that the risks to people were reduced.

Staff predominantly worked alone and had lone working training, risk assessments were in place and they had access to an emergency on call manager at any time if required. Staffing was increased for cookery day and if other people were visiting the service. Whilst we visited there were four members of staff working as it was cookery day and people from the supported living service who lived next door, or out in the community were involved in the activities.

We were able to look at policies and procedures for staff recruitment. Systems were in place for safe staff recruitment but the records were kept at a different location. Following our inspection the provider submitted information detailing their recruitment procedures. Suitable staff were employed after the provider requested two references obtained from a previous employer. A disclosure and barring service (DBS) was in place for each employee. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. This showed that people

were supported by staff who were appropriately recruited and introduced to the service. People were supported by sufficient staff with the right skills and knowledge to meet their individual needs.

People's medicines were managed and administered safely. We checked the medicine administration record sheets and they were all in order. Staff told us that medicines were audited weekly and we saw evidence of this in the records we checked. People were involved in medicines capacity assessments, these were updated regularly to show people understood the reason and purpose of the medicines they were given. They were asked if they wished to be supported to self - medicate. Staff told us and records confirmed that staff had attended medicines training. A homely remedies protocol was in place and had been agreed by the local GP surgery. However this had been agreed many years ago and needed to be reviewed.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. One person said "Staff are nice to me, I like living here".

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out to enable them to discuss any training needs or concerns they had. We saw these were not completed regularly, two supervisions in 12 months but "staff told us they felt supported by the registered manager and she always had time to discuss things if and when they wanted to". We noted that staff communicated effectively with people. Staff told us they knew the needs of people and made sure they spoke to everyone in ways that were suitable to each person.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). Staff received relevant training and knew the importance of gaining consent before they provided any care, support and treatment. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. When people lack mental capacity to make decisions, any made on their behalf must be in their best interests. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This was being followed, however we recommended that one person should have a DoLS application and re-assessment of needs to determine positive outcomes.

People told us they liked the food and were able to make choices about what they had to eat. One person said they "wanted a smaller portion at lunch time". The staff listened to this and made the meal portion smaller. People were involved in helping lay the table and being a waiter for the lunchtime meal. We saw people baking bread and enjoying a cookery class. People made pasta and meatballs and were encouraged to participate in the activity. We noted a six weekly menu was on the wall and were told that the whole menu was chosen by the people and staff. Every month a "surprise meal" was introduced and that way the menu was varied. Records showed that people's weights were monitored and appropriate follow up interventions were made if required.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People could choose if they wished to have support with this or would like to attend on their own. People had a health action plan which described the support they needed to stay healthy. This contained information about people's medical, social and support needs, which could be available to healthcare professionals.

Good

Is the service caring?

Our findings

We observed positive staff interactions and people were engaged with them. People were confident in the presence of staff and staff were able to communicate well with people. Staff evidently knew people well and had built positive relationships. One person said "I like living here; the staff are nice to me".

The home was spacious and allowed people to spend time on their own if they wished. People had a separate living area and kitchen. People's bedrooms were personalised and decorated to their taste. There was some redecoration and refurbishment works already scheduled for the upstairs bathroom and shower room. This was arranged to happen in four weeks' time.

Around the home were photos of people enjoying days out and pictures that related to people's individual needs. One person was interested in the Armed Forces and a picture of war planes and remembrance poppies were visible.

We observed people were happy at the home. We saw people smiling and laughing with staff whilst cooking lunch. People looked well cared for and their preference in relation to support with personal care was clearly recorded. Records showed us that individual plans were in place to provide person centred care with regard to personal care. One care plan stated "Offer the choice of a dry or wet shave" and "Can clean their teeth by themselves, but prefers staff support to finish them as he finds it difficult to get the brush to the back".

Staff knew people's individual communication skills, abilities and preferences. Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. One person became upset at us leaving and staff were able to support them, speaking in a caring and understanding way and encouraging them to carry on with their activities. Staff used a "thumbs up or thumbs down" way of communicating with one person which was the established way for them to understand and reply to questions or prompts.

People were involved in the review of their care plans. Staff told us that each person had a key worker who would support them. Relatives and friends were also involved in this process.

Information about advocacy services was available to people. Records showed us that an advocate was being used to support one person who was using health services within the last month.

People were encouraged to contact family and friends and in their care plans had a section for remembering birthdays and other important dates. One person said "My family live abroad and I can contact them, I am also going to visit in the summer".

Good

Is the service responsive?

Our findings

People had a wide range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests and staff provided support as required. People accessed local groups and visited museums and places of their choice.

Care plans were personalised and each file contained information about the person's likes, dislikes and the people who were important to them. Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's health needs had changed it was evident staff worked with other professionals.

Staff confirmed any change to people's care was discussed regularly through the shift handover process. This ensured they were responding to people's care and support needs. The daily notes contained information such as what activities people had or wanted to engage in, their nutritional intake and also any behaviour which may challenge so that staff working the next day were well prepared.

A robust assessment plan was in place for new admissions. People would visit and then have an overnight stay. Checks were in place to ensure any new person was compatible with those that already lived there.

People were supported to follow their interests and take part in social activities, education and work opportunities. A sensory garden project was being planned and we saw pictures on the kitchen wall of ways to introduce this. People we spoke to told us "We are having a new garden; here is what it may look like". People were involved in this and able to express views on how they would like it to look.

People were empowered to make choices and have as much control and independence as possible. People could go out to the local shop independently using a safe route, which meant only one road was used to cross. We saw staff give one person an envelope with money in to buy ingredients for the cookery day.

People were able to choose if they wanted to have their bedroom door open or shut and if they wished to have a key themselves. One person had a key and opened and locked their bedroom door to show us around. People could attend house meetings to discuss issues and voice their opinions and we saw evidence of this. People were able to make complaints if they wished to and we saw complaint forms around the home.

Good

Is the service well-led?

Our findings

The home had visions and values in place. The mission statement is "To be creative and innovative in supporting people with learning disabilities to achieve their personal goals and ambitions". The values of Individuality, Diversity, Empowerment, Achievement and Speaking up were embedded in the culture of the home. People were able to achieve goals, one person could travel abroad to see their family and each person could choose a trip away of their choice in the summer

There was a registered manager who was responsible for the overall management of the service. The registered manager had been in post for four years but was on annual leave when we visited. The registered manager was also responsible for another service, but devoted lots of time every week to be at Newcroft and is available whenever needed. Staff used words such as "committed" and "always available" to describe the registered manager. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks. Staff we spoke to told us they felt morale was good. The culture of the home was positive and friendly. The registered manager was supported by an experienced senior support worker who had worked for the service for many years and knew the three people well.

The registered manager had a clear contingency plan so that other staff could manage the home in her absence. This was evident on our visit as the registered manager was away. We observed this and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, when we spoke with the registered manager they were able to outline plans for short and long term unexpected absences of staff. For example, the provider had implemented an on call system and a list of staff that could cover unexpectedly. The service did not use agency staff to cover as consistency was important to the people who lived at Newcroft. The provider had a bank of support workers who could be called upon to cover any vacant shifts.

Regular audits of the service were taking place. This included audits by the registered manager and senior support worker. We saw that care plans and risk assessments were regularly reviewed and updated. Senior managers from HF Trust (The registered provider) came to visit on a regular basis and we were told they also did checks and audits. This was a positive support network for the registered manager and staff. There was a lot of old paperwork that we recommended needed to be archived.

Staff told us they attended regular monthly meetings and we looked at records that showed us this. We saw that things were improved from the outcome of these. An example of this is that a person required more staff support to do their ironing. Staff were asked to facilitate this and support rather than do for them.

We looked at incident, accident and health and safety records. Incidents and accidents were recorded and, when needed, reported to CQC. From looking at the accident and incident reports, we found that the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or the whole service. We also noted that equipment and facilities were appropriately checked and serviced. For example, records showed monthly water temperature checks were carried out, the latest being 22 May 2016. Daily audits were carried out on fridge and freezer

temperatures, stocks of un-prescribed medication and daily notes were filled in for each person living there.