

HF Trust Limited

HF Trust - Roslyn House

Inspection report

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Date of inspection visit:
06 February 2016

Date of publication:
05 May 2016

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

This announced inspection took place on 6 February 2016. We informed the registered provider at short notice we would be visiting to inspect. We did this to ensure people who lived at Roslyn House would be available to speak with us and the registered manager be present at the service on the day of the inspection to provide us with the information we needed. The service was last inspected in August 2013 and found to be compliant with regulations.

The service provided accommodation and personal care for up to eight people living with a learning disability. At the time of our inspection there were six people using the service.

The service is required to have a registered manager and at the time of our inspection a registered manager was 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.

People and their relatives told us they were happy with the care and support provided by staff at Roslyn House and believed it was a safe environment. One relative said, "We are very happy with how Roslyn House cares for [person's name]". A person who lived at the service told us they felt happy living at Roslyn House and it was clear people were comfortable with staff and moved freely around their home.

Staff had developed positive relationships with people and understood their needs well. People were encouraged to be individuals and do what they wanted to do to provide them with a fulfilling life. For example, people went out each day to various local community activities, such as voluntary work. People also left the home for trips supported by staff. There were a range of personalised and appropriate risk assessments in place to help keep people safe.

The safety and maintenance of the premises was looked after by the organisation and also by the organisation who owned the building. When needed the registered manager would report required maintenance and this would be organised centrally by HF Trust. This meant the management of the service had done appropriate checks to keep people safe while they were living at Roslyn House. Premises were properly maintained and provided a well decorated and inviting environment. All living areas were clean and inviting.

Staff understood how to keep people safe. Accidents and incidents were recorded and investigated. This meant management could identify recurring events and take action to reduce these.

Support was provided by staff who knew people well and understood their needs. There were enough staff to meet people's changing needs and wishes. The service used a bank of relief staff to supply more staff at short notice when needed.

Medicines were stored, handled and recorded safely. This meant that people using the service were given the correct medicines at the correct time and this was clearly recorded.

People and their relatives said they were confident in the staff group who provided good quality care. Staff received regular training and demonstrated they were skilled and knowledgeable about their roles who. They were encouraged to complete additional qualifications and regularly received supervision from their managers. Annual staff performance appraisals had been completed.

People were supported to maintain good health, have access to healthcare services and received continuing healthcare support. Staff supported people to eat and drink enough and maintain a balanced diet.

Care records were clear, informative and up to date. Records were regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were recorded in their care plans and provided clear information to enable staff to give effective support. Where risks had been identified staff were provided with guidance on action to be taken to protect people and themselves.

Consent to people's support arrangements was recorded in care records. This meant people had been asked and had agreed to their current support arrangements. Staff consistently asked for people's consent before assisting them with any care or support. People were involved in making choices about how they wanted to live their life and spend their time. Where people did not have the capacity to make certain decisions, the service acted in line with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. Relatives told us that management were freely available and acted promptly if there was ever an issue raised. People had confidence that they were listened to and their views mattered.

There was a management structure which provided clear lines of responsibility and accountability. There was a positive culture in the service, the management team provided strong leadership and led by example. Management were visible in the service and regularly checked if people were happy and safe living at Roslyn House.

There were quality assurance systems in place to make sure that areas for improvement were identified and addressed. These included using quality assurance questionnaires to gather people's views about the service, and audit processes to check that procedures were carried out consistently and to a good standard.

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. Medicines were stored, handled and recorded safely.

There were sufficient staff employed to meet people's needs. Safe recruitment procedures were in place.

Staff understood both the provider's and the local authority's procedures for the reporting of suspected abuse.

Is the service effective?

Good ●

The service was effective. Staff received on-going training and demonstrated they had the skills and knowledge to provide effective care to people.

People were supported to maintain good health and had access to healthcare professionals and services.

The registered manager and staff understood and met the legal requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring. Staff were kind, compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities in and

outside the service.

People and their families told us, if they had a complaint they would be happy to speak with the manager or other staff and were confident they would be listened to.

Is the service well-led?

Good ●

The service was well led. There was a positive culture in the staff team with an emphasis on providing good care for people.

Staff were supported by the registered manager and senior staff who worked together as a team.

Quality assurance systems were appropriate and designed to identify any areas in which the service could improve.

HF Trust - Roslyn House

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 announced inspection took place on 6 February 2016. The inspection was carried out by one inspector.

The service was previously inspected on 14 August 2013 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. 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 and notifications we had received. A notification is information about important events which the service is required to send us by law.

The majority of the people living at Roslyn House had limited verbal skills and were unable to tell us about the care and support they received. Therefore we observed people's behaviour and interactions with staff. Some people were able to share their feelings with us to help us understand their experiences. We spoke with two relatives of people who used the service and five staff members and the registered manager. Following the inspection we contacted three professionals who had knowledge of the service to gather their views.

We looked at two sets of records relating to people's individual care, two staff recruitment files, staff duty rosters, training records and other records relating to the running of the service.

Is the service safe?

Our findings

From our observations we saw people felt safe and comfortable at Roslyn House. For example, people were relaxed and at ease with staff and when they needed help or support they turned to staff without hesitation. We saw management and staff worked as a team to ensure people were safe and well cared for in the service. One staff member commented, "People's safety is definitely a top priority here" and, "people are well looked after". Professionals who visited the service regularly, reported that people were comfortable and relaxed at Roslyn House and they had no concerns about people's safety or the care provided.

There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Staff had received training on how to identify abuse and understood both the providers and local authorities' procedures for the safeguarding of vulnerable adults. Posters on display provided staff with immediate access to information and guidance on how to report concerns about people's safety directly to the local authority. Staff told us they were confident that any concerns reported to managers would be treated seriously and be appropriately investigated. One staff member told us, "The manager is very good, if there are any issues at all, things get sorted out quickly".

People received their medicines when they should and were supported by staff to take the medicines they needed for their health. The service had a system for the safe administration and management of medicines. Staff had all received recent training in medicines administration and said they felt confident when handling medicines. Medicine Administration Records (MAR) all had a photograph of the person on the front to help ensure medicines were given to the correct person. Staff had not double signed for handwritten medicine additions to the MARs. This meant there was less potential risk of errors because handwritten entries had not been witnessed by a second member of staff to confirm their accuracy. Regular medicine audits were being carried out to ensure consistent, safe practice.

The environment was clean and well maintained. The safety and maintenance of the premises was looked after by the organisation. Structural maintenance was carried out by the organisation that owned the building. When needed the registered manager would report required maintenance and this would be organised centrally by HF Trust. This meant the management of the service had done appropriate checks to keep people safe while they were living at Roslyn House. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked effectively.

The service had detailed risk assessments in place which identified risks and the control measures in place to reduce the risk. For example, one person's care plan provided staff with detailed guidance on how best to support the person in the community to ensure their safety while also respecting their independence.

Incidents and accidents were recorded by the service. Records showed these had been appropriately investigated and any patterns or trends identified to reduce risks within the service.

Staffing rotas for the month previous demonstrated there were enough skilled and experienced staff to help ensure the safety of people who lived at the service. The registered manager told us recruitment was on-

going and recently some new staff had begun to work at the service. A new support worker told us the induction was 'thorough' and prepared them for the role. They also told us they felt there were enough staff available to meet people's needs. When needed, the service used agency staff to make sure enough staff were available. The service used a bank of relief staff to supply more staff at short notice when needed.

The service had a robust recruitment process to help make sure new staff had the right qualities and experience for the job. Staff recruitment files contained all relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Is the service effective?

Our findings

Staff were knowledgeable about the people who lived in the service. People's support plans were regularly updated and staff signed to acknowledge they had read additions to people's plans. Relatives said they had confidence in the staff and felt that staff knew people well and understood how to meet their needs.

The building was well maintained with a clean, bright and inviting environment. Standards of maintenance and cleanliness were discussed at staff team meetings. People were reminded of the importance of keeping standards high and of encouraging people who used the service to help out with keep their environment tidy. We saw people's rooms had been personalised and decorated to suit their needs. People chose their own décor and colour scheme and were clearly proud of their home.

Staff said there were good opportunities for on-going training and for gaining extra relevant qualifications. All care staff were qualified or were working towards a Diploma in Health and Social Care. The service had a training calendar to make sure staff received relevant training that was kept up to date. The service provided training on conditions that affected people who lived in the service, such as caring for people with epilepsy.

Staff said they felt supported by managers and received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify training or support needs. There were regular staff meetings which gave staff the chance to meet together as a team to discuss people's needs and any new developments for the service. Minutes from staff meetings held over the last six months showed that working practices such as changes to managing people's medicines were discussed. This ensured all staff were updated and aware of information needed to carry out their roles.

New employees went through an induction to the service which included training identified as necessary for the service. This included health and safety, infection control and fire training. Staff were also required to read the service policies and procedures. There was a period of working alongside more experienced staff until the worker felt confident to work alone. The service had updated their induction in line with the Care Certificate. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. Two staff members were on induction and commented positively about how this was being done.

Professionals who visited the home said staff had a good knowledge of the people they cared for and made appropriate referrals to them when people needed additional support. One professional said, "Staff here are very good at referring appropriately. They will pick up the phone and ask for help when they need it". People and their relatives told us they were confident that a doctor or other health professional would be called when necessary. We saw from people's support plans and daily diaries that medical appointments were made in a timely way. Relatives told us staff always kept them informed if their family member was unwell or when a doctor was called.

People were supported to have enough to eat and drink and maintain a balanced diet. Three people were being monitored to ensure they had enough fluids throughout the day. There were records kept and

discussed at handover meetings about how much people had drank. This helped staff to be aware of when a person needed to drink more throughout the day to maintain adequate fluid levels.

When required people had access to dietary and nutritional specialists to make sure their assessed needs were met. We saw people who required it had Speech and Language assessments on file that provided guidance to staff about meeting people's nutritional needs and keeping them safe. For example, if there was a risk of choking.

People's weight was monitored to make sure they stayed in a healthy range. When they moved into the service people had a nutritional assessment to check their needs and if specific specialist advice was needed this was provided. Where a specialist assessment for an individual was in place this was clear in the care records and also displayed in the kitchen. For example, where a risk of choking on particular food groups had been identified, this was noted in the kitchen as a clear reminder to staff. People were encouraged and supported to make themselves drinks throughout the day.

We saw people chose to eat either in the dining room or the lounge. There was an unrushed and relaxed atmosphere and people communicated with each other, and with staff throughout their meals. People received the right level of support to help them to eat their meal. The quality of the food was of a good standard and people clearly enjoyed their meals.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People were involved in making choices about how they wanted to live their life and spend their time. One staff member told us, "We do all we can to involve people in making choices about how they spend their time. We use time lines to help people decide what their goals are over a specific time period. So for example, over Christmas people could plan how they wanted to spend their time." On the day of inspection, we saw how staff were able to be flexible to suit the choices of people they supported. For example, one person wanted to go into town twice and staff supported them to do this.

The registered manager was familiar with the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the service had made an appropriate application to have one person's care plan authorised. Records showed staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). Staff meeting minutes demonstrated that information about MCA and DoLS was shared with staff to keep them updated about the legislation and about the status of any applications made on behalf of people who used the service.

Care records showed that where decisions had been made on a person's behalf, it had been made in their best interests at a meeting involving key professionals and family where possible. We discussed a recent example where a best interest decision had been taken on behalf of a person and saw this had involved

service management, family and appropriate professionals. The decision was written down and was part of a larger plan to make sure the person could maintain appropriate contact with other people who used the service while also keeping them safe.

Is the service caring?

Our findings

There was a warm and happy atmosphere at Roslyn House. Staff told us they enjoyed their work and liked the company of the people they supported. Staff comments included; "I get on with everybody" and "people are looked after here".

We observed people had a good relationship with staff who interacted with people in a caring and respectful manner. Staff were clearly motivated about their work and told us they thought people were well cared for. One staff member said, "I love working here. I like being able to support people to get the most they can out of their lives". A relative said, "We couldn't be more pleased with Roslyn House".

The care provided met people's needs and enhanced their well-being. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we saw many positive interactions between staff and people who lived at the service. For example, staff were patient, kind and encouraging when supporting one person to communicate. This approach helped to ensure the person was able to be involved in day to day activities taking place.

People were able to make choices about their day to day lives. Support plans recorded people's preferences and preferred routines for assistance with their personal care and daily living. Staff told us people were able to get up in the morning and go to bed at night when they wanted to. Some people chose to spend time in the lounge or in their own room if they wanted to. People were doing things outside the service on the day of inspection, such as shopping. At other times there were opportunities to go to the gym and attend keep fit sessions and play badminton locally. This demonstrated that people were supported to take part in activities of their choice. The service was able to accommodate each individual's needs and support them appropriately. People took part in activities in the local community such as going to a local pub, visits to the theatre to watch a pantomime and going to local social groups.

People's privacy was respected. Bedrooms had been personalised and reflected people's interests and hobbies. People indicated to us that they chose their own decoration and furnishings. On the day of inspection we saw that one person had recently had new furniture for their room, which they were pleased about. Photographs and ornaments were on display. Staff always knocked on bedroom doors and waited for a response before entering.

Staff supported people to maintain contact with friends and family and there was an option for people to use email and other on-line communication tools if this had been agreed with family members. Visitors told us they were always made welcome and were able to visit at any time. Staff made sure everyone was introduced to the inspection team and explained why we were there. People were encouraged to take part in the inspection process. Throughout the day we saw evidence that people had a sense of ownership and belonging about their home. For example, one person was relaxing on the sofa and another person shared a joke with us about them taking up a lot of seating.

Is the service responsive?

Our findings

People had their needs assessed before moving in to help ensure the service was able to meet their needs and expectations.

Support plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. Support plans gave direction and guidance for staff about how to meet people's needs and wishes. For example, one person's support plan described in detail how staff should assist the person with their food choices because the person was at risk of choking. The plan had been developed to enable the person to have as much choice as possible about their meals while keeping the person safe.

Support plans were informative and gave staff the guidance they needed to care for people. For example, one person's support plan described how they relied on specialist equipment and regular medical treatment to stay well. Staff had been trained by a specialist nurse to manage this person's day to day care needs and maintenance of the required equipment. This meant staff were able to take a consistent approach when supporting the person.

Daily records detailed the care and support provided each day and described how people had spent their time. Staff handover meetings were held at each change of shift. During these meetings staff were encouraged to give the registered manager feedback about any changes to people's needs. These observations were noted and used to identify when people's care plans required updating.

Wherever possible, people were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing support plans. People indicated they knew about their support plans and managers would regularly talk to them about their care. People were encouraged to express what was important to them. There were regular house meetings, when people could share their opinions. For example, we looked at the minutes of house meetings when people had shared their feelings about going on holiday and in particular about going as a group. Everyone had indicated their willingness and excitement about going on a caravan holiday as a group in the summer.

People were able to take part in a range of activities both inside the service and in the community. For example, staff supported people to go shopping in the local town. On weekdays most people went off to different community activities. Some people volunteered at local businesses. Others enjoyed creative activities such as dancing and art. A relative told us they felt people had enough social opportunities to keep them occupied.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. A relative told us they had never had to make an official complaint to management. They said when they spoke informally about any issues these were always resolved quickly and to their satisfaction. Minutes of a recent house meeting demonstrated how the complaints process was

explained in a way that people could more readily understand and the service had an adapted complaints form that people would find easier to complete.

People's needs, wishes and choices were recognised, respected and shared when they moved between services; whether this was on a routine basis such as between day placements or when people moved permanently from this service to another. We saw good communication practices between the service and other placements that people spent time at. Staff communicated freely with voluntary placements to ensure everyone knew how the person was. We discussed potential plans for one person to move permanently to another service. The registered manager told us if the move happened it would be done to suit the person's needs and there would be appropriate support to make sure the person was as comfortable and prepared as possible for the move.

Is the service well-led?

Our findings

People's relatives told us they believed the service was well led. Staff were positive and supportive of the way the service was led. One staff member commented, "It's an amazing place to work. I really love it. The atmosphere is friendly and everyone from the manager to staff team are all really supportive".

The service had a well-defined management structure which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service. There were regular staff meetings to support the smooth and effective running of the service. We looked at the agenda and minutes of recent staff meetings which showed the staff team had an opportunity to revisit the service policies and consider how the service could be improved.

Relatives and healthcare professionals all described the management of the service as open and approachable. The registered manager was held in high regard by everyone we spoke with. One professional who worked with the service told us, "The manager is professional and on top of the service. It is clear [the manager] has the best interests of the people who use the service as paramount".

Staff and management were clearly committed to providing good care with an emphasis on making people's daily lives as pleasurable as possible. The registered manager knew all of the people who lived at the service very well and led by example. This had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. Staff told us that management were supportive and typical comments included "I really love working here. I wouldn't leave" and "We have a strong staff team here and we work together and help each other out when we need to. The manager is supportive and we can speak to [the manager] any time we need to".

Staff told us morale in the team was good. There was a positive culture in the service and it was clear they worked well together. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. This was done through team meetings, supervision sessions as well as daily shift hand-over sessions.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Healthcare professionals we spoke with said they thought the service was well run and they trusted staff's judgement because they had the skills and knowledge to feedback to them information about people's changing health needs.

People and their families were involved in decisions about the running of the service as well as their care. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. This showed most people surveyed were very satisfied with the quality of the service. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.

Records were well organised and staff were able to easily access information from within people's care notes. Regular audits designed to monitor the quality of care and identify any areas where improvements could be made had been completed. Where issues or possible improvements were identified these had been addressed and resolved promptly and effectively.