

HF Trust Limited

# HF Trust - Forest of Dean DCA

## Inspection report

Ormiston  
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23 November 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

HF Trust - Forest of Dean DCA provides care and support to people in a supported living setting known as Ormiston. The service is registered to provide the regulated activity personal care. At the time of our inspection there were 4 people using the service.

Ormiston is one building which contains a staff office / communal kitchen, laundry, staff 'sleep-in' room and 4 individual flats with their own gardens.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** People using the service lived independently from each other, with their own flats, gardens and transport. The service had done all possible to support one person to go out safely while their new vehicle was being built and to speed up its delivery, also to ensure adaptations were made to another person's home. Each person had a named staff member [keyworker] who supported them with planning and decision-making. Improvements had been made to staff recruitment, employment conditions and training to address staffing challenges and ensure staffs' approach maximised people's choice, control and independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** People's medicines, incidents and behaviours were reviewed regularly with health and social care professionals to ensure any restrictions were in people's best interests. Staff supported people to access medical care by ensuring reasonable adjustments were made. A professional said staff had, "Ensured that the right people were with him to explain to the resident the treatment but also advise [professionals] the adjustments required in relation to timing, the environment and his compelling likes dislikes." One person was being supported to attend a slimming group, staff understood their weight loss programme and supported the person with cooking and food choices.

**Right Culture:** Managers were committed to ensuring improvements underway at the service were completed. Recruitment changes, staff training and support were having a positive impact on the service's culture. The staff we spoke with were compassionate and empathetic and understood people's needs and risks. Effective working relationships had been established with most professionals, who told us about the

positive impact improvements were having. However, areas for improved communication were identified which the registered manager said they would address. A staff member said, "It is 100% improving. Managers are working tirelessly, you can go to them with any worries or fears, there is always time."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 14 February 2019).

#### Why we inspected

We received concerns in relation to staffing, medicines, managing people's health and behaviours and people's access to activities. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-Led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed and the rating has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HF Trust - Forest of Dean DCA on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# HF Trust - Forest of Dean DCA

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person who lived at Ormiston and observed 3 people interacting with staff. We spoke with 2 people's relatives. We received feedback from the local authority and 5 professionals about their experience of the care and support provided by the service. We saw recommendations made by Inclusion Gloucestershire following their visit to the service in July / August 2022.

We spoke with 9 staff including the registered manager, cluster manager (onsite manager), an agency administrator, 3 support workers, a regular agency support worker and 2 specialist behaviour support practitioners.

We reviewed a range of records. This included people's care records and records of incidents and accidents. A variety of records relating to the management of the service, including the service's action plan and recent audits were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's health and well-being risks had been assessed and were managed safely. People's individual risk assessments and support plans detailed the support they needed. Input from professionals and specialists had been sought and their advice had been acted upon.
- Staff could accurately describe people's risks and how these were managed without needing to refer to their support plans. For example, staff responses showed they understood how to manage risks relating to choking, seizures, fire, risk of self-harm and risk of harm to others.
- The service monitored and acted upon environmental risks on behalf of people living at Ormiston, as they were unable to do this for themselves. Records showed action had been taken to manage fire, legionella and building safety risks.

### Staffing and recruitment

- Safe recruitment practices ensured staff were suitable to work with people using the service.
- The provider had acted to address long-standing staffing issues by recruiting to their new 'support practitioner' role, with enhanced pay to reflect people's complex needs. A 3-stage assessment process identified applicants with the right skills, experience and approach.
- Recruitment was ongoing, 2 support practitioners had started work, another 2 were due to start and several more were going through pre-employment checks.
- Regular agency staff always worked alongside core staff; They completed the provider's training and attended staff meetings. This helped ensure they had the skills and knowledge needed to meet people's needs safely.
- Staffing levels were safe. Staff told us there were enough staff; core staff completed higher risk tasks including supporting people with their medicines and money. We saw staff supporting people appropriately and delivering care in a timely manner.

### Using medicines safely

- People were supported to take their medicines safely. Protocols were in place for 'as required' and rescue medicines and staff could describe these processes. 'Grab bags' were used to ensure these medicines were always available when people went out.
- Staff who supported people with their medicines had completed appropriate training and their competency was checked. Improvements had been made to medicines management and we saw the number of medicines errors had reduced and stayed low since June 2022.
- People's medicines were stored correctly and appropriate records were kept. Records showed people received their medicines as prescribed. A delay to issuing one person's changed prescription, following a

review, had been chased regularly by the manager until this was resolved.

- People's medicines were reviewed regularly by health care professionals to ensure they remained appropriate and to monitor the effects of medicines on their health and wellbeing.
- People were supported by staff to make their own decisions about medicines wherever possible.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as staff followed the processes in place to safeguard them. Staff knew what they should report and to whom and which external agencies should be involved in response to safeguarding concerns. Systems were followed to protect people from the risk of financial abuse.
- Incidents had been reported to the local authority and CQC appropriately. The provider had investigated and acted upon incidents of potential abuse including use of unplanned restraint.
- Use of physical intervention (restraint) and 'as required' medicines, for distress related behaviours, was reviewed by the registered manager and monitored by the provider's positive behaviour support team to ensure it was appropriate. Staff told us they had received bespoke training which had given them insight into how their actions and approach may affect people. Staff training was recognised by the Restraint Reduction Network.

Preventing and controlling infection

- The provider's systems and processes were followed to manage the risk of spread of infection to people. People had been supported to receive their vaccinations. Visitors were screened for COVID-19 symptoms and encouraged to wear masks in line with national guidance.
- We signposted the service to the local authority infection and prevention specialist team in relation to advice about one person who liked to eat with the staff member supporting them.

Learning lessons when things go wrong

- Incidents and accidents were reviewed by the cluster manager and registered manager. De-brief sessions were offered to staff involved to identify what they had done well and what could be improved upon.
- Learning from incidents, feedback and inspections was shared in staff meetings to improve the service.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was well-managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Action had been taken by the provider in response to concerns about the quality and safety of the service. Improvements had been made and were ongoing. In March 2022 a new registered manager started work and a 360 review of the service was carried out by the provider. A quality audit had been carried out by the provider in November 2022 and the registered manager was waiting for the outcome and action plan.
- Managers were working through existing action plans and carried out monthly service audits against the 5 key questions and key lines of enquiry. The registered manager told us they had prioritised improvements to ensure the service was safe and caring; they said, "Lots and lots has been done." We saw evidence of improvement in key areas including a reduction in medicines errors, improved incident reporting and staffing.
- The registered manager had maintained oversight of the service through the provider's reporting systems, meetings, site visits and audits. The registered manager said they, "Set really clear actions and expectations" for staff and met with cluster managers fortnightly to review key performance areas. A professional said, "I feel that there has been a huge improvement at the service since the change in management."
- The service had notified CQC of key incidents as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Work was ongoing to improve staff culture, skills and approach. Scored recruitment assessments were used to identify 'support practitioners' who encouraged people's independence and had a person-centred approach. A staff member said, "They have moved heaven and earth and have turned a lot down. They are working to get as many good people [staff] as they can."
- Expectations of staff had increased and the focus was on enabling existing staff to work at the higher support practitioner level and preparing them to take on specific roles within the service. A training programme was being developed and changes had been made to staff induction and supervision to focus on the staff member's skills and development needs.
- Staff we spoke with demonstrated insight into people's needs and experiences, they were aware of the impact their approach may have on people's anxiety and ability to cope. Comments from professionals included, "My impression is that staff morale is high, and there is a much happier feeling in the service" and, "The staff at Ormiston were diligent and person centred."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong; Continuous learning and improving care

- The provider had worked openly with CQC, commissioners and the local authority safeguarding and quality teams when concerns about the service had been raised. Regular updates on staffing levels, progress on recruitment and action plans were provided as requested.
- The registered manager informed us about a complaint they had received about the housing / gardens during the inspection, this was being investigated. We saw safety of the environment was assessed and monitored by the provider and registered manager.
- Staff received significant additional training following a recent safeguarding investigation by the provider. This included experiential learning about overstimulation and training that was specific to people living at Ormiston. Staff were positive about the insight this gave them and told us about the impact staffs' approach may have on the people they support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Three of the 5 professionals we spoke with were positive about working with the service, describing them as "organised", "well-led" and "in regular contact". However, the management team had yet to establish effective working relationships with other professionals and one relative who told us about difficulties in getting the information / action they needed or wanted. The registered manager told us they would take action to improve communication with others in response to this feedback.