HF Trust Limited

HF Trust - Trelawney

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

We inspected HF Trust – Trelawney on 23 June 2016, the inspection was announced. This was because it is a small service and we wanted to be sure people would be available to talk with us. HF Trust – Trelawney provides care and accommodation for up to six people with a learning disability. At the time of the inspection five people were living there.

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

The service was last inspected in April 2015. After that inspection we asked the provider to make improvements in respect of care plans, ensuring the rights of people who lacked capacity to make specific decisions were protected and the leadership of the service. The provider subsequently sent us an action plan outlining how improvements would be made and we checked to see this had been completed. We found all the actions had been completed.

There were clear lines of responsibility in place. The registered manager was supported by a senior support worker. People had been assigned key workers and co-key workers with responsibility for their day to day care. Staff members had been assigned responsibility for various weekly and daily checks to help ensure the smooth running of the service.

The premises were well maintained and decorated. There was a large decking area outside where people were able to enjoy barbeques. New garden furniture had been sourced which would help ensure everyone was able to enjoy these events.

Staff had received training in how to recognise and report abuse, and all were confident any concerns would be taken seriously by the registered manager. Other training identified as necessary for the service was updated regularly. Staff received supervision and appraisals. New employees were required to complete a thorough induction which incorporated training, familiarisation with policies and procedures and shadowing more experienced staff.

The provider acted in accordance with the requirements laid out in the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People were able to make every day decisions such as how and where they spent their time and what they ate. Staff recognised and respected people's rights.

Care plans were personalised, detailed and updated regularly. They contained information about people's likes and dislikes as well as information regarding their health needs. Staff were aware of people's preferences and how they wished to be supported. People worked with keyworkers to review care plans on a monthly basis. The care plans were kept on an electronic system and there were no easy read versions

available for people to keep.

There were effective quality assurance systems in place to monitor the standards of the care provided. People, relatives and staff were asked for their opinions and suggestions regarding the running of the service.

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 received safeguarding training and were confident about reporting any concerns.

Care plans contained clear guidance for staff on how to minimise any identified risks for people.

There were sufficient numbers of suitably qualified staff to keep people safe.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good

The service was effective. New employees completed an induction which covered training and shadowing more experienced staff.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Is the service caring?

Good

The service was caring. Staff spoke about people with affection and regard for their well-being.

People were supported to develop their independence.

Staff recognised the value of family relationships and supported people to maintain them.

Is the service responsive?

Good

The service was responsive. Care plans were detailed, informative and updated regularly to reflect people's changing needs.

People had access to a range of meaningful activities.

There was a satisfactory complaints procedure in place.

Is the service well-led?

Good

The service was well-led. The staff team told us they were well supported by the registered manager and senior support worker.

There was a robust system of quality assurance checks in place.

HF Trust - Trelawney

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 23 June 2016 and was announced. We gave 24 hours notice of our inspection visit because the service is small and we needed to be sure people would be available to talk with us. 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 reviewed this along with previous inspection reports and other information we held about the service including any notifications. A notification is information about important events which the service is required to send us by law.

Not everyone living at HF Trust – Trelawney was able to verbally tell us about their experiences of the service due to their health needs. We observed staff interactions with people throughout the day and saw how people responded to staff. We spoke with two people living at HF Trust - Trelawney, the registered manager and three care workers. We looked at care records for three individuals, people's Medicine Administration Records (MAR), staff rotas, three staff files and other records relating to the running of the service.

Good

Is the service safe?

Our findings

On our arrival at HF Trust – Trelawney two people were at home. They told us or indicated to us that they were happy and one person confirmed to us they felt safe in their environment. Later in the day the rest of the people who were living at the service returned home. We observed them communicating their experiences of the day with staff and noted interactions were relaxed and informal.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to the registered manager or deputy manager and were confident they would be followed up appropriately. Flyers and posters in the service displayed details of the procedures to follow if they suspected abuse. These included contact details for the local safeguarding team. Staff told us they had not had any concerns about people's safety.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. Some risk assessments were relevant to all such as fire safety. Others were personalised and specific to the individual's needs. Strategies had been put in place to minimise any risks. For example, when they were anxious one person sometimes grabbed at support workers arms which could result in them getting scratched. Staff had been directed to wear long sleeved clothing to protect them from the risk without having to restrict or restrain the person at all.

The registered manager told us they had worked to identify any triggers which might cause people to become anxious, and then attempted to eliminate them thereby reducing the number of incidents. For example one person enjoyed listening to a radio which was on a table next to their chair in the living area. The person had a tendency to grab at people who came close to them and staff sometimes received scratches when retuning the radio. The radio had been repositioned and staff were able to retune it without intruding on the person's personal space.

There were sufficient numbers of staff to meet people's assessed needs and help ensure their safety. Rotas showed staffing levels were consistently met. Staff and people told us the staffing levels were sufficient to meet people's needs. There was one vacancy for a part time care worker and these hours were being covered by staff. As some of the staff team were part time no-one was required to work very long hours in order to achieve this. The registered manager told us they arranged rotas to help ensure staff did not work too many weekends or sleep-in shifts. This meant people were protected from the risk of being supported by staff who were tired or overworked.

Staff retention had improved and there was a core team of staff in place who had been with the service for over a year. Agency staff had not been used at all during 2016. This meant people had been supported by a consistent staff team who they were familiar with. The registered manager told us one person had particularly benefitted from this stability as they had been able to build trusting relationships with people. A member of staff commented; "I've got to know [person's name] and developed a positive relationship with him. He trusts me now with his personal care."

Recruitment systems were robust, this meant people were protected from the risk of being cared for and supported by staff who were not suitable for the role. All of the appropriate background checks were completed before new employees began work. This included Disclosure and
Barring Service (DBS) checks and the taking up of two references.

People's medicines were managed safely and stored securely. The amount of medicines held in stock tallied with the amount recorded on medicine administration records (MAR). MARs were completed consistently and in line with current guidance. Creams were dated on opening; this meant staff would be aware when the medicines were at risk of becoming ineffective or contaminated. On the front of MARs there was a fact sheet outlining people's medical needs for referring to in an emergency.

Systems were in place to protect people from the risk of financial abuse. People's personal money was kept in individual money bags in a safe. All transactions were recorded and any receipts kept. After any money was taken from, or returned to individual money bags, staff checked the amount and signed. Where no receipts were available the amount was double signed and a record made detailing how the money had been spent. Bags were then sealed and the seal tab marked with a unique seal number. A financial auditor from HF Trusts administration team carried out monthly reconciliations on people's cash. Everyone had an easy read record of their spending entitled 'My Money' which recorded any regular spending such as weekly trips to social clubs. The auditor cross referenced these expenditures with daily records to verify people had attended the event where receipts were not available. This meant people were able to spend small amounts of cash without needing to request receipts and still be protected from the risk of financial abuse.

Good

Is the service effective?

Our findings

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). The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to restrict people's liberty.

At our last inspection in April 2015 we had concerns that people who did not have capacity to make decisions about their care planning arrangements were not appropriately protected. No applications for DoLS authorisations had been made although people's liberty was being restricted. This meant the delivery of care may have been unlawful. Following the April 2015 inspection the provider sent us an action plan in which it was recorded that applications for DoLS authorisations had been submitted for four of the five people living at the service. Staff were working with the fifth person to establish whether they had capacity to understand and agree to the restrictions within their care plan.

At this June 2016 inspection we checked to see if these actions had been completed. We found DoLS applications had been submitted and one authorisation had been granted. Due to recent changes in one person's health needs staff were required to monitor them more closely than previously. We saw a capacity assessment and best interest discussion had been completed before the decision had been taken. An application to the supervisory body had been made for authorisation of this further restriction on the person's liberty.

One person had capacity to consent to their plan of care and records showed they agreed with any restrictions and understood why they were in place. For example, they had signed a document to say they agreed for staff to look after their finances. The registered manager told us they had tried to encourage the person to take more control over their medicines but they had said they would rather staff did this. This demonstrated people were encouraged to develop their independence.

At our last inspection in April 2015 we had concerns that staff were not receiving training specific to the needs of the people living at the service and we made a recommendation that this be addressed. In the action plan sent to us after the inspection the provider stated staff had either completed, or been booked on relevant training courses including autism, epilepsy and Positive Behaviour Support (PBS) and breakaway training.

At this June 2016 inspection we checked to see if these actions had been completed. We found all staff had received training to equip them with the necessary skills to meet people's specific needs. This included

training identified as necessary for the service and training aimed at meeting people's individual needs such as epilepsy. Staff had received training in Positive Behaviour Support (PBS) following which they had considered the various restrictions in place and subsequently removed some of them. For example, a cupboard in the kitchen was locked to prevent one person from accessing it. The registered manager told us this had been in place for some time and the circumstances surrounding the decision to implement it had not been reconsidered since. The lock had been removed with no negative consequences. The registered manager commented; "It's simple really. We just thought about all the historical restrictions and worked to reduce them." This demonstrated the training provided had positively impacted on the support people received. The staff team had worked to reduce restrictions and were open to revisiting past decisions to establish if they were still necessary and relevant.

Training identified as necessary for the service was updated regularly. Staff received regular supervision from the deputy manager. These were an opportunity to discuss working practice issues, any concerns regarding people's support needs and identify any training requirements. As well as face to face meetings staff had Person Centred Active Support (PCAS) observations. These were carried out by the registered manager to check staff were delivering support according to people's needs and wishes.

New staff were required to undertake an induction consisting of a mix of training and shadowing and observing more experienced staff. The induction process had recently been updated to include the new Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. We met with a new employee who was just completing the induction period. They told us it had been a good preparation for the role with opportunities for self-evaluation to identify any areas for development.

Daily records confirmed people were supported to make everyday decisions about such things as when they wanted to get up, what they wanted to eat and how they wanted to occupy their day.

Care records contained information about people's preferred foods and any dietary requirements. People were supported and encouraged to eat healthily. When necessary people's fluid intake was monitored. Fresh fruit was available in the kitchen.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. People attended annual health checks and 'well woman' checks. One person was reluctant to visit the GP and staff were working with them to overcome this. As part of the process staff sometimes took the person to visit the surgery and sit in the waiting room to familiarise them with the environment. The person had met with the GP and shook their hand. When a visual check had been necessary to assess the person's health needs arrangements had been made for the GP to visit them at the service at a time of day when they were receiving personal care.

The interior of the building was well maintained and decorated. An outdoor decking area was used for barbeques and had outdoor seating and a table. Funding had been identified to purchase a picnic bench which could be used by people in a wheelchair to enable everyone to eat together.

Good

Is the service caring?

Our findings

One person told us they liked the staff that supported them. We saw staff and people laughing together and saw people were at ease and comfortable with staff. One member of staff said of someone they were supporting; "We definitely clicked. She tells me what she wants to do and what her aims are." As people returned to the service from a day centre we observed staff encouraging them to put coats and shoes away and make drinks. The atmosphere was relaxed and friendly.

One person showed us their bedroom which was furnished and decorated to reflect their personal taste. They told us they had chosen the colours and the soft furnishings with support from staff. On the day of the inspection they were supported to visit a shop to look at alternative flooring for their room. They told us what type of flooring they wanted and the colour they preferred.

Care plans described people's preferred communication methods. For example, in one person's records it stated; "At times [person's name] uses blinks to communicate….two blinks means yes." We observed staff speaking with people and saw they established eye contact and focussed their attention on people to help ensure effective communication.

Care plans contained information about what was important to people and how they preferred to be supported. There was detailed guidance about how to support one person when washing their hair. For example, "[Person's name] doesn't like having her fringe dried so you must ensure this hair is brushed back." Another person's care plan stated: "Wearing smart trendy clothes and jewellery is important to him."

People were supported to maintain family relationships and friendships. Staff kept families up to date with any developments or changes in people's health needs. A summer party was being planned to which family and friends would be invited. The registered manager said; "People can invite who they want. It's up to them."

The registered manager spoke with us about the importance of supporting people to develop their skills and independence. One person had expressed a desire to find employment and staff were supportive of this although previous work placements had not worked out. They had made contact with another organisation to try and move towards this goal. The registered manager commented; "We're trying different approaches. It would be wrong of us to stop trying." A member of staff spoke with us about the importance of helping people set goals and recording their achievements.

People's privacy and dignity was respected. Bedroom doors were lockable although no-one was using a key at the time of the inspection. One person confirmed to us they could have one if they wanted. People were able to make day to day decisions, for example about what to wear and when to get up and go to bed. We saw staff using objects of reference to enable people to make meaningful choices.

Some people needed support and encouragement with their personal care. We saw incidents of this being done discreetly. For example, we heard a member of staff quietly tell one person; "Do you want to wipe your

face? You've got a bit of something on it." Some people could have benefitted from additional guidance with their personal appearance. When people regularly declined support or didn't act on advice the systems in place to support people were not robust enough to ensure people's needs were met. Poor hygiene can cause skin complaints and infections, and be a source of discomfort and low self-esteem.

Good

Is the service responsive?

Our findings

At our last inspection in April 2015 we had concerns that care plans were in need of updating. Following the inspection the provider sent us an action plan where they stated that care plans would be reviewed and updated. Systems had been put in place for regular reviews of care plans to take place involving people and their representatives where appropriate. At this June 2016 inspection we checked to see if this action had been completed.

We found care plans were an accurate reflection of people's needs and had been reviewed regularly. There was a key worker system in place; key workers have responsibility for overseeing an individual's plan of care. These members of staff completed monthly care plan reviews with the person and developed action plans where necessary. Care plans were stored electronically on the providers support planning, assessment and recording system (SPARS). They contained a wide range of information in respect of people's support needs across a range of areas including communication, behaviour and social needs. Staff told us the care plans were detailed and informative.

People did not have access to their completed care plans as they were only available electronically. There were no easy read versions in place. This meant people or relatives had not been able to sign the care plans to evidence they were in agreement with them. We found there was a lack of information about people's personal histories. It is important this information is recorded, especially for people who are unable to express themselves verbally. Personal histories help staff to gain an understanding of what has made the person who they are and helps them to engage meaningfully with people.

Staff were kept up to date with people's changing needs via a range of systems in place. Daily records were kept on SPARS. When staff logged on to the system they were alerted to any new information which had been entered since their last log in. The system would also alert staff of any upcoming appointments or significant dates such as birthdays. Staff coming on shift would also have a verbal handover to make sure they were aware of any changes to people's care and support. A house diary and staff communication book were also used to facilitate effective communication across the staff team. Staff were told of any updates to support plans by email which they were required to mark as read. Staff told us communication amongst the team was good and they were quickly made aware of any changes in people's needs.

People were encouraged to take part in a range of activities which reflected their personal interests. People chose whether or not to attend local day centres and were given opportunities to try different facilities to find which suited them best. On the day of the inspection one person went to a car boot sale and discussed with staff the possibility of having a table at a future event. Another person told us they were going swimming and were looking forward to it.

There was a complaints policy in place and the complaints form was available in an easy read format. When complaints had been raised the registered manager and staff had responded appropriately and put systems in place to help avoid a reoccurrence of the events. Care plans had been updated to reflect the changes. Regular house meetings were held to give people the opportunity to voice any ideas or suggestions to

improve their experience of the service.

Good

Is the service well-led?

Our findings

At our last inspection in April 2015 we had concerns that the arrangements for the management of the service were not robust. At this June 2016 inspection staff told us they were well supported and considered the service to be well managed. The registered manager was also registered manager for a further two services and shared their time between them. They told us they spent time at Trelawney two or three times a week. They were supported by a senior support worker who had day to day oversight of the running of the service and worked closely with the registered manager. They had some protected administration hours to ensure they were able to complete their managerial duties. Each individual had an assigned keyworker and co-keyworker to oversee their care planning, family contact and arrange any appointments. One person told us who their key worker was and said they liked and trusted them.

Regular checks relating to the quality and safety of people's care were carried out. For example, medicine audits, environmental and vehicle checks. Relatives were asked for their views of the service in an annual questionnaire. The next questionnaire was due to be circulated the month following the inspection.

People were supported to be involved in the running and development of the service. For example, one person was involved in the recruitment process. They had taken part in interviews and written questions to ask prospective staff members.

Regular staff meetings were held to provide an opportunity for open discussion. Minutes showed staff were able to bring up a variety of issues which were listened to, taken seriously and acted on when required. Areas covered included general working practices and house issues as well as any concerns or suggestions regarding individuals care and support.

The provider had systems in place to help ensure the management team were kept up to date with good working practice and any developments in the care sector. For example, registered managers were booked to attend training to enable them to carry out PCAS observations in services other than their own. This would allow managers to develop ways of offering each other peer support and mentoring. The registered manager told us they felt well supported by the regional manager and were able to access advice whenever they needed it.

Monthly audits based on the Care Quality Commissions key lines of enquiry (KLOE) were carried out by the registered manager. Any highlighted issues or areas requiring improvement would result in an action plan with a clearly defined time frame. A traffic light system identified any areas of the service which were in need of improvement.

The staff team shared responsibility for various daily and weekly checks. For example, one staff member was responsible for completing vehicle checks and another for water temperature checks. Equipment checks for hoists were carried out every six months by an external contractor. These were supplemented by weekly visual checks by the staff team. The senior support worker carried out monthly health and safety checks. Any maintenance requests were reported through a helpdesk system to an external contractor who prioritised

jobs according to their urgency. The registered manager told us all jobs were usually completed quickly.

Records relating to the management and running of the service and people's care were accurately maintained and securely stored. The provider had sent us written notifications telling us about important events that had occurred in the service when required.