

HF Trust Limited

# HF Trust - 1 Foxlydiate Mews

## Inspection report

1 Foxlydiate Mews  
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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

We inspected this service on 22 August 2018. The inspection was announced.

1 Foxlydiate Mews offers respite accommodation for up to five people with learning disabilities and sensory impairments. The service offers short term accommodation to people with complex health needs, so relatives and carers are supported in their caring roles. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Forty two people used the respite service at the time of our inspection visit.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

At the last inspection in August 2015 the service was rated as Good. At this inspection we found the quality of care had been maintained and people continued to receive a service that was well led, providing safe, caring, effective and responsive care and support that met their needs. The rating remains 'Good'.

Staff had the skills and knowledge to meet people's needs and provide effective care. Staff felt they had good training. Staff were supervised and supported in their roles. People were supported to access health services when needed and staff regularly worked in conjunction with other health and social care professionals.

People had a comprehensive assessment of their health and social care needs before they used the service. Care plans contained detailed information to enable people to receive appropriate care and support that was responsive to their complex needs. People's care needs were regularly reviewed. The registered manager and the provider were in regular contact with people, or their relatives, to check the care provided was what people needed and expected.

People and relatives were very satisfied and very complimentary with the quality of care provided.

People felt safe and were supported by a consistent, kind and caring staff team. Staff were caring and people were treated with dignity and respect.

Staff understood how to protect people from abuse and harm. There were procedures to keep people safe and manage identified risks to people's care.

Medicines were administered by staff who were trained and assessed as competent to do so safely. The provider had a recruitment process that had suitable checks in place to ensure staff were suitable to support people who used the service.

The principles of the Mental Capacity Act (MCA) were followed by the registered manager and staff. People's decisions and choices were respected and people felt involved in their care. People were supported to have choice and control of their lives and staff sought permission before assisting them.

There were governance systems in place that provided the registered manager with an overview of areas such as care and medicine records.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# HF Trust - 1 Foxlydiate Mews

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 inspection visit took place on 22 August 2018 and was conducted by one inspector. It was a comprehensive, announced inspection. We gave the provider 24 hours' notice of our inspection visit because it is a small learning disability service for people with complex medical needs.

As part of our inspection we reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Before the inspection visit, the provider completed a Provider Information Collection (PIC). 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 found the PIC reflected the service.

During the inspection visit we spoke with four people who used the service. We also observed how staff interacted with people in the communal areas.

We reviewed four people's care plans and records to see how their care and treatment was planned and delivered. We also spoke with the registered manager, a team leader and four members of care staff. Following the inspection visit we spoke with three relatives by telephone.

We looked at other records related to people's care and how the service operated, including medicine records and the provider's quality assurance system.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection.

People continued to be protected from abuse by staff that understood and followed safeguarding procedures. Staff told us they would not hesitate to report any suspected abuse straight away to the registered manager. They also understood when they would whistle blow, they told us this would be when they felt concerns needed to be escalated or where they felt concerns were not being dealt with appropriately. Staff told us how they understood each person's way of communication and how facial or behavioural changes may be an indication that things were not right. The rating continues to be Good.

There were procedures in place to ensure that any marks, bruises or injuries on a person attending the service were identified and recorded on a body map when they arrived. This was then repeated prior to the person going home so that any fresh marks or injuries could be identified. This gave the provider and registered manager a measure of how well people were being safeguarded from injury. The registered manager told us they felt people were kept safe during their stay.

Risk assessments were detailed and care plans contained the information needed to give staff instruction on how to reduce the risks to people's health and welfare. We saw risk assessments for how to manage people that displayed behaviours that may challenge. These contained strategies for managing people's anxieties and reducing the incidence of these behaviours. Staff felt the information in the risk assessments and strategies gave them the skills to reduce the impact to the person and other people that used the service. use specialist equipment such as hoists to move people safely. There were also specific risk assessments around people's epilepsy. These had been written with advice from associated health professionals. All staff told us they had awareness of, and followed the individual risk assessments and care plans for people.

Relatives were confident that their family members were safe. One relative said, "[Person] couldn't be in a safer place." Another relative told us how they had complete confidence in the integrity of the staff and felt that they trusted the staff completely.

There were enough staff available to meet people's needs and provide care that was safe and effective. Where people had been assessed as requiring more support we saw that there were sufficient staff to enable this to happen. We saw examples where people asked for assistance and the staff responded without delay.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider made efforts to ensure staff of suitable character were employed. The provider ensured all relevant checks were made including contacting the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. All staff we spoke with confirmed they had been subject to a robust recruitment procedure and that all checks had to be clear before they commenced working alone.

We looked at how medicines were managed at the service. As people only stayed for short periods of time,

there was a system to record the medicines that people arrived with and to record the medicines they left with. Only staff who had received training in medicines were able to administer. Staff recorded in people's records when medicines had been given and signed a medicine administration record (MAR) to confirm this. MARs were reviewed regularly as part of the quality assurance systems. Where errors had been identified, for example a missing signature, there was evidence this had been discussed by the registered manager with the staff member responsible. We did not identify any concerns from the records we looked at. Medicines were appropriately stored in people's rooms and managed in line with current best practice.

There was a process for reporting and recording any incidents and a system to analyse any factors that could reduce the risk of reoccurrence. Where any concerns had been identified we found that action was taken straight away to contact the relevant professionals for guidance.

There was guidance in place to promote good infection control and staff had access to appropriate PPE (Personal Protective Equipment) such as gloves and aprons when they needed them. All staff that we spoke with told us the importance of maintaining effective infection control in the service.

# Is the service effective?

## Our findings

At this inspection, we found staff continued to have a high level of experience and skills to ensure that people's needs were met as effectively as we found at the previous inspection visit. People were supported with their health and nutritional needs. The rating continues to be Good.

Staff told us that the training and support they had to expand their knowledge was good. One member of staff said, "When you start there is a very comprehensive training programme and shadowing until they are happy that you can do it." Staff also completed the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Relatives told us they were confident in the knowledge and skills of staff. Where needed, staff were supported by a range of health professionals to ensure that people's needs were effectively met. For example there was support from the health learning disability team as well as community nurses. The registered manager told us that the support and training was always tailored around the needs of the people they supported.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All the staff we spoke with understood the principles of the MCA; and staff had received training in this area. Staff told us they always provided people with choices around their care and support and respected people's wishes. Staff demonstrated a good understanding of who to involve when a decision needed to be made in a person's best interests. The registered manager told us that where DoLS were in place they ensured they were up to date and relevant.

People were supported to have what they wanted to eat and drink and to have their nutritional needs met. During the inspection visit we observed people being supported to prepare their meals from a range of fresh ingredients.

Relatives told us that people were supported to attend health appointments where required. We saw in people's records that where needed, the provider, registered manager and staff liaised with a wide range of health and social care professionals, including doctors, nurses and social workers. Where healthcare



professionals had requested additional monitoring or observations, this had been carried out reliably and professionally.

The environment was specifically tailored for the needs of the people. There was adequate space for the safe storage and use of specialist equipment. The environment was kept clean and tidy.

## Is the service caring?

### Our findings

At this inspection, we found people continued to receive care that was kind and treated them with dignity and respect. The rating continues to be Good.

Relatives were very complimentary about the level of care shown by staff. One relative said, "It is fab they really care and understand people's complexities." Another relative said, "You just couldn't ask for better." Staff understood people's needs and preferences and told us they always endeavoured to treat people with dignity and respected their privacy.

Relatives told us people were treated as individuals and all assessments and care plans were individually tailored to people's needs. There was a focus on involving people as much as possible in the decisions about their care. Also, there was involvement in reviews from people that were closest to them including family members. Regular contact was maintained with families and professionals to ensure identified care needs continued to be met.

Staff spoke positively of their relationships with the people they supported and there was a great amount of belief and pride in what they did.

There was a 'key worker' system to ensure that people had a named member of staff to look after their interests and develop an individual relationship with them and their family. The system ensured that people had staff who would help to represent them, to get to know them well and make sure their needs were met through regular care plan reviews.

There was comprehensive training for staff in equality, diversity and human rights. Staff demonstrated an approach that was non-discriminatory, and we were assured that regardless of people's abilities, race, culture or sexuality, they would all be treated equally.

# Is the service responsive?

## Our findings

At this inspection, we found people continued to receive care that was personalised and responsive to any changes in their needs. The rating continues to be Good.

Assessments and care plans provided staff with detailed information to staff on how to meet the person's needs effectively and safely. Relatives told us they were involved in the planning of their family members' care to ensure that a person's needs and preferences were identified.

Some people using the service had difficulty to communicate verbally. Staff used a variety of methods to communicate with people. This included the use of pictures, objects of reference and different verbal and non-verbal communication methods. Communication was tailored around a person's own individual style. Staff told us the importance of observation and looking for changes that may indicate a person needed something or was unhappy.

People were supported to engage in activities both inside and outside the home. Staff recognised people's differing abilities and interests and planned activities that would provide meaningful engagement for everyone. For example, there had been trips to the seaside and local parks. For some people there had been arts and crafts based activities. We saw an occasion when one person who had a diagnosis of autism voiced their concern that the environment they were in was too noisy, and they were going to go somewhere else. They then went to a more secluded area of the building. We spoke with this person later on in the day when they were sat in a communal are. They told us that there was a number of quiet spaces that they were able to go to at any time of their choosing. The registered manager said that it was important that the environment was accessible and responsive to people's needs at any pint of the day. Staff we spoke with all said that the pace and content of the day was always tailored around how a person felt and what they wanted.

Relatives told us they had no complaints, but were confident any complaints would be listened to and actioned promptly. As some people who used the service were unable to verbalise any concerns, the registered manager told us staff were aware of any behaviours that might indicate a person was unhappy. They told us they would work with the person and the family to identify the cause through a process of elimination.

There was a comprehensive system in place to ensure that if a complaint was received, it would be managed in accordance with the provider's policies and procedures. At the time of inspection there had been no further complaints.

## Is the service well-led?

### Our findings

At this inspection, we found there continued to be good governance and management of the service. The rating continues to be Good.

Staff felt well supported by the registered manager and the provider. One staff member said, "[Registered manager] is brilliant. You couldn't ask for a more understanding and supportive manager." Relatives were also positive about the management of the service. They spoke of an approach that was kind and supportive from the management team.

The provider had established and robust governance systems in place which enabled the management team to have oversight and monitoring of areas such as daily records, care plans, risk assessments and medicine records. There was a system in place to identify and learn from any mistakes or areas of concern. All findings from checks and incidents were collated into monthly reports for the provider detailing any trends or areas for action.

Relatives told us they were encouraged to share their views and provide feedback about the service. There was regular contact from the staff and management team to monitor how well people felt the service was going.

Staff felt supported in their practice through regular team meetings, one-to-one supervision and training. We could see that any necessary messages were communicated through these team meetings, along with direct communication with staff to ensure that messages were consistent.

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners and other healthcare professionals to ensure they shared important information to better support people.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had clearly displayed the rating in the entrance hall of the home and on their website.