HF Trust Limited

HF Trust - Cromwell Crescent

Inspection report

83 Cromwell Crescent
Market Harborough
Leicestershire
LE16 9JW

Date of inspection visit:
17 November 2017
20 November 2017

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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

This inspection took place on 17th and 20th November 2017 and was unannounced. HF Trust - Cromwell Crescent provides accommodation for up to three people with learning disabilities, physical disabilities or sensory impairments. At the time of our inspection there were three people using the service. The home is based in a residential area of Market Harborough and is set over one level.

HF Trust - Cromwell Crescent is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

We inspected HF Trust - Cromwell Crescent in November 2016 and rated the service as Requires Improvement. That was because action had not always been taken in response to accidents and incidents and records of the care people had received were not always sufficiently detailed. During this inspection we found that the provider had implemented improvements in these areas and we rated the service as Good.

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 could be assured that they would be supported by sufficient numbers of staff that knew them well. Risks to people had been assessed and plans of care developed to support staff in minimising the known risks to people in order to maintain their safety. People could be assured they would receive their prescribed medicines safely. Accidents and incidents were recorded and analysed by senior staff and action was taken to reduce the likelihood of them reoccurring again in the future. Staff had been subject to appropriate pre-employment checks to ensure that were of good character and suitable to work with vulnerable adults.

Staff received the support, training and supervision that they required to work effectively in the home. Staff worked closely with people's allocated healthcare professionals to ensure that people's health and wellbeing was actively promoted. People could be assured that they would receive the support that they needed to eat and drink enough to help maintain their health and well-being.

People's needs were assessed prior to moving into the home and detailed plans of care were developed to guide staff in providing consistently person centred care and support. The home provided a safe and accessible environment for people and had been well maintained by the provider.

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

People were supported by a stable staffing team that knew them well and consistently treated people with

dignity and respect. People were actively encouraged to make decisions about their care and support and to direct their care as much as they were able to.

The provider had developed systems to manage feedback and complaints from people appropriately. People had been supported to develop detailed communication aids to support staff in communicating with them and information was provided to people in a format that they understood.

The service had a positive ethos and an open culture. The registered manager and provider were committed to develop the service and actively looked at ways to improve the service. There were effective quality assurance systems and audits in place; action was taken to address any shortfalls.

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.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks to people were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Good

The service was Effective.

Staff had completed training relevant to their role that had equipped them with the skills and knowledge to care for people effectively.

There was an induction process in place for new staff to help them to develop the necessary skills.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Is the service caring?

Good

The service was Caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good

The service was Responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

People knew how to make a complaint and said they would be comfortable to do so.

A programme of activities had been developed that was reflective of people's interests and preferences.

Is the service well-led?

Good

The service was Well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

There was a registered manager in place. People knew who the registered manager was and they were able to speak to them should they wish.

There was a positive culture that underpinned the care that people received from staff to ensure that people received consistently personalised care and support.

HF Trust - Cromwell Crescent

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 inspection took place on 17th and 20th November 2017 and was unannounced. The inspection was carried out by one inspector.

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

During this inspection we met with the three people living in the home, two of which we spoke with and four members of staff including the registered manager of the service. We also spoke with two people's relatives.

We spent time observing the care that people living in the service received to help us understand the experiences of people living in the home. We reviewed the care records of three people. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

During our last inspection in November 2016 we rated this domain as requires improvement. That was because appropriate and timely action was not always taken in response to accidents or incidents. During this inspection we found that the way in which accidents and incidents were managed within the home had been strengthened.

Accidents and incidents were reported and analysed by senior staff and action taken to reduce the likelihood of accidents or incidents reoccurring. For example, in response to one person falling within the home the registered manager made a referral to an occupational therapist for an assessment of this person's needs. During our inspection we found that additional equipment had been prescribed to support this person and that staff were receiving training directly from this person's occupational therapist to ensure that they were confident and competent in using the equipment to support them.

People were protected from harm and the risk of harm because staff were confident in the action that they should take to maintain people's safety. One person's relative told us "I have total trust in the staff; I know that they keep [Person] safe and would do whatever they needed to do to maintain their safety." One member of staff told us "I would always report any concerns that I had about someone's safety to the manager, council or CQC. I would never let anyone come to harm and not take any action." All staff had received training in how to safeguard people from harm and were confident in applying the learning from this training. Information on how to report concerns both within Home Farm Trust and to external agencies was readily available for staff to follow. The registered manger had not been required to investigate any safeguarding concerns however; systems had been established to enable them to do so if required.

Risks to people had been assessed and action taken to reduce the known risks to people. One member of staff who had recently started working in the home told us "People's care plans are very good. I read them all before I started working with people and it meant that I knew what I needed to do to support people and to keep them safe." People had detailed plans of care and risk assessments to guide staff in maintaining their safety. People were encouraged to be as independent as possible and the risk management plans within the home supported this practice. For example, one person was encouraged to prepare meals in the home and was supported by staff whilst cooking to maintain their safety. One person had a risk assessment showing that they were assessed as being at high risk of falls. In order to reduce this risk the risk assessment said that the home should free of trip hazards. Throughout our inspection we saw that the communal areas of the home were well maintained and free from trip hazards.

Equipment within the home that was used to support people was appropriately maintained and used suitably when providing people's care. For example, one person was supported using a ceiling hoist for moving and handling. This hoist was regularly serviced and maintained adequately. Audits were completed of the home including people's bedrooms and the communal areas to ensure that they were well maintained and managed to support people to stay safe.

People were supported by sufficient numbers of staff that knew them well. One person's relative told us

"There has never been a problem with staffing; there are always enough staff working in the home. If [Person] wants to go out they only have to say and they are able to." One member of staff told us "We are a small staff team which is good. There are always enough of us working and we all know everyone really well." Throughout our inspection we observed that there were sufficient numbers of staff working in the home to provide people's care in line with their individual preferences. For example, one person chose not to attend their planned day service and was instead supported in the home. We observed that staff spent time with this person engaging in activities and positive conversation.

People could be assured that they would receive their prescribed medicines safely. Staff had received training in how to administer medicines safely and were observed by senior staff to ensure that they were competent to administer medicines to people. One member of staff told us "I administer medicines here. I have had training so I know how to do this safely and was observed a number of times by my manager before I could administer medicines myself to make sure I do it properly." We reviewed the medication administration record (MAR) charts for the people living in the home and found that these were completed accurately. A number of people in the home were prescribed a medicine to be given in the event that they had a seizure. Staff had received specialist training to enable them to administer this medicine safely to people in the event it should be required. People had detailed plans of care to guide staff in how to administer their medicines. People who were required medicines to be given 'when required' had comprehensive guidelines to support staff to know when they should administer this medicine.

The home was well maintained, clean and protected people from the risk of infection. The provider had an infection control policy that was followed by staff. A system of audits had been implemented to consider the suitability and cleanliness of equipment in the home. A cleaning schedule was in place and was monitored by the registered manager to ensure that the risk of infection within the home as minimised. We found that the home was clean and that appropriate hand washing facilities and personal protective equipment was available for staff and visitors. Staff that were responsible for meal preparation within the home had also received training in safe food handling.

Good

Is the service effective?

Our findings

People's needs were thoroughly assessed prior to moving into the home to ensure that the service was able to provide for their care and support needs. These assessments were regularly updated and plans of care developed to guide staff in meeting people's care and support needs in line with people's individual preferences. People plans of care and the way in which they were supported was person centred. People's plans of care and the staff providing their support considered people's individual preferences, methods of communication and life history to tailor their care and support. For example, one person who did not communicate verbally had a detailed communication passport to support staff in understanding how they communicated their preferences and choices. The communication passport considered this person's facial expressions, body language and verbal sounds. It also considered this person's previous decisions, preferences and interests to enable staff to involve this person in decisions related to their care.

Staff were supported to access training that was relevant to their role and equipped them with the skills and knowledge that they needed to care for people effectively. One person's relative told us "The staff are very knowledgeable and clearly well trained." One member of staff told us "I have done lots of training but also qualifications too. I have an NVQ [National Vocations Qualification] Level 2 in Health and Social Care. I am thinking about starting my level 3 too." Staff applied their learning from training successfully on a day to day basis. For example, we observed that staff were competent when supporting people with moving and handling.

New staff were supported to work effectively through a period of induction when they first started to work in the home. One member of staff told us "When I first started I just worked alongside the other staff to get to know people and learn what I had to do. I was offered lots of training and I am doing my care certificate at the moment." The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This should be completed within the first twelve weeks of employment. New staff also worked alongside experienced staff before providing support to people.

The service worked in partnership with other professionals involved in people's care and made referrals promptly to healthcare professionals when these were required. One person's relative told us "The staff noticed when [Person] was unwell and called a doctor for them. They were admitted to hospital but the staff still spent time with them every day and made sure that they did not lose their independence skills when they were in hospital. I think without the staff and their focus on supporting them to remain independent they would not be doing what they are doing now." Staff worked closely with other professionals involved in people's care and followed any plans of care that they introduced. For example, we observed that staff followed the plan of care implemented by a dietitian for one person to ensure that they maintained an appropriate nutritional intake.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person told us "The food is nice." One member of staff told us "We plan the menu for the week with people every weekend and then go shopping with them to get the food that we need." People at risk of not eating and drinking

enough had been identified through their individual assessments and plans of care implemented to guide staff in providing additional support. People were encouraged to participate in the preparation of the meals, particularly their packed lunches which people took to their day services. We observed one person being supported to choose their lunch in the home and saw that staff provided a meal in line with their individual choice.

People were enabled to make decisions about the decoration and layout of the home. The communal living areas of the home had recently been redecorated and curtain poles installed. People were in the process of choosing what colour curtains they wished to have in the lounge. One person had chosen a mural to be painted in their room. We observed that people's bedrooms had been personalised in line with their individual preferences. A number of people living in the home required support to mobilise; the home was set over one level with even flooring to enable people to access all areas of the home safely. We found that the home provided a comfortable, safe and homely environment for people.

People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's capacity to consent to their care and support was sought by staff on a day to day basis and referrals had been made to the local authority for people who lacked capacity to consent to their care and support. Staff communicated with people using their preferred method of communication to seek their consent prior to providing care. Staff supported people to make choices related to their care and daily routines. For example, we saw that staff recognised that one person made choices through their body language and facial expressions and recognised on the day of inspection that they had chosen not to attend their day service and instead remained within the home. Staff had worked closely with one person's dentist to assess their capacity in relation to an operation; they advocated for them effectively to ensure that this persons care was provided in their best interests.

Good

Is the service caring?

Our findings

People were supported by a stable staff team that knew them well. One person's relative told us "[Person] responds well to the staff because they know each other so well. They keep her active and encourage her to be independent." People had developed positive relationships with the staff providing their care and support. Staff knew people well and were able to anticipate their needs.

People were consistently treated with kindness, respect and dignity. Throughout this inspection we observed that staff spent time conversing with people and that staff were genuinely interested in how people had spent their day/time and their well-being. Staff knew how to communicate with people and tailored their methods of communication according to people's individual preferences.
People were supported in communicating effectively with staff through the development of personalised communication passports. For example, one member of staff was able to describe how one person's body language indicated their mood and how comfortable they felt in their surroundings. Staff used this knowledge to tailor the care that was provided to this person.

All of the staff we spoke with were able to describe people's interests, hobbies and life history prior to moving into the home. For example staff described how one person had a passion for horse riding. This person told us that they had been supported by staff to attend horse riding sessions.

People were encouraged to express their views and to be actively involved in decisions about their care. One person's relative told us "The staff are a great advocate for [Person]." People were able to choose how they spent their time. All of the people living in the home attended external day services; however, people were able to choose to change their routines and to spend time supported in the home. Staff rota's, schedules and routines were flexible and were adapted to meet the needs of people living in the home. There was information within the home about how people could seek the support of an external advocate to support them in making important decisions should they wish to use this service.

People's dignity and privacy was supported by care staff; we observed that staff ensured that people's bedroom doors were closed when providing care. Staff understood the need to maintain confidentiality, we saw that staff ensured conversations about people's care and support took place where others would not overhear.

Good

Is the service responsive?

Our findings

During our last inspection in November 2016 we rated this domain as requires improvement. That was because people's care records were not always detailed and did not always reflect the support that they had received. During this inspection we found that people's care records were comprehensive and reflected the support that they received.

People had been involved in developing their plans of care which provided guidance to staff in providing consistently personalised care and support. People's care records provided detailed information about their needs and how they were to be supported. This included the support people required in relation to their personal care, their physical and psychological health, finances and social needs. We saw risk management plans were linked to the care planning process to ensure people remained safe whilst their needs were met. Care plans were regularly reviewed and updated with any changes in people's needs or health. Staff supported people in line with their individual needs including relating to their gender and disability. This included supporting people with relevant women's and men's health screening. Detailed records were kept in relation to any specific health needs. For example, one person had epilepsy and a seizure chart was kept documenting all seizures; their duration and the type of seizure, so this information could be used to identify any patterns or triggers.

People were supported to access a range of activities and leisure activities according to their individual preferences. One person living in the home showed us pieces of artwork that they had completed and pieces of jewellery that staff had supported them to make that they wore. We observed that staff spent time engaging positively with people in the home and encouraging people to complete meaningful activities and tasks.

People knew how to make a complaint and had confidence that if they did complain this would be managed appropriately. There had not been any complaints received. The registered manager was aware of the provider's policy in relation to managing complaints and encouraged people and their relatives to provide feedback about the home. The provider had developed an accessible complaints policy to support people in providing feedback about the care they received.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . For example, the registered manager was in the process of developing a pictorial menu board to support people to make an informed choice about their choice of meal in the home. People had also been supported to develop meaningful communication aids to enable them to make decisions and express their preferences to staff. This also ensured staff provided information to people in their preferred method.

Good

Is the service well-led?

Our findings

During our last inspection in November 2016 we rated this domain as requires improvement. That was because systems were in place to monitor the quality of the service being provided however, these were not always effective. During this inspection we found that the quality assurance systems had been strengthened and were overseen closely by the registered manager.

A registered manager was in post at the time of the inspection. 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 2008 and associated Regulations about how the service is run.

People could be assured that the home was well led and that effective leadership was in place to ensure that people received consistently personalised care and support. One person's relative told us "The manager and senior staff are very good. They are always on hand to speak to and know everything that is going on. I have complete confidence in them." The registered manager was a visible role model within the home and was supported by senior staff in the management of the home. All of the staff shared the registered manager's and providers' vision to provide consistently person centred care and support and were able to describe how they involved people in decisions about their care. For example, staff recognised that one person, through their body language and non-verbal communication made choices about how they spent their time and who provided their care and these choices were understood and respected by staff. The scheduling of staff was flexible around people's needs, routines and preferences and was adapted according to people's individual choices about how and where they spent their time. For example, if people declined to attend their planned day services additional support was provided to people during the day to enable them to remain at home.

There were procedures in place which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around whistleblowing and safeguarding. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

There were systems and processes in place to assess, monitor and manage the risks relating to the health, safety and welfare of people using the service. This system of quality assurance was overseen by the provider and action plans were developed where necessary to direct improvements within the home. People could be assured of receiving care in a home that was competently managed on a daily basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. The managers analysed incident and accident reports to try to identify trends that could be addressed to minimise incidents occurring again in the future.

People were supported to be active members of the local community and the home worked in partnership with people's relatives and other professionals involved in their care. Throughout this inspection from our

conversations with staff, people and their relatives it was evident that there was a genuine emphasis on supporting people to be part of the local community. People were supported to access leisure activities, do the shopping for the home and to take part in local events such as late night shopping at Christmas. Staff liaised closely with people's day care services to monitor and promote people's well-being and prepared for and contributed positively to people's health and social care reviews.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.