

HF Trust Limited

HF Trust - 38 South Road

Inspection report

38 South Road
Bishops Stortford
Hertfordshire
CM23 3JJ

Tel: 01279461131
Website: www.hft.org.uk

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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

HF Trust-38 South Road is a residential care home for 10 adults with learning disabilities. This was a large house which had been extended and adapted over two floors. At the time of our inspection 10 people were using the service.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen. People were given choices and their independence and participation within the local community encouraged.

We inspected the service on 8 November 2018 and it was unannounced.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their required needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions and observed practice.

People were able to make choices about the food and drink they had, and staff gave support if and when required to enable people to access a balanced diet.

People were supported to access a variety of health professionals when required, including opticians and doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Further information is in the detailed findings below

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 - 38 South Road

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 comprehensive inspection took place on 08 November 2018 and was unannounced. It 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 information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we met with ten people and spoke with three people who used the service for their views about the service they received. We spoke with the registered manager, the acting manager, an acting senior support worker and two support workers.

We looked at the care records of one person who used the service. The management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service.

Is the service safe?

Our findings

There were systems in place to protect people from avoidable harm. Staff had received specific safeguarding training. They were able to tell us what constituted abuse and how and what they would report. There was information displayed regarding how to report safeguarding. People told us they felt safe. One person said, "Yes, I am safe." They went on to tell us they knew what to do in the event of a fire, where the exits were and where they went outside.

People had risk assessments in place to enable them to be as independent as possible whilst keeping them safe. These were written to inform staff what the risk was and what to do to try to mitigate the risk. These had been reviewed on a regular basis.

There were sufficient numbers of staff with the correct skills mix on duty to provide care and support for people's assessed needs. Staff told us there were enough of them on duty at all times. There was a calm atmosphere and staff did not appear rushed.

Staff had been recruited using robust procedures. Staff we spoke with confirmed they had not started to work until their checks and references had been returned. The acting manager told us the provider had a HR department who dealt with the recruitment process.

People received their medication following best practice guidance. People told us there were no concerns. Most people's medicines were blister packed and stored in a medicine cupboard in a locked cupboard. There were some people who administered their own medicines. Staff gave them their weeks supply and the person signed for them as received. We looked at four Medication Administration Records (MAR), these had all been completed correctly. Each person had a preferences sheet. This gave staff information on how the person liked to take their medicines, what drink etc. Where required they also had a PRN (when required medicines) protocol. This detailed the medicines, what they could be used for and when the person had taken them.

The premises were visibly clean and concerns were not identified in relation to infection control. The service had received a five-star rating for infection control from the local environmental health department.

The acting manager told us that they used any safety incidents, accidents or errors as a learning opportunity. Staff were aware of their responsibility to report any errors, incidents or near misses. When practices changed due to learning this was discussed at team meetings to ensure all staff were aware.

Is the service effective?

Our findings

People's needs had been assessed prior to admission in line with legislation and up to date guidance. This information had been used to start their care plans. Care plans we viewed showed this had taken place. They had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed.

Staff told us they received induction and training appropriate to their roles. One said, "The training is good, the important ones are face to face and some is on the computer." We saw a training matrix which identified all staff training which had been completed and when it was next due for renewal.

Staff told us they received regular one to one supervisions. One said, "Yes we have supervisions." The manager told us that staff had supervisions as well as observed practice and annual appraisals.

People were supported to have healthy meals. Staff told us at the house meetings the menus were discussed and decided. There were two choices for the main meal and each person put their name against their chosen meal which was on the notice board in the kitchen and was pictorial to assist people with their choices. One person said, "We put what we want to have. We all have our jobs to do each time as well." They went on to tell us they took it in turns to help with the meal, set the table, clear up and fill the dishwasher. During the inspection one person was home at lunch time. They got their own meal of choice and sat with the inspector and acting manager as they ate their lunch together.

People were supported to access additional healthcare when required. Within care records we saw that people had been referred for additional support in a timely manner and staff had accompanied them to a variety of appointments including; dentists and GP visits if the person required this.

The building had been extended and adapted to meet people's needs. There were areas where people could go to be alone or in a group. People told us how they had chosen the new colour schemes for the redecoration programme. Individuals bedrooms had been decorated and furnished to their taste.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). Staff had a good understanding of these processes. We saw a number of capacity assessments had been carried which included for; provider or personal technology, finance and medication. Where it had been assessed as the person not having capacity DoLS applications had been submitted.

Is the service caring?

Our findings

We observed that positive relationships had been developed between staff and people who used the service. For example, there was friendly appropriate banter between them. Staff were patient with people who struggled to make themselves understood and used appropriate body language to keep them at ease.

It was obvious that staff knew people well, they chatted with them about things of interest. They were able to give us a full overview of each individual person including their background and how they had developed with achievable goals.

People were involved in any decision making and were encouraged to express their views as much as they were able. The manager told us that most families were involved in their loved one's care and support. For those who were not able, an advocacy service was available.

Rotas were devised to allow for staff to support people without being rushed. The acting manager explained how they allocated staff on a daily basis for people to be supported. They also told us that they would move staff around if required to match an activity a person wanted to access.

We observed people being treated with privacy, dignity and respect. Staff knocked on people's doors and waited to be invited in, they spoke with them in a respectful manner and everyone was introduced to the inspector.

Staff promoted people's independence. We observed staff interacting with people and encouraging them to do what they could for themselves, with assistance if required. One person told us they went to the same drama group as others but they went on the local bus independently.

Is the service responsive?

Our findings

Within people's care records we saw that they had been involved as much as they had been able to be. Care records fully reflected people's needs and included guidance on the support a person needed at each stage of the day. Staff told us and records showed, people had regular meetings with their key worker. These showed what they had planned for the month and if those goals had been reached. If not, there was an explanation as to why and what they would do to move forward. Where people had communication needs, pictorial documentation had been used. Care and support was individualised and person centred.

People were encouraged to follow their interests. On the day of our inspection some people had gone to a day centre, others went to a drama group. One person we spoke with told us they had recently entered a talent contest at the group and they had come third. Some people had been assisted to get jobs. One person told us they worked at the local garage, and another was going to their job in a local café. They told us they enjoyed it there. There were notices displayed showing a variety of outings and activities planned for people to join if they wanted to.

The provider had a complaints policy in place and people were aware of how to complain. This was available in an easy read and pictorial version. One person said, "I would complain." They went on to express they had no concerns and show me the blank complaints forms which were on the notice board. The acting manager told us they also had a 'grumbles book'. This was where people could write any grumbles they had which were not actual complaints. The acting manager then either met with the person to discuss it or if it was necessary would be talked about at the house meeting. There had been one complaint since the last inspection which had been dealt with following their own procedures.

Within people's care records was information regarding the person's wishes for their end of life care and funeral wishes if they had wanted to discuss this. The acting manager was aware they needed to do more work on this and had arranged training for staff to help with this difficult subject.

Is the service well-led?

Our findings

There was a registered manager employed, however, they were on secondment to a more senior role within the company. An acting manager was in place who was being supported by the registered manager. They followed their regulatory requirements. 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 provider and management had a clear vision of where and how they wanted to progress the service. There were newsletters and leaflets published by the provider displayed on notice boards. These included their vision and plans for the future. The acting manager was aware of the day to day culture of the home. The regional manager visited regularly and was supportive of the registered and acting managers.

We observed that staff and people spoke with the acting manager throughout the day. There was an open-door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the day of the inspection. Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis. Data was kept confidential, staff had individual log in accounts for the computers and paper files were kept locked in the office.

One person told us they had house meetings. They got the minutes from the last one to show us. This was written in words and pictorial to assist people with their understanding. Each person had been asked their opinions on a number of things including what they wanted to do, and the redecoration of the communal areas. Staff meeting minutes were also seen.

People were encouraged to voice their opinions or at least make them known. We observed staff asking people's opinions throughout the day. The registered manager had carried out an annual survey for staff, people who used the service and their relatives. We looked at some responses which had been received and they were all positive and some lovely comments had been made.

The acting manager and provider carried out a number of quality audits, if there had been any issues found, an action plan had been devised and signed off when completed.

The acting manager and provider worked in partnership with other organisations, where appropriate, to provide the best support for people. These included local authority and multi-disciplinary teams. The acting manager told us that they had arranged a meeting which was led by a clinical psychologist to discuss one particular person and get additional help with their behaviours. They told us this had been very useful.