

HF Trust Limited

# HF Trust - Phillippines Close

## Inspection report

Phillippines Close  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

HF Trust - Philippines Close is a residential care home providing personal care to people with a learning disability and/or autism. Some people were also living with physical disabilities. The service can support up to 16 people in two separate houses, each of which has separate facilities and is set on a site which is shared with a day service, offices and supported living accommodation owned by the same provider. On the day of our inspection, there were 14 people living at the service, eight people in one house and six in the other.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Although the service was able to demonstrate people received the right care. Shortfalls in the delivery of values, attitudes and behaviours of leaders meant they were not delivering principles underpinning right support and right culture.

### Right support:

The model of care was not in keeping with the principle of right support. The service was laid out across multiple buildings, in a campus-based set up. Easing of the national lockdown restrictions has meant that some access to the community has been re-introduced. However, people told us they were keen to have access to the day services again, which had not been started. People were very secluded in an industrial style facility and relied heavily on staff support to have access to the community.

### Right care:

Care that was provided was person-centred and promoted people's dignity, privacy and human rights

### Right culture:

An improvement had been made since the last inspection and people were living in a happier environment. However, there was still a clear lack of leadership within the service and the staff had no direction. This meant the service could not demonstrate the principles underpinning right culture. The ethos, values and attitudes from strong leadership within the service was missing so we could not be assured people using services led confident, inclusive and empowered lives.

Staff were missing a clear lack of management and leadership within the service. No registered manager had been in post since 09 September 2020 and the new manager employed had recently left the service. Staff shared with us their concerns about managers not staying and although felt happy within their roles. They told us they were feeling 'fed up with the broken promises' and that it led to a high turnover of staff.

Quality assurance processes were not effective in identifying shortfalls found on inspection.

Although infection prevention and control procedures were in place in line with government guidelines, some shortfalls were found. For example, people who use services should have access to regular testing to test for COVID-19. Measures have been put in place since our inspection and we were provided with evidence to confirm this was completed. Staff were trained in the administration of medicines and were following procedures when delivering medicines to people.

People were protected from abuse or harm. Staff were trained and were able to tell us what they would do if they had concerns. Relatives told us they felt their loved ones were safe and the provider raised concerns with the local authority. Risks to people were well managed, risk assessments were in place for people and were individual to them.

People were cared for by fully trained, competent staff. Staffing levels had been increased to accommodate people's needs and allocated one to one time. Appropriate employment checks had been carried out on staff before they started working at the service. Lessons had been learnt where multiple altercations between people had occurred within the service.

We have made a recommendation to the provider to use best practice guidance as part of their care planning processes. Although no issues were identified, this guidance is in place to help support people effectively.

People had their needs assessed prior to moving into the service. Regular care reviews had taken place to ensure care staff were kept up to date on people's needs. Staff had received a variety of training and feedback from relatives identified staff know people well. The service is currently undergoing renovations and people have been involved in how they want their home to look.

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.

Staff, people and their relatives were asked to feedback about the service. We reviewed a variety of feedback forms which will enable the service to make improvements. The service worked in partnership with other health care professionals. This ensured joined up care for people and people received additional support when they required it.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 December 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We also covered the Effective question to ensure people's care, treatment and support achieves good outcomes and promotes a good quality of life.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for this service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HF Trust Philippines Close on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to Regulation 17, the provider had failed to assess the risk of, assess, monitor and improve the quality and safety of the service.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We have written to the provider to request an action plan that addresses the areas they need to improve. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# HF Trust - Phillippines Close

## 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

HF Trust - Phillippines Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke to the divisional director, two senior care workers and three care workers. We observed interactions between staff and people. We looked at a range of records including medicines records, three people's care records and staff employment records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, feedback forms and quality assurance records. We spoke with a further four staff including, senior care workers and care workers.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection the provider had failed to assess the risk of, and preventing, detecting and controlling the spread of infections. At our last inspection the provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some issues were identified, immediate action was taken. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were somewhat assured that the provider was meeting shielding and social distancing rules. Although systems were in place for shielding and isolating, staff we spoke to were not able to tell us what would happen in the event that a person contracted COVID-19. The provider showed us evidence and risk assessments that were in place, and staff were to be reminded of the procedures.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. In one of the houses, PPE bins were not provided by the exit. Staff were not able to safely dispose of their PPE when leaving their shift. Since the inspection the provider gave us confirmation they were purchased and put in place.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Audits were not in place to evidence regular cleaning procedures were being carried out. The provider re- introduced these checks during our inspection and have since provided us with proof they had been completed.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. Not all people using the service were receiving the correct testing regularly as per government guidance. Since the inspection we have been assured testing has been re- introduced and evidence has been provided.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- Staff had received training in infection control and COVID-19. Staff were able to tell us how they helped to prevent the spread of COVID-19. One staff member told us, "We have our cleaning rotas to follow, we clean



the touch points regularly with anti- bacterial and every hour."

- The houses smelt clean and staff were observed cleaning during our inspection. People were encouraged to get involved with daily cleaning tasks to keep their independence.

#### Learning lessons when things go wrong

- The provider had taken action following multiple altercations between people living at the service. One person had been identified as becoming regularly distressed with others leading to altercations. Alternative accommodation arrangements were made for the person with more staff interaction. This move had been successful and less altercations occurred.

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to respond appropriately to reports of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff knew how to report and recognise signs of abuse. Staff told us they felt confident to raise concerns and they knew where to go if it was not investigated appropriately. One staff member told us, "I would raise concerns with my senior, if they did not do anything I would go to another manager or the Care Quality Commission (CQC)."
- People were supported to raise concerns during key worker meetings. We reviewed a person's care plan which highlighted issues they had with an agency worker. Staff passed this onto management and the agency worker no longer worked at the service.
- Staff told us they helped to raise awareness and encourage people to report abuse. One staff member told us, "We do regular activities with people, like training to help them understand what abuse is and what it might look like. It has helped them to be more open with us."
- The provider had reported allegations of abuse to the local authority. Investigations were carried out and actions were taken where necessary. CQC were notified in line with guidance.

#### Staffing and recruitment

At our last inspection the provider did not have an effective process in place to deploy sufficient staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs and people were receiving their one to one time effectively. We reviewed rotas which showed an increase in staffing levels since our last inspection. Further increases were made when people's needs changed to ensure the right level of care could be provided.
- Staff told us there were enough staff to care for people. Comments included, "We were short, now we are fine, we work as a team when emergencies happen" and, "I feel there is enough staff and enough time."
- Relatives told us there had been an improvement with staffing levels. A relative told us, "It seems much better than it was previously, I think the staff are well trained, there was a lot of agency at one point."

- Safe recruitment processes were followed. The provider ensured pre-employment checks were completed before staff began working at the service. These checks included a current Disclosure and Barring Service criminal records check (DBS). DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

#### Using medicines safely

- Medicines were stored safely in people's rooms. Locked cabinets were used to ensure safe storage and temperature checks were carried out regularly. A separate medicines trolley was used to safely store stock which was in a locked room. Medicines requiring additional storage were stored and managed safely following current regulations.
- People were supported with their medicines. We observed staff asking people if they would like their medicines before administering them. Correct procedures were followed to ensure the safe handling of medicines.
- Staff administering medicines were appropriately trained. Staff received training and supervision by senior staff before administering medicines. Staff were able to tell us how they safely administered people's medicines in line with company policy.

#### Assessing risk, safety monitoring and management

- Risk assessments were in place for people and identified individual risks. Staff knew where to access these and told us they helped them to support people appropriately. One staff member told us, "They give us clear guidance of people's needs as they are all so different, for example, [person] cannot use the kettle on their own, so we make sure we support them."
- The provider had ensured regular checks were carried out for electrical and gas safety. Certificates were in place after safety checks had been carried out.
- The provider had put risk assessments in place to ensure the environment was safe. For example, a fire risk assessment was in place and regularly reviewed. Actions were taken when areas identified.

# 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.

At the last inspection, where this key question was rated, it was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Best practice guidelines were not always being used for weight or wound management. Some people living at the service had restricted mobility and spent long periods of time in wheelchairs. Tools were not used regularly to review and reduce the risk of skin breakdown for people.

We recommend the provider consider current guidance for prevention and management of pressure ulcers and the screening of malnutrition and the risk of malnutrition tools.

- Some aspects of Right Support, Right Care, Right Culture guidance were still not being followed. There is still a campus style set up at the service and people are isolated from the community. Due to the recent pandemic the day services were still not open, people told us they missed going there.

We recommend the provider seeks advice and guidance from a reputable source about best practice in care for people with a learning disability and/ or Autism. To provide the right level of support for people living with Autism/ Learning disabilities.

- People had their needs assessed before coming into the service. This ensured that people were in the right environment suitable to them. Person centred care plans were then put in place to help guide staff on how to support that person.
- Staff knew people and how to care for them. Care plans reflected care we observed on the day of the inspection. For example, when one person complained of pain a staff member encouraged exercises set by the physiotherapy team.
- People's care plans included a variety of needs to help staff look after people. A communication profile included information to help understand how a person might be feeling. Staff were able to tell us how they communicated with people who were non- verbal.

Staff support: induction, training, skills and experience

- Staff had experience and knew people they were caring for well. Relatives felt staff had a good knowledge of their relative. One relative told us, "I think the staff are well trained, I think the general care and fondness for [person] is really good." Another relative told us, "[Person] is really flourishing under their care, it's a real family home. They have a real good group of staff.
- Staff had recently received supervisions. Staff told us they were able to raise concerns they had. One staff member told us, "I have had a supervision since moving to this house, I was able to raise concerns and they were dealt with."

- Staff completed various training sessions to support people. Extra training sessions were available to staff to cover specific areas such as positive behaviour support. New staff received an induction period and shadowed experienced members of the team. We observed the staff carrying out good and safe practice.

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

- People enjoyed their meals together. When we asked one person if they like the meals, they told us. "I really do, I particularly enjoy helping to make it. Today we are having Salmon and I helped to cut up the salad."
- People were supported and encouraged to support at mealtimes. Staff regularly asked people if they would like to help with making meals and drinks. On the day of our inspection two people helped the staff to make the lunch and set the table.
- People were involved in planning the menu for the upcoming weeks ahead. Staff told us they sit down with people every two weeks with food pictures and menus so they can choose. A staff member told us, "We like people to choose, if on the day they fancy something different, we make that instead."

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

- People received support from healthcare professionals when they required it. For example, one person had been referred to the speech and language therapist (SALT) for an assessment. The SALT team provide guidance for staff to follow for appropriate food consistencies for people to reduce the risk of choking.
- The staff worked with the learning disabilities team to provide effective care. The team were actively involved in reviewing people's needs, worked with the staff and gave them guidance to follow. We reviewed a person's care plan which identified reviews that had taken place.
- People received care from the local GP and district nursing team when required. One person was having regular visits from the nurses to dress their legs. GPs or 111 were contacted when medical advice was needed.
- Fact sheets were used to share vital information about a person in an emergency. Information included things like next of kin details, medication and any recent health concerns. This ensured effective transfer of care for people in an emergency.

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

- Decoration and refurbishment of the houses had taken place and were still underway. The lounge area had new wall colour and furniture chosen by people who use the service. One relative told us, "They are always trying to do things for the better and have started decorating recently, I feel there is a big change."
- People were involved in choosing their rooms and how they would like them decorated. One person had recently chosen a new colour scheme for their bedroom. They told us, "I am very happy I have got a new room. I got to choose and it's now pink and blue." A staff member told us they included a memory wall for the person which has pictures of their loved ones on it.
- The houses were clean and bright and included various communal areas for people. People's social needs were met with the variety of space. In one of the houses people had colourful large pictures of themselves on their doors to help them to locate their room.

Ensuring consent to care and treatment in line with law and guidance

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had an understanding of their responsibilities under the mental capacity act and DOLs. Staff had received appropriate training in these subjects.
- People had their mental capacity assessed when necessary. For example, where one person seemed to be struggling to understand their finances. The provider arranged for the social worker to assess their capacity in this area so additional support could be provided.
- Authorisations had been requested where a person lacked capacity and needed a DOLs in place. However, not all applications had been reviewed yet due to a back log of requests. These were being chased regularly by the service.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to assess the risk of, assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Staff told us they were worried about the lack of management at the service. Comments included, "I'm worried about having no manager again and why they don't want to stay. [Manager] had good intentions when they started but never pulled through" and, "When we have no manager things go wrong, the people don't suffer because we look after them well, it's the staff that suffer."
- Relatives we spoke with also shared concerns around the lack of management. One relative told us, "I do have concerns around seniors and managers leaving, it's been a rocky road."
- Staff created a positive culture which achieved good outcomes for people. Staff spoke positively about each other and worked well as part of a team. However, this was not led by visual leadership within the service and led to a high turnover of staff. A staff member told us, "Staff never complain about their jobs and each other, but they do about management. We are fed up of broken promises."
- The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. This was due to the campus style set up of how the service was laid out. Although some improvements had been made since our last inspection, we identified a lack of positive culture and ethos through management.
- We continued to identify shortfalls in the quality monitoring of the service. Although some improvements had been made, systems did not identify issues found on inspection. For example, health and safety checks had not been completed consistently and management audits incorrectly identified these had been completed.
- At our last inspection we identified hot water checks had not been completed. We found the same issues at this inspection and although senior managers had identified these shortfalls, no action had been taken. This which meant there was an increased risk of people could have been harmed using hot water.

- The service did not have a registered manager in post. A new manager had been employed since our last inspection but left the service on 25 May 2021. Some interim arrangements have been made to cover the service. However, due to feedback we received we have concerns about the effect this was having on the staff. Although no direct impact had been picked up on people who use the service, we were concerned about low staff morale affecting them.

- Accidents and incidents were not analysed to identify potential patterns and trends. Improvements had been made to the reporting and oversight of accidents and incidents; however, analysis had still not been completed. For example, nine medicine errors were logged in May 2021 and although no harm occurred as a result of these errors, the lack of management oversight put people at continued risk of harm of incidents reoccurring.

This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider understood their role and regulatory responsibility. They understood that important events such as death had to be reported to the Care Quality Commission (CQC). Notifications had been made appropriately.

- 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 judgements. We found the provider had clearly displayed their rating on a notice board within the service and the provider had displayed the agencies rating on their website.

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

- People had been supported to feedback about the care they received. Easy to read surveys were completed with people which gave feedback about the service. One of the questions included was; 'How good is the support you receive overall?' A person had answered, "Great, the support workers that support me and my housemates. I love going to the farm."

- Relatives had been sent surveys in order to feedback about the service. This information had been analysed in order to make adjustments where needed. Overall, the comments were really positive, especially about the care staff.

- Staff had recently returned surveys that were sent out. These had not yet been analysed by management in order to address any concerns raised. Overall feedback received included positive feedback.

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 knew their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong. People were informed when incidents happened such as a missed dose of medicine.

Continuous learning and improving care; Working in partnership with others

- Staff had received training in positive behaviour support. This led to people receiving improved care since our last inspection. We observed people getting involved more with daily tasks and appearing much happier. One person I spoke with told me, "I am much happier here now."

- A key worker system had been put in place and people attended monthly meetings with their allocated worker. This enabled improvements to peoples care as they were able to feedback about many aspects of their daily lives. A staff member told us, "Key worker meetings really help people to feel comfortable to raise concerns and make suggestions."

- The provider worked in partnership with other organisations. We reviewed care plans which identified support from the learning disability team, speech and language therapists and the district nurses. This enabled people to receive joined up care to meet a variety of needs.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess the risk of, assess, monitor and improve the quality and safety of the service.</p> <p>The provider had failed to assess the assess, monitor and mitigate the risks relating to the health, safety and welfare of service users monitor and improve the quality and safety of the service.</p>