HF Trust Limited

HF Trust - Pound Lane

Inspection report

Bradbury Resource Centre, Pound Lane
Ugley
Bishops Stortford
Hertfordshire
CM22 6HP

Tel: 01279816165

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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 Pound Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. HF Trust Pound Lane provides care in four individual cottages on one site with three self- contained apartments. At the time of our inspection 18 people were living within the service.

The service also has a resource unit on site along with a garden centre and a pottery workshop. This enabled some people within the service to access these independently or with minimum staff support in addition to people from the community.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associate Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were person centred and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed referrals were made to health professionals to ensure people had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided.

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.

The provider had systems in place to manage risks. Staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

There were systems in place to manage people's medicines safely.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Is the service well-led?

Good

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager and their deputy.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

HF Trust - Pound Lane

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 service was part of one registration which included other locations. HF Trust Pound Lane was registered separately in September 2017 therefore this was the first inspection of this service under a separate registration.

This inspection took place on 18 September and was un-announced. The inspection was completed by two inspectors.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 we held about the service including safeguarding alerts and statutory notifications, which related to the service. A notification is information about important events, which the provider is required to send us by law.

During the inspection, we spoke with the registered manager and regional manager, two senior support staff and two care staff. We also spoke with three people that use the service. After the inspection we contacted relatives and health professionals for their feedback and their comments have been included in the report.

We reviewed three care records, medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction and training schedules.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Good

Is the service safe?

Our findings

People told us they felt safe living at HF Trust Pound Lane. People told us, "Yes, I do feel safe the staff look after me." And "I lock my door when I go out so no-one takes my stuff, I have my own key."

The provider's safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm and abuse. Staff told us they had completed training in safeguarding and this was evident from our discussions with them. They had a good awareness of what constituted abuse or poor practice and knew the processes for making safeguarding referrals to the local authority. The manager had maintained clear records of any safeguarding matters raised in the service. 'CQC records' showed that the manager reported concerns appropriately, and it was clear from our discussions with the manager that they understood and were clear about their roles and responsibilities with regards to keeping people safe.

The provider had systems in place for assessing and managing risks. Care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. The staff gave examples of specific areas of risk and explained how they had worked with the individual to help them understand the risks. For example, when out in the community, or accessing the kitchen or when working within the grounds at the garden or pottery project. Staff worked with the person to manage a range of risks effectively.

We saw records which showed that equipment at this service, such as the fire alarm system was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

Most of the people living in the bungalows had 1:1 staffing for an agreed amount of hours each day to enable them to access the community safely. Depending on the risk identified some people had 2:1 support when out in the community, this was also based on the activity people were taking part in. For example, one person was 2:1 to take swimming. There was a 24-hour on-call support system in place which provided support for staff in the event of an emergency. The service had to use agency staff on occasions, the management explained that recruitment was ongoing and they tried to use consistent agency staff to enable the people living in the service to build up positive relationships.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited are not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people. One staff member told us, "When I started working here I shadowed other staff and worked at building up a relationship with [name of person], before I worked on my own."

Although we were able to look at all of the staff records some of them were not easy to locate. For example, we had to ask where people's references were filed. We discussed this with the registered manager who told us they would look at reverting back to how they used to file personnel data, which meant all relevant paperwork would be in one place if appropriate making them easier to audit.

Medicine records and storage arrangements, we reviewed showed that people received their medicines as prescribed, and were securely kept and at the right temperatures. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Staff completed a competency assessment to evidence they had the skills to administer medicines safely.

The service overall was clean and odour free. The registered manager told us the staff supported people living in the service to keep the home clean and to understand infection control issues.

Good

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and managing challenging behaviour. Training for staff was a mixture of e-learning and group based sessions, and staff told us the training was good and gave them the information they needed to meet people's needs. One member of staff told us, "We are always encouraged to do training and to keep it updated." Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The manager carried out observations whilst on shift, to ensure staff were competent in putting any training they had done into practice. The registered manager told us that the company supported staff to 'grow' with the service and gave staff the resources and support to do this. For example, the registered manager explained how they themselves had worked their way up to becoming the registered manager from a support worker within in the company and that they were fully supported to achieve this. The senior support staff member who initially showed us around the complex told us they had recently been promoted to a senior support worker and that they were in the process of starting their NVQ3 qualification, they told us they had recently had some training in supervision as they would become responsible for supervising some of the staff.

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 checked whether the service was working within the principles of the MCA.

The manager demonstrated a good understanding and awareness of their responsibilities of MCA and DoLS. Care plans showed that where people lacked capacity to make certain decisions, these had been made in their best interest by health professionals or with input from family members. Where people did have capacity, we saw that staff supported them to make day to day decisions, and sought their consent before providing care. The manager had made appropriate DoLS referrals where required for people.

People were able to choose the foods that they liked and staff encouraged people and offered support for them to eat a healthy balanced diet. The staff showed us the menu plans which were compiled with input from the people that lived in the bungalows. The menus were varied and contained nutritious food. The staff showed us pictures of food that was used for people who could not verbally communicate their choices and preferences. During our observations we saw people using the picture cards to make choices about what they wanted to eat and drink.

Care records showed their day to day health needs were being met and they had access to healthcare professionals according to their individual needs. The service had regular contact with GP support and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare.These included dentist, opticians and specialist nursing staff.

The service was set on a large complex which had four adapted bungalows. Although the service was in a rural setting there was a bus stop nearby. People had bus passes which enabled them to use public transport accompanied by staff for support. The staff told us that they could walk to and from the nearest village which was approximately a 25min walk. The service had some vehicles which included a minibus as well as smaller cars.

Peoples rooms were person centred and decorated to each person's choice. For example, one person's room was bright pink including the walls and the accessories, this was their favourite colour. People told us they had taken part in choosing some of the furnishings in the service and the service had a welcoming, warm and 'homely' feel to it.

Good

Is the service caring?

Our findings

Staff spoke about the person living in the service with compassion and empathy. One person told us, "I like all of the staff they are all very nice and look after me. I can do a lot for myself they are there if I need them." One relative told us, "All of the staff are lovely caring and kind."

One Healthcare professional told us, "The staff seemed to have established a good working relationship with [name of person]."

Staff told us they enjoyed working with [person name] Comments included, "I really enjoy my time with [person] we get on so well, I feel we have built up a positive relationship", "[name of person] is quite capable of letting you know what and when they would like to do something and like to be busy."

The service works to a Fusion model of support. The Fusion model is based on the concept of person-centred active support (PCAS). This is a way of supporting people so that they are engaged in meaningful activity and relationships as active participants. And as a result, they exercise more control over their lies and experience greater levels of inclusion, independence and choice. HF Trust Pound Lane support workers were trained in person centred active support to ensure that everyone understands this way of working right from the beginning of their career with HF Trust.

People made their own decision about their lifestyle choices and what they wanted to do with their day. This showed how the provider and staff encouraged people to maintain their independence.

People who lived in the service had been encouraged to be involved in planning their care. We looked at care plans and saw that these were comprehensive and clearly stated their needs and preferences, likes and dislikes. Their choice as to how they lived their lives had been assessed and positive risk taking had been identified and documented. They had been supported to sign their care plans to confirm they agreed with the contents.

People were supported to ring their relatives when they chose to and to use their computers to skype their family. One person was supported by the staff to visit their mother and do the gardening for her.

People told us that the staff treated them with dignity and respect. They told us, "I am able to wash myself in the shower the staff help me if I need them to and help me choose my clothes, they always knock on my bedroom door before coming in." And, "They look after me and help me have a shower when I want to." We observed staff interacting with people in a respectful way taking time to ensure they had understood what was being said to them and giving them time to process the information they had been given to ensure they fully understood.

Good

Is the service responsive?

Our findings

People received care and support that was planned and centred on their individual and specific needs. Staff could tell us about needs and were alert to signs shown by them if they were anxious or not happy about something. They gave us examples of situations when people found the environment difficult to cope and explained to us how they would support them to cope in those circumstances, for example noise and crowds.

Care plans were personalised and sufficiently detailed to guide staff on the nature and level of care and support the person needed, and in a way, they preferred. Care and support plans and risk assessments were reviewed regularly and this ensured they were current and relevant to the needs of the person.

Staff spoken with knew the people they supported well. They were able to outline what they liked to do and what areas they needed assistance with. They spoke about how they communicated with the person they were supporting and this was clearly documented in the people's care plans. For example, one person used PECS symbols to communicate with the staff and to make choices. PECS is a pictorial exchange communication system which enables people to be independent in their choices and preferences without the need to verbally communicate. Other people used objects or photographs for reference.

People had detailed communication plans contained in their care plan. One plan was in relation to mood and behaviour. A traffic light system was used and recorded the person's current mood and how the staff should respond. This enabled staff to work proactively and support the person in a consistent way to prevent them getting over anxious. The plan involved the person having access to picture cards to communicate and we observed this person getting the card they needed to communicate to staff. Staff told us how important this was to the person and how they needed routine and a tight schedule in place that all staff adhered too.

We saw that some people had a detailed positive behaviour support management plan. Positive behaviour support (PBS) is a person-centred approach to supporting people who display or are at risk of displaying behaviours which may challenge. Staff received training specific to the person. One person's plan instructed staff to use distraction and to take the person to the swing, and give them space to calm down.

Support was provided that enabled people to take part in and follow their interests and hobbies. This included regular access to the local community and access to community social activities. On the day of our visit we observed people working in the garden centre weeding. The centre was open to members of the public for them to come along and purchase plants. Also on site was a pottery workshop this was fully equipped and enabled people to either keep their items they made or to sell them on to members of the public.

People told us, "I enjoy going to pottery classes and this afternoon I am going to a computer class, I also do a cookery class I love cooking." Some people were waiting for their transport to take them to a 'hub' in Bishop Stortford where they could meet with their friends and take part in activities of their choosing. One

staff member told us they provided 1:1 support with a person who liked to be kept very busy and places they visited included, the driving range at the golf course, racket ball, plane spotting and shopping for food and personal items. On the day of our inspection there were very few people at home most people had gone out on different activities in to the community and came back at different times throughout the day. This meant that the care provided was person-centred.

One person told us they went to a night club once a month and went boxing and to keep fit. People had evidence folders which had been compiled with support from their keyworkers and included photographs of activities, places of interest they had been to and personal goals being achieved for example, preparing vegetables for the evening meal. Keyworker meetings were held on a regular basis when activities and goals were discussed with each person for the forthcoming month.

Service user meetings were held on a regular basis when appropriate, we looked at some minutes of a recent meeting and saw that people discussed activities, menus and items needed for their bungalow.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. We looked at the complaint log and saw that complaints when received were dealt with in a timely way and evidenced showing a clear audit trail.

People's care plans included information on their wishes for end of life care which had been inputted from family member's when appropriate.

Good

Is the service well-led?

Our findings

Staff told us the service was well organised and they enjoyed working there they said the manager had a visible presence within the service and knew people well. They also told us that they were treated fairly, listened too and that they could approach them at any time if they had a problem.

The registered manager was supported by senior staff who were skilled and competent in their job role. One senior member of staff was relatively new in post and told us they felt fully supported by the manager and the other senior staff. They told us, "There is always someone around to ask for help or advice."

Staff told us they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. We could corroborate this in the files we looked at. Staff told us, "The manager is very supportive and gives advice and guidance." The registered manager told us they felt it was important to give staff the resources to do their jobs well and this included enabling them to 'grow' within the service. They explained that some staff had been identified as 'champions' and this was discussed at supervision. If staff showed a certain area of interest they were given the opportunity to access additional training and be responsible for cascading the training to other staff within the service. For example, areas of interest included, epilepsy, dementia and dysphagia.

The manager carried out a range of audits to monitor the quality of the service. These audits included medicines check and monitoring areas relating to health and safety such as fire systems, emergency lighting and testing of portable electrical appliances. Records relating to auditing and monitoring the service were clearly recorded.

Minutes of meetings we looked at all had an action plan stating who was responsible for carrying out the actions along with an agreed timescale. For example, lights not working in the hallway of one bungalow and cloths needed for cleaning. These were actioned and signed off.

One relative told us, "The manager keeps me updated and I see the staff on a regular basis. I definitely feel I know what is going on". Professionals we spoke with told us, that the staff and management communicated effectively and worked in partnership with them to provide a positive outcome for the person who lived in the service.

The registered manager was supported by a regional manager and attended regular meetings with them and managers from other homes. The manager told us they discussed and shared good practice at these meetings along with updating themselves on any legislation that needed implementing. They also reviewed any accidents and incidents for patterns or trends along with staffing issues and maintenance required within the service.