

HF Trust Limited

HF Trust - Thetford Road

Inspection report

Thetford Road
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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

About the service: HF Trust - Thetford Road provides accommodation and personal care for up to eight people who require care and support on a daily basis. The home specialises in looking after adults with a learning disability. At the time of our visit, there were eight people using the service.

People's experience of using this service:

- People were safe in the home. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. Recruitment practices were safe. Staff were trained in medicine administration and the checks we made confirmed that people were supported to receive their medicines in a way that they had agreed.
- People were supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs.
- 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 had the appropriate legal authority and were being met.
- People were supported to prepare meals to meet their nutritional needs. Staff worked with people's GP and other healthcare professional to ensure they stayed well.
- People told us staff respected their privacy and treated them with dignity. People's needs were assessed before they started to use the service and care was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints.
- Systems were in place to monitor and improve the quality of the service. The provider had effective quality assurance systems to monitor the scheme's processes. These systems helped ensure people received the care they needed as detailed in their support plans.

Rating at last inspection:

At our last inspection, the service was rated Good. Our last report was published on 14 September 2016.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

Further inspections will be planned for future dates.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

HF Trust - Thetford Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team: A single inspector carried out this inspection.

Service and service type: This service is a care home. It provides care and support to people with learning disabilities, autism and Asperger Syndrome. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People using the service can live as ordinary a life as any citizen.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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.

Notice of inspection: We gave the service 24 hours' notice of the inspection site visit because it is small and the manager also manages the HF Trust domiciliary service. They are often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started and ended on 26 February 2019. We visited the office location on 5 March 2019 to review staff recruitment and training records and policies and procedures.

What we did: Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider

sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning. We also emailed three local authority commissioners of services to ask their opinion of the service their clients received.

During the inspection we looked at three people's care files, and records relating to the management of the home such as medicines, quality assurance audits and policies and procedures. We spoke with the registered manager and three staff members about how the home was being run and what it was like to work there. We also spoke with eight people who lived at Thetford Road.

After the home inspection we went to the providers local office and looked at three staff recruitment records and training records for all staff.

We have included comments from all the responses we received in our report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said that they felt safe living at Thetford Road and considered it to be 'their home.' A commissioner of services commented "The care is excellent. My client has physical needs and they have really tried to ensure they are safe and that their physical needs are met."
- The provider took appropriate steps to protect people from abuse, neglect or harm.
- Staff told us they would report any concerns they had to the registered manager, to the local authorities safeguarding team and CQC if they needed to.
- The registered manager knew they had to report abuse to the local authority and CQC.
- Training records showed staff had received training in safeguarding adults at risk of harm.

Assessing risk, safety monitoring and management

- People had appropriate risk assessments in place.
- Staff assessed the risks to people's health, safety and welfare.
- We observed staff assessing a person's balance as they walked up and down the stairs. The person told us "Staff are helping me to find the best way to go up and down to my room and what it is safe for me to carry."
- Records showed these assessments included all aspects of a person's daily life.
- Where risks were identified management plans were in place. This included risk assessments for people's mobility, communication and nutrition.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.
- Staff told us they knew what to do in the event of a fire and training records confirmed they had received training in fire safety.
- The provider had arrangements in place to deal with emergency situations to help ensure continuity of service.
- There was a contingency plan in place should Thetford Road be affected by a flood or fire and need to be evacuated.

Staffing and recruitment

- Recruitment practices remained safe.
- The home had a consistent and stable staff team; several staff had worked at the home for many years.
- We looked at the files of three new staff and saw the necessary recruitment steps had been carried out before they were employed. This included a completed application form, references and criminal record checks.
- These checks helped to ensure that people were cared for by staff suitable for the role.

Using medicines safely

- Medicines continued to be administered safely.
- Easy read versions of the type of medicine to be taken, what it was for and how much to take were available, so people could understand the medicines they had been prescribed.
- People were supported by staff to take their medicines when they needed them and medicines administration records (MARs) were kept.
- Medicine came from the pharmacy in 'Bio Pods' which could be individually detached for the person to take when going out or going on holiday or weekends home.
- One person demonstrated to us the process they used to check their own blood sugar levels and the actions they needed to take if the reading was outside of the normal levels.
- The MAR's we looked at were up to date and accurate. Medicines were stored securely.
- Staff received training in medicines administration.
- The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Preventing and controlling infection

- The home was clean, free from odours and had infection control procedures in place.
- People with the support of staff cleaned their own rooms and communal areas of the home.
- People and staff took the appropriate steps to help prevent the spread of infections.
- Records confirmed that staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

- The provider kept records of any incidents and accidents that occurred, including details on any incidents that related to the safeguarding of vulnerable adults.
- Staff were aware of how to report any accidents or incidents that may occur.
- The actions taken showed staff had learnt from the incidents which helped to prevent future occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People spoke to us about what they did during the day, how they managed their time and the support the staff gave them. We observed people were not restricted in their movements inside or outside of the home at any time.
- We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so.
- People had the independence and freedom to choose what they did and where they went, in safety with as little restriction to their liberty as possible.
- During our visit people independently, with another resident or with staff visited the local shops for their weekly shopping, went out to lunch and visited the hospital for a regular check-up.

Staff support: induction, training, skills and experience

- People were cared for by staff who continued to receive appropriate training and support.
- People spoke positively about the staff and agreed they knew what they were doing with regard to supporting them. We observed that staff knew people well and that the atmosphere in the home was friendly, happy and relaxed.
- Staff continued to have the skills, experience and a good understanding of how to meet people's needs. The provider had identified a range of training courses that were refreshed yearly or every two to three years as required. These included fire safety, safeguarding adults, health and safety, manual handling and behaviours that may challenge. Staff were encouraged and supported to complete the 'Care Certificate.' This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficient amounts to meet their needs.
- People at Thetford Road planned and prepared their own meals together. Each person had the opportunity to say what they would like to see on the menu for the main meal of the day and then to cook this with the support of others and staff. People could choose and make their own breakfast and lunch meal.
- One gentleman explained to us the meals he liked to cook and the ingredients needed.
- We saw when people came home from work or an activity they came into the kitchen and made themselves a drink and snack, supported by staff when needed.
- People could choose to eat out at a restaurant or the pub or to order a take away meal.
- People were encouraged to eat healthily.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service.
- The registered manager told us "We have worked closely with the Speech and Language Therapists (SALT) who have helped the residents communicate some significant life events to their house mates." The registered manager was able to explain what these events were.
- SALT had also been involved with two people assessing whether changes in health had an effect on their nutritional intake and staff were reviewing this regularly.
- Following one persons' emergency admission to hospital the staff team had worked with local authority social workers, hospital staff, occupational therapists, physiotherapists, the learning disabilities nursing team and local district nurses to ensure the person received the care they needed. This resulted in a speedy and safe discharge back to their home (Thetford Road).
- The staff team had also worked closely with the psychiatry and psychology teams to support one person with their changing mental health needs whilst ensuring there was no overuse of psychotropic medication (STOMP). STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the overuse of these medicines. STOMP is about helping people to stay well and have a good quality of life.
- Each person had a hospital passport. A hospital passport assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Adapting service, design, decoration to meet people's needs

- The home was warm, clean and suitably adapted to meet people's needs.
- People had access to all areas of the home and to a rear garden with seating areas for them to relax in.
- Since our last visit the kitchen had been fully refurbished. All communal areas and peoples bedrooms redecorated, bath and shower rooms had been upgraded and refurbished. New carpet on the stairs was to be fitted shortly.
- Scaffolding was in place on the outside of the house to facilitate painting and repairs to the outside walls and windows.
- People were fully aware of the changes taking place and took a keen interest in the maintenance procedure.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed that staff knew people very well and communicated with them effectively.
- People said about staff, "They are lovely," "They listen to me and help me" and "Staff are very friendly."
- People had been consulted about the care and support they received.
- People were listened to and their diversity respected. Care plans, where appropriate referred to peoples religious and ethnicity needs.
- Care plans were person centred and included people's views about how they wished to be supported.
- Staff worked to make sure that people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. Staff had received training in equality and diversity and people's support plans reflected their spiritual and cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- A commissioner of services said "Staff are excellent; they involve and support my client in making choices. They are a very caring staff team."
- Staff said they were happy to support people to do whatever they wanted to do.
- We heard how people had been supported by the staff and the SALT team to be able to communicate their health changes to their 'house mates.' People and staff were able to tell us what they had done and the support they had received. Staff told us people's 'house mates' had been very understanding and supportive of their friends changing health needs.

Respecting and promoting people's privacy, dignity and independence

- Our observations showed that staff ensured people's privacy and dignity were respected at all times but especially when supporting them with personal care. People were able to lock their bedrooms doors.
- We saw staff providing support to people in a sensitive way. They responded to people politely, allowing them time to respond and also giving them choices.
- Staff said they maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could.
- Information about people, support and health plans was kept confidential at all times. These were stored in the main office, although this was open for people to enter to speak with staff or use the phone, the files were not easily accessible. When staff were not present the office was locked.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received information in accessible formats and the registered manager knew about meeting the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand. NHS and publicly-funded adult social care services are legally required to comply with this standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.
- People had support plans that described their health care and support needs and included guidelines for staff on how to best support them. These had been reviewed on a regular basis to reflect changes in people's needs.
- Staff understood people's needs and they were able to describe people's care and support needs in detail. One person was being supported to attend regular hospital appointments and tests, often several times a week. Staff and the registered manager explained how they had adapted how they worked to meet the changing health needs of some of the residents.
- During a prolonged stay in hospital staff continued to support a person on a daily basis, including supporting them in the intensive care unit. This additional staff care was above and beyond what the person was funded for. This care by staff helped to keep the person calm and lessen their anxiety which would have added to the physical issues they were being treated for.
- The registered manager told us about the support they were giving to a person with learning disabilities who had developed dementia. They had attended regular multidisciplinary dementia pathway meetings, had negotiated additional one to one hours and utilise personalised technology to ensure the person was able to engage in activities and remain safe.
- People were supported to partake in activities that they had planned. Activities included annual holidays, days out to London, the seaside or countryside, going bowling or the cinema. People were responsible for planning what they did with the support of staff.
- During our visit, people were planning a party for another resident's birthday, what decorations they need, food and drink to be served and music played. People had sent out invitations to friends and were looking forward to the evening party.

Improving care quality in response to complaints or concerns

- The home had a fully accessible complaints procedure in place. There was also a 'grumble book' where people could voice their concerns about any issue. At our previous visit we saw this was used to good effect but the registered manager said there were not many grumbles now and any that arose were generally voiced to staff as they happened.
- Records we looked at showed that no complaints had been received recently. Although the registered manager was able to explain the complaint process used when needed.

End of life care and support

- Plans were in place to support people with end of life care when required.
- One person was writing with the help of staff their story through ill health. This was helping them to understand the path they were travelling. The person was also happy to speak to us about their health and the treatments they were having.
- The Learning Disabilities team had prepared a book for one person to explain to them about a family member who had died and had now become a star. Staff were able to tell us how much this had helped the person to understand what had happened to their relative.
- One person had been supported to engage with the local hospice and has attended feeling good days, massage sessions and stayed for lunch to ensure they understood the role of the hospice and felt comfortable there.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff demonstrated a commitment to provide meaningful, person centred care by engaging with people using the service, relatives and health and social care providers.
- Staff told us management support was always available for them when they needed it.
- The home had policies and procedures in place and these were readily available for staff to refer to when necessary.

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

- The registered manager was knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team.
- They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery.

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

- Systems were in place to monitor and improve the quality of the service. People using the service were asked for their views on the service during their key worker meetings and at house meetings. We could see that people were able to express their views and were comfortable to speak with staff about the support they received.

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular medicines, health and safety, infection control, incidents and accidents checks were being carried out at the home.
- These checks helped to ensure the environment and care delivery was safe.

Working in partnership with others

- The staff team worked in partnership with people's social workers, and healthcare professionals including hospital staff, occupational and physio therapists, the learning disabilities nursing team, the district nurses

and family members to ensure people received the care and support they need.