HF Trust Limited

HF Trust - 117 a & b Hitchin Road

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

This inspection took place on 05 April 2016 and was unannounced.

The service provides accommodation and support to up to 12 people with a learning disability in two older style houses, Oncemore and Applewood, which are linked on the first floor. Each house has its own kitchen, dining area and lounge. The provider's resource centre is on the same site as the home. At the time of the inspection there were 11 people living at the home. The younger, more able people live in Oncemore whilst the people who require a bit more support live in Applewood.

The service has a registered manager. 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's needs had been assessed, and support plans took account of their individual needs, preferences, and choices. There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm.

Medicines were administered safely and people were supported to access other healthcare professionals to maintain their health and well-being. They were supported effectively and encouraged to be as independent as possible with individual goals set to improve their life skills. They were assisted to maintain their interests and hobbies and to make use of the provider's resource centre. They were aware of the provider's complaints system and information about this and other aspects of the service was available in an easy read format. Staff were always available if people wished to raise concerns informally. People were encouraged to contribute to the development of the service and to develop links with the local community.

The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely. Staff had received regular supervision and had been effectively trained to meet people's individual needs. They understood and complied with the requirements of the Mental Capacity Act 2005 (MCA). They were caring and promoted people's privacy and dignity. Staff were encouraged to contribute to the development of the service, were aware of their roles and responsibilities and understood the provider's visions and values.

The provider had effective quality monitoring processes in place and these had been used effectively to drive continuous improvements. People had no concerns about how care was provided or how the service was managed. There was good communication between the manager and staff, and this meant that they were able to deal quickly with any issues that arose.

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.

Staff had a good understanding of safeguarding and whistleblowing procedures to enable them to keep people safe.

Risk assessments were detailed and reviewed regularly to minimise the risk of harm to people.

Emergency plans were in place.

Is the service effective?

Good

The service was effective.

Staff were well trained and were supported through regular supervision and appraisal.

People were involved in their food choices and were encouraged to maintain a healthy diet.

The requirements of the Mental Capacity Act 2005 were met.

Is the service caring?

Good

The service was caring.

Staff's interaction with people was caring.

People's privacy and dignity were protected.

People were encouraged to maintain and improve their independence.

Is the service responsive?

Good

The service was responsive.

People were supported to maintain their interests and hobbies and encouraged to develop new skills.

People could raise concerns with any member of staff at any

time.

Comments and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The manager was supportive and approachable. People knew them and spoke with them frequently.

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values.

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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 05 April 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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 available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law. We also contacted nine health and social care professionals to ask for their feedback about the service.

During the inspection we spoke with three people who live at the home, two support workers and the registered manager. We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for two people who used the service. We checked medicines administration records and looked at staff recruitment and training records. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person told us, "I feel very safe here. The staff look after me and care about me."

The provider kept all their policies on a central hub which all staff had access to. Policies were up to date and included safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. One member of staff told us, "If they use the procedure the person who follows the procedure is the person who needs to be protected as well." Staff told us that they were aware of the whistleblowing and safeguarding procedures and would not hesitate to use them should it be required. One member of staff said, "If I see something I have to inform the manager straight away. If they're not here I would report it to the deputy manager. There is a safeguarding team in each council that the manager reports it to. There is zero tolerance of any abuse in this company." Another member of staff told us, "If I suspect anything the first thing is to go to the manager. If they are not here then I would ring the safeguarding team. Their number is on the wall in the office."

We saw that there were person centred risk management plans for each person who used the service. The assessment went on to identify when the risk was likely to occur, details of the existing management plan or controls in place and an assessment as to whether these were still adequate. Where it had been determined that additional actions were required, a plan had been produced that detailed the action, the person who was to complete the action and the target date for this. One member of staff told us, "Anything that could harm someone needs a risk assessment to protect them. It could be crossing a road, using the kitchen, anything. For example [Name] lacks road awareness and would walk in the road if staff were not there to support them to walk on the pavement. We reduce the risk by having staff there." Where these were appropriate we saw that there were risk assessments in place for behaviour that had a negative effect on other people. These included the various steps staff should take to de-escalate situations if they arose, such as distracting the person with another activity. We saw that there were risk assessments in place for people when using the vehicles provided by the service. Where there were risks that a person could interfere with the driver these had been minimised by designating where they should sit within the vehicle. One assessment stated that the person should sit in the back seat when they travelled in the people carrier and in the seat behind the passenger when in a car, with a support worker seated behind the driver.

There were emergency procedures in place and people knew what to do in case of fire. One person told us, "We ring the fire brigade and stay in the car park if there is a fire. They are trained to deal with fire." Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment. There were also plans in place for the continued operation of the service in an emergency. These included assessments for the storage of hazardous substances, such as cleaning fluids, portable appliance testing (PAT) and fire risks. Fire alarms and emergency lighting were tested regularly.

Accidents and incidents were recorded within a centralised data base. One member of staff told us," Incidents are talked about at team meetings. They are recorded on Assessnet which is instant recording so patterns can be identified. We discuss them at meetings with people we support to resolve any problems."

The registered manager was alerted about incidents recorded by email and regular emails were sent until the registered manager closed the record. In addition the Divisional Director was notified of all accidents and incidents that had occurred on a quarterly basis. This enabled the provider to analyse the records of all incidents that had happened locally to identify any improvements that could be made to prevent the occurrence of similar incidents in the future.

There were enough staff to support people safely. Staffing levels had been determined by the needs of the people who used the service and the levels of support that had been identified within their needs assessments. The registered manager told us that staffing levels were flexible and depended upon what people wanted to do. Although the service was run as two separate houses these had a shared staff team who were allocated to work in either of the houses on a daily basis. Additional staff were brought in at times when people were busy or out and about in the community and required additional support. Fewer staff were on duty when people were attending activities at the day centre.

The provider had a robust recruitment policy. Applicants attended a half day assessment which they had to pass before being invited for interview. The registered manager told us any gaps in the employment history on application forms would be explored during the recruitment interview and the explanations for them documented. The recruitment procedure included making relevant checks with the Disclosure and Barring Service (DBS) to ensure that the applicant was suitable to work in the service, completion of a health questionnaire to ensure that an applicant was mentally and physically fit for the role applied for and the follow up of employment references. This assisted the provider to determine whether the applicant was suitable for the role for which they had been considered.

Staff told us that they received regular training on the administration of medicines. One member of staff told us, "I did training on line and face to face for medication. I had to shadow a few shifts to make me familiar with the procedures I needed to follow to administer medicines to people. I was assessed by senior staff before I started to do medication on my own." Another member of staff told us, "Medication training is reviewed every year and we have a medication competency check annually." We looked at the medicine administration records (MAR) for one person and found that these had been completed correctly, with no unexplained gaps. Protocols were in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN). Medicines were stored appropriately within locked cupboards in people's rooms. When we carried out a reconciliation of the stock of medicines held for one individual against the records we found this to be correct. We saw that there were protocols in place for ordering medicines and for the return and disposal of any unused or unwanted medicines.

Good

Is the service effective?

Our findings

People told us that the staff had the skills needed to support them effectively. Staff received a full induction before they worked on their own with people and on-going training to improve their skills. One member of staff told us, "When I started I had one month of very intensive training. I did on line training where each section ended with a test or assessment on line and the assessment sheet was sent to my manager. I was introduced to each procedure that I have to follow, fire drills, health and safety and so on. I went through all the care plans to familiarise myself with each person who lives here. I was shadowing shifts for a week or more to make sure I knew what to do when providing personal care or at meal times." We saw that the registered manager had introduced an induction form for when staff from agencies were used which was completed on the first shift any new agency staff completed.

Staff told us that they had regular refresher training on areas considered important by the provider, such as health and safety, food hygiene, infection control and medicines administration. One member of staff told us, "We get an email from the knowledge centre which tells us when we need to refresh training. Most of it is on-line. I do it at home when it is quiet as I need to concentrate. There is always an assessment at the end and then I print my certificate when I've passed it." They went on to explain the benefit they had gained from some of their training. They told us, "It gives me a different insight to the people we support and makes me understand people's behaviour. The training we had on autism was really good. I support someone who has autism and the training explained most of the things that they do and why they do them." The registered manager showed us the training monitoring sheet that showed that most staff were up to date with their training requirements. One member of staff told us that they had been supported by the service to achieve a nationally recognised qualification in health and social care and were looking to gain support to complete the next stage.

Staff told us that they received training on Makaton, a form of signing used by many people who have a learning disability. In addition they used other forms of non-verbal communication to understand what people wanted. One member of staff told us, "I speak and sign to people and use body language to understand them. I recognise signs by watching and observing so that I can understand what they want or don't want, if they are happy or engaged in activities. I use pictures and point at things to give them choices." Another member of staff told us, "I can tell by [name]'s behaviour whether they are happy. I use bits of signing and show pictures to explain things. For example, I'll say 'This is where you are going today' and show them a picture of the day centre. "

Staff told us that they received regular supervision every six weeks. One member of staff told us, "We can talk about anything. It could be anything you're not happy with, training, anything." Another member of staff said they had supervision with a senior support worker. They told us, "We can bring up any subject related to work, safeguarding, health and safety, anything. If I have been off sick this is the time to discuss it, or if I am planning to have a holiday. We can talk about working relationships with colleagues and people we support or if we have any troubles. Anything in the workplace. It is good."

People were asked for their consent before support was given. One member of staff told us, "I always ask. I

ask if [name] is ready to get up and have a wash. I don't take it for granted. [They] might like a lie in. If so I say 'I'll be back in so many minutes' and leave them." Another member of staff told us, "I respect their choices but have a duty of care. If we don't have agreement for personal care for one or two days that is okay but one week it is not. You have to find a balance between the duty of care and respecting their decisions. You have to find a way to show the consequences of their decision, give as much information as possible and make sure they know what might happen and persuade them to agree."

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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). We looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that assessments of people's mental capacity to agree and understand aspects of their care and support had been carried out. Decisions had been made on their behalf in their best interest following meetings at which they, their relatives and their support teams had been present. One care record we looked at included a decision by the authorising authority to refuse an application that had been made for DoLS. This was because the assessor had determined that the person had capacity to make their own decisions. The registered manager told us that the application had been made as the person had fluctuating capacity because of their mental health condition.

People told us that they liked the food they were given. One person said, "It [food] is nice. We get to choose. I like pizza and burgers." One member of staff told us, "All staff do the cooking. Every week each house holds a menu planning meeting. Each side does it separately. In A side there is a board in the dining room with pictures of the meal. If people don't speak they look at pictures and point to their choice." They went on to tell us that people's weight was monitored on a monthly basis. If there were concerns that people were gaining weight they said that they would discuss healthy eating options and discourage them from eating 'junk' food by explaining the possible consequences of being overweight. They said that they would find a way to persuade them that maintaining a healthy weight was something they wanted to do. They told us that if they had any concerns about a person's weight they would discuss these with their senior support worker or the registered manager.

We saw evidence that people had been supported to attend appointments with healthcare professionals. Support plans showed that people had been supported to attend appointments with a range of health care professionals such as mental health professionals, dentists, opticians and the District Nurse.

Good

Is the service caring?

Our findings

People told us that staff were kind and considerate of them. One person said, "The staff are nice. I like the manager, she makes me laugh." We saw that the staff were caring, patient and friendly toward the people they supported. One member of staff told us, "Everybody has the same right to do things they want to do." Staff knew the people they supported and were able to tell us about their personal histories, likes and dislikes. The registered manager had produced a support summary document that contained a brief overview of information about each individual. This included their likes, dislikes and how they wanted to be supported in aspects of their daily life, such as at meal times or when going to bed. These summaries were kept in a separate folder so that all staff, particularly those from agencies, could refresh their knowledge about people and how to support them.

People were involved in decisions about how their support was delivered and told us that staff supported them to be as independent as possible. One person told us, "I do my washing on Saturday. I need help. My staff helps me." Another person told us, "Staff help me [clean my room] but I do most of the work. I do the dusting with a bit of help." A member of staff said, "It is always good to ask how a person wants to do it."

Staff told us that they demonstrated respect for the people that they supported in many ways. These included listening to them, asking for their opinion, talking about different things and respecting their private space. One member of staff told us, "I always knock on the door and ask if I can come in. When I talk to people I use their first name. I look at them and give them my attention. I always try to be engaged in our conversations." We saw that people's privacy was maintained and staff asked for people's permission before entering their rooms.

Staff also explained to us ways in which people's dignity was maintained. These included ensuring doors and curtains were closed when people were being assisted with personal care and waiting outside the bathroom whilst someone had their bath. Staff said people's confidentiality was maintained and information about people would only be shared with other people who had the right to know it. One member of staff told us, "We are not allowed to say anything to anybody about any of the people we support. I don't divulge information to anyone who shouldn't know it. One wouldn't. That's it."

We saw that there were photo boards that showed people which staff were on duty in each of the houses and whether people were in or out of the houses. When people went out they moved their photo to indicate that they were out and moved it back to the 'in' section on their return. People had been given an easy read leaflet produced by the provider which explained the service, how they could be supported to make decisions, how to complain and what to do if they had been hurt or were unhappy about anything.

People were supported to maintain their relationships with friends and family. One person said, "They come to visit me here."

Good

Is the service responsive?

Our findings

People had a wide range of support needs which had been assessed before they moved into the home. People and their families were involved in deciding the level of support they needed and the plans that were put in place to provide this. We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. Information from people's relatives and others who knew them well had been included when the plans were developed. We saw evidence that support plans had been regularly reviewed by people, staff and relatives.

Each person had been assigned a key worker who was responsible for reviewing the person's support needs and agreeing the goals they would work towards. Staff told us that as a key worker they would talk to people about the goals they wanted to work toward. They would also check on people's well-being and that support plans and risk assessments reflected the care and support needs of the individual.

The registered manager explained that the goals set for each person were discussed at each staff meeting every two weeks. The goals were meaningful and helped people achieve more independence. The goals were small steps, such as buttering their own toast, but improved their life skills. The registered manager explained that one person who had very little sight had achieved their goal of being able to turn their radio on and off after the staff glued a bead to the switch so that they could feel it. The next goal set was to be able to control the volume themselves and staff were looking at ways in which non-visual aids could be used to achieve this.

People were encouraged to take part in activities to maintain their hobbies, interests, religion and culture. One person told us, "I live next door to the resource centre. I can walk over there. We do lots of things there like IT and stuff." They went on to tell us that they used the computers that were supplied by the provider in each of the houses. They told us "Me and [name] use it. We watch Youtube and stuff. We can go on it anytime." They told us that they were to go on a canal boat holiday. They said, "It was my idea. I got it from a flyer. The staff helped me to arrange it." We saw that other people had been asked where they would like to go on holiday. Some people had decided to go to one holiday camp whilst others had opted for an alternative camp. One person was to holiday in France supported by two members of staff. Each person had an activity planner that showed their daily activities in easy read format. Activities on one plan included attending the day centre, swimming and riding their bike.

People told us that they would talk to the staff or the manager if they were not happy about anything. One person told us, "I'd talk to the staff." The provider had an up to date complaints policy which was included in the booklet issued by the provider to everyone who lived at the home. This was in an easy read format. There was also a leaflet displayed on notice boards within the houses entitled 'Making Things Better Form' for people to use if they wished to make a complaint. Staff told us that they would assist anyone to make a formal complaint if they wanted to. Staff told us that there were many ways in which people could raise concerns. One member of staff said, "They have house meetings. They can talk to any member of staff and there are the 'Voices to be Heard' meetings held at the resource centre that [registered manager] runs where they can raise any concerns. These are minuted and discussed at house meetings. You have to let them

know they can bring any concerns to you." We saw that the minutes of the last 'Voices to be Heard' meeting were displayed on notice boards within the houses.

There had been three complaints received in the last 12 months. Two of these referred to one complaint about a delay in having one of the showers repaired. One had been made by a person who lived at the home and the second by a member of their family. We saw that these had been responded to. The shower had been repaired but this had identified further problems which had resulted in the whole water system needing to be replaced. The people who complained had been made aware of the works in progress and were satisfied that their complaints had been resolved.

The registered manager told us that as soon as a complaint was received it was logged into the provider's system. This was notified to the provider's regional manager and the divisional director. The system also linked with departments responsible for the area of concern, such as the building maintenance department, and automatically notified to a senior person within that department of the complaint. In this way the complaint and its resolution was monitored by a number of senior people within the provider's organisation. The third complaint received concerned an agency member of staff who had not responded to the door when a family member returned a person to the home after an outing. The registered manager told us that this had been investigated and had resulted in the home notifying the agency that the staff member would no longer be accepted to work at the home. This showed that the provider listened to and acted on people's comments and complaints.

Good

Is the service well-led?

Our findings

People and staff told us that the registered manager was supportive and approachable. One person told us, "I like to talk to [registered manager]. She talks to me anytime I want." One member of staff told us that they felt very supported by the registered manager and said, "[Name] is brilliant I can go to her with anything. She is lovely and approachable." Another member of staff told us, "I have been supported in a brilliant way. [Name] is very energetic and approachable. She is a good person. I am happy. It is a good established service and well managed. It is a good place to work."

People had regular meetings within their houses to discuss ways in which the service could be developed. We saw evidence that when the houses were being refurbished people had been involved in deciding the decoration of each room, including the lounges, dining rooms and bathrooms. People went shopping and chose the soft furnishings, such as cushions and curtains that were purchased following the redecoration. Minutes of the most recent meetings at the houses showed that people had discussed their holidays, activities and menus. This showed that people were involved in discussing any improvements that they wanted.

In addition the provider conducted regular surveys of people's families and friends to identify any improvements that could be made. These surveys were undertaken centrally by the provider and each of their services notified of the specific outcomes for their service. We saw that the results of the last survey, completed in September 2015, had been mostly positive. An action plan had been devised following collation of the results of this survey. This identified the actions to be taken, by whom and the date these should be completed by.For example, one improvement had been identified to give more attention to developing life skills. We saw that every person supported had at least one goal set to improve their independent living skills within six weeks of the action plan being devised and this had been monitored by the registered manager. This showed that people's comments were used to drive continuous improvement in the service provided.

Staff were encouraged to attend team meetings held every two weeks. We saw that at the meetings staff discussed what was working and what was not working so well. Where things had been identified as not working, actions to be taken, and who was to complete these, were planned to make improvements. The registered manager told us that the introduction of new medicines cabinets in people's rooms had been identified as an improvement that could be made during one of these meetings. Similarly the photo boards of staff on duty had been introduced following a staff suggestion. The minutes of the last team meeting showed that staff had discussed a number of topics including the people they supported, medicines administration records and the Autism training they had completed. This showed that staff were involved in the identification of ways in which the service could be improved.

Staff were able to explain the visions and values of the service and understood their roles and responsibilities. One member of staff told us, "The company is there to support people to achieve their goals and have equality in place so that nobody feels excluded at any time."

We saw that there was an effective system in place to monitor the quality of the service provided. The registered manager showed us the compliance reports which were generated automatically by the provider's computer system on a monthly basis. They advised us that they received an email prompt produced by the system if the monthly report had not been completed after two weeks. We saw that an action plan had been completed for any areas that did not meet the expected standard. We saw that in the March 2016 compliance audit the required health and safety checks had not been completed. The action plan had been produced and the registered manager had signed this action off on 30 March 2016 when they had completed the checks. The provider's regional manager also completed monthly checks of the service. The registered manager told us that they usually carried these checks out when the regional manager was not at the service.

We saw that when the local authority had carried out a recent audit of the service it had been rated as 'Excellent', achieving a score of 97% in the measures looked at. This showed that the provider had robust systems in place which enabled them to be confident that the service provided met the required standards.