

HF Trust Limited

HF Trust - 34 Shipston Road

Inspection report

34 Shipston Road
Stratford Upon Avon
Warwickshire
CV37 7LP

Tel: 01789261105

Date of inspection visit:
26 October 2023

Date of publication:
21 November 2023

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 - HF Trust - 34 Shipston Road is registered to provide accommodation and personal care for up to 4 people. The service provides support to younger and older people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were 4 people using the service.

People's experience of the 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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

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. People's freedom was not unnecessarily restricted, and people were not physically restrained. People lived in a safe, clean, well equipped, well-furnished and well-maintained environment. People were encouraged to personalise their rooms. Staff worked with people, relatives and health and social care professionals to maintain people's health and wellbeing. Staff supported people to take their medicines safely and as prescribed.

Right Care

People were supported by staff who knew them well and were kind and attentive to them. People's safety and care needs were identified, their care was planned, and their needs were met. There was an approach to supporting people so their individual preferences and lifestyles were respected, whilst their safety needs were balanced with positive risk taking. Staff understood how to protect people from abuse and were confident the registered manager would take action to protect people, should this be required.

Right Culture

We found there was a positive and person-centred culture, which focused on meeting people's needs. Relatives spoke positively about the service and staff team. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. The registered manager and provider regularly checked the quality of people's care and used their findings to improve the quality of the service and to take learning from incidents.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 14 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for HF Trust - 34 Shipston Road on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about how some information, used to inform development of the home, is managed.

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 - 34 Shipston Road

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 team consisted of one inspector.

Service and service type

HF Trust - 34 Shipston Road is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. HF Trust - 34 Shipston Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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.

During the inspection

We spoke with 4 people who lived at the home and 2 relatives about their experience of the care provided. We spent time seeing how staff cared for people. We spoke with 4 staff, including a provider's representative, the registered manager and 2 care staff.

We reviewed a range of records. These included 2 people's care records and multiple medication records. We checked 3 staff recruitment files, staff team meeting minutes and records of people's house meetings. We reviewed records relating to the management and safety of the service, including audits, policies and procedures.

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 has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff had received training on how to recognise and report abuse as part of their induction programme and were confident if they raised any concerns the registered manager would take action to promote people's safety.
- Relatives were positive about the way their family member's safety was managed. One relative told us, "If something is amiss [person's name] will tell you, and they seem content, because the care is very good."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Relatives' views were sought when people's safety needs were assessed and their care was planned. One relative said, "[Registered manager's name] keeps in touch about safety."
- Staff worked with people to identify how they could do things independently, whilst maintaining their safety.
- Staff gently and consistently supported people, where people needed additional help to maintain their safety.

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

- The provider was working in line with the Mental Capacity Act.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- Staff were positive about the number of staff available to support people.

- We saw people did not have to wait long if they wanted support from staff.
- The provider operated safe recruitment processes.
- This included undertaking checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they enjoyed taking part in recruiting new staff. This gave people the opportunity to decide who they would like to receive care from and to be involved in the running of the home.

Using medicines safely

- People were supported to receive their medicines safely.
- People were administered their medicines by staff who had received training and had their medicine competency assessed, to ensure they followed correct procedures.
- People's Medication Administration Records (MAR) showed people's medicines were administered as prescribed.
- Relatives were positive about the way their family member's medicines were managed. For example, people's medicines were checked out and in when people spent time away from the home. This helped to ensure people had access to their medicines when needed, so they would remain well. People's medicines were securely stored.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- People worked with staff to maintain a clean environment.
- Staff were positive about the infection prevention training they had received and told us there was sufficient personal protective equipment required to safely care for people.
- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Staff gave us examples showing they were involved in discussions and made aware of any concerns so learning could be taken from any incidents.

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 consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service.
- Relatives highlighted how good communication was with the staff team and told us about the positive and inclusive approach taken by staff. One relative said, "I am very satisfied with the quality of the care provided and visit at least 2 times a week. I can raise things with [Registered manager's name] and staff, they communicate very well."
- Staff told us they regularly saw the registered manager and found them approachable and supportive. One staff member told us, "I would always feel comfortable to ask [registered manager's name] or [provider's representative's name] any questions."
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Relatives said they could rely on staff focusing on people's individual needs. For example, one relative highlighted how important it was for their family member to maintain relationships with people who were important to them. The relative said, "[Person's name] gets to keep in touch with us. They [staff] are keen to foster relationships with [Person's name] family."
- Staff told us the way they were led encouraged them to support people to develop as much independence as possible. Staff gave us examples showing how this increased people's confidence, self-esteem and well-being.
- We saw staff used their knowledge of people's individual needs and preferences when caring for them. This approach was consistently embedded into staff practice. This helped to ensure people's physical and emotional safety was maintained. One relative said because of this approach, "I am confident [Person's name] is settled and content."

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

- The provider understood their responsibilities under the duty of candour.
- The registered manager understood the need to be open and honest with people if anything went wrong with their care.

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

- The registered manager was supported by the provider to understand their role and responsibilities. This included the requirement to notify the Care Quality Commission (CQC) about key events at the home.

- The registered manager and provider made checks on the quality of care people received. These included checks to ensure people's care preferences and needs were met, that people had received their medicines as prescribed and checks on the safety and cleanliness of the home.
- Staff told us they were supported to understand the care people needed through regular meetings at the start and end of each shift, team meetings, training opportunities and guidance from the registered manager. This helped to ensure people received good care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Staff took time to engage with people and seek their views on the care provided, so they could be sure this met people's preferences. For example, in relation to menu options, staffing and recruitment and enjoyable things they may wish to do.
- Relatives said communication with staff was good, and this helped them to be involved in how their family member's care was provided. One relative said, "[Registered manager's name] keeps in touch. We talk about purchases, such as a new bed, we brought for [person's name] comfort. I have no issues with communication."
- Staff gave us examples showing how their suggestions had been listened to. These included how to empower people to do more things independently and suggestions for meeting people's changing needs.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Areas of learning identified were shared with staff, to improve the quality and safety of people's care further.
- The provider's representative gave us examples showing how they had developed their auditing and checking processes. This meant the provider could be further assured actions identified were always addressed. This helped to ensure the care provided to people continued to develop.
- Relatives said they were invited to complete surveys to give feedback on the care provided to their family members. Owing to the way these were analysed by the provider, it was not possible to easily identify which location/service the information related to.

Recommendation

We recommended the provider considers analysing feedback surveys by individual locations which would enable the registered manager to easily identify if improvements were required.

Working in partnership with others

- The provider worked in partnership with others.
- Staff worked with other health and social care professionals, such as social workers, occupational therapists, district nurses and people's GPs, so people would receive the care they needed.
- The registered manager participated in independent registered manager networks, to share ideas and develop their own practice.