

HF Trust Limited

HF Trust - 34 Shipston Road

Inspection report

34 Shipston Road
Stratford Upon Avon
Warwickshire
CV37 7LP

Tel: 01789261105

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24 August 2018

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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

We inspected this service on 24 August 2018.

HF Trust – 34 Shipston Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service is delivered from a large two storey house in a residential area and provides accommodation and personal care for up to four people with a learning disability or autistic spectrum disorder. Three people lived at the home on the day of our inspection visit and one of these was on holiday.

It is a requirement of the provider's registration that they have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had recently left the service and a new manager had been appointed. The new manager had started the process to become registered with us.

At the last inspection in February 2016 the service was rated as Good. At this inspection we found the quality of care had been maintained and people continued to receive a service that was safe, caring, effective and responsive to their needs. The rating remains 'Good'.

There were enough skilled and knowledgeable staff to meet people's needs and provide effective care. Staff felt they had good training and were supported in their roles. There were procedures to keep people safe and manage identified risks to their care, and staff understood how to protect people from abuse and harm. Where medicines were administered, staff were trained and assessed as competent to do so safely.

People's needs were assessed and developed into a care plan. Care plans contained detailed information to enable people to receive appropriate care and support that was responsive to their needs. The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff supported people to eat and drink sufficient amounts to maintain their health. Where necessary, staff liaised with health and social care professionals to ensure effective care and support was provided to people. There were processes to ensure information was effectively shared so people's needs could

continue to be met during a transition between services.

The atmosphere in the home was one of familiarity and friendship. People had formed caring relationships with staff and clearly enjoyed their company. People were well supported to maintain family and friend relationships that were important to them.

The provider had a system of quality assurance checks to ensure the home was meeting required standards and people who used the service were well cared for. The home was clean, well maintained and decorated and safety checks of the premises were regularly completed.

People's opinions were valued and they could be confident any concerns and complaints would be recognised, investigated and responded to.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

HF Trust - 34 Shipston 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.

The inspection took place on 24 August 2018 and was conducted by one inspector. It was a comprehensive, announced inspection. We gave the provider 48 hours' notice of our visit as this is a small home and we needed to be sure staff and people would be available to speak with us.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They did not share any information of concern about the service.

Before the inspection visit, the provider completed a Provider Information Collection (PIC). 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. The PIC was very detailed and we were able to review the information in the PIC during our inspection visit. We found the information in the PIC was an accurate assessment of how the service operated.

During the inspection visit we spoke with two people who lived at the home and observed how care and support were delivered in the communal areas. We spoke with the manager and two care staff.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records and the provider's quality assurance audits.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People told us they felt safe living at 34 Shipston Road. One person told us, "I like living here because the staff are really nice and they always help me because I haven't been very well." Another person demonstrated by their behaviours that they trusted staff because they were able to make their own decisions.

Staff had received training in safeguarding and knew the different types of abuse. Staff knew what action they needed to take if they had concerns a person was at risk of harm or discrimination and told us they would report it to the manager. They understood their responsibility to escalate their concerns further, if they felt appropriate action had not been taken. The manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Staff supported people to manage and reduce any risks to their safety. This included managing risks both inside and outside the home. Staff were aware of people's risk management plans because they signed to confirm they had read and understood them. Risk management plans were reviewed on a regular basis to make sure they remained up to date and reflected changes to people's needs or abilities.

One person had a health condition which meant they could suddenly become dizzy and fall. This person had a pendant call alarm they could use if they required help or assistance. They told us the pendant alarm made them safer and explained, "It is a thing I have in case I am not well."

There were sufficient staff to meet people's needs safely and support them to participate in activities of their choosing. Support was provided 24 hours a day with an on call available if staff needed advice or support in the event of an emergency.

The provider had a recruitment process that ensured references were sought and new staff had been subject to criminal record checks. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed. A member of staff confirmed they had to wait for all the checks to be made before they were allowed to start working at the home.

Overall, medicines were managed safely and in accordance with best practice. However, we found the temperature of the medicines fridge was reading consistently higher than the recommended temperature for safe medicines storage. The manager took immediate action to ensure the medicines were correctly stored to maintain their effectiveness and told us they would order a new medicines fridge as a matter of urgency.

Medicines administration records (MAR) demonstrated people received their medicines as prescribed by

their GP or consultant. One person was on a medicine that only needed to be given once a week. The MAR was clearly marked so it was clear when the medicine needed to be given. Staff received training in medicines administration and their competency to give medicines safely was checked regularly.

When accidents or incidents occurred, they were reported on the electronic system for incident management. This information was shared with the provider so they could identify any emerging trends or patterns and assure appropriate action had been taken. There had been a very low incidence of accidents in the home.

The premises were maintained to ensure people's safety and health and safety checks were regularly completed. Staff had received training in first aid and fire safety so understood the action to take in an emergency situation. Personal evacuation plans were in place to inform emergency services of the support people required in the event of an emergency evacuation of the building.

The home was visibly clean throughout and a cleaning schedule ensured that all areas of the home were regularly cleaned. Staff had completed training so they understood the importance of infection control and ensuring food was prepared hygienically and safely.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. Staff continued to offer people choices and supported them with their dietary and health needs. The rating continues to be Good.

There was a comprehensive induction programme for new staff. This involved training as well as a period of working alongside more experienced staff, before working independently with people. Any newly appointed staff who did not have qualifications in health and social care were enrolled on the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

The provider ensured staff knowledge and skills were kept up to date by requiring them to undertake regular training. As well as 'essential' training, staff were offered opportunities to complete further training to support their personal development. Staff were able to discuss their wellbeing and training in regular 'supervision' meetings with the manager. One staff member told us they found these meetings useful because, "We can discuss if we want to progress, what we want to do, or if we feel there is anything that needs changing. If we need help with anything, we can just ask."

People who lack mental capacity to consent to arrangements for necessary care or 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). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager understood their responsibilities under the MCA. Where the manager had concerns about whether a person had the capacity to make a specific decision, they had assessed the person's capacity and understanding. Where necessary, people had been offered pictorial prompts to help them understand the decision to be made. The manager had applied to the supervisory authority for the right to deprive one person of their liberty. This was because they had been assessed as not having the capacity to understand risks associated with their care and support, and some restrictions were required to keep the person safe. Two people had been assessed as understanding the risks of going out alone and chose to go out with staff.

Staff worked within the principles of the MCA. Staff provided people with choices around their care and support and respected people's wishes. Where people had the understanding, staff sought their consent. For example, one person needed to have their fluid input and output monitored. The person had signed to confirm they were happy for staff to do this.

People were supported to make choices about the meals they enjoyed. Staff supported people to eat and drink sufficient amounts to maintain their health. Staff followed guidance from healthcare professionals and encouraged people to eat healthily. One person described the food as 'fantastic' and said, "I eat properly and healthy food."

Nobody had moved to 34 Shipston Road since our last inspection visit, but the needs of people living there were regularly assessed to ensure they continued to receive care which promoted their physical and mental health. Where necessary, staff liaised with health and social care professionals to ensure effective care and support was provided to people. Each person had a health action plan outlining their healthcare support needs and these had recently been reviewed and updated.

One person was able to make their own decisions regarding their health, but told us they valued being supported by staff to attend healthcare appointments. They told us, "[Staff name] always comes with me to make sure I'm alright." Another person found healthcare appointments difficult. Staff supported this person to feel confident to communicate their thoughts and feelings.

Each person had a hospital passport. This document contained important information about the person that could be passed quickly to health care staff if it was necessary for the person to be admitted to hospital. This ensured all their needs could continue to be met during a transition between services.

The home was well maintained and decorated. There was a lounge, dining room and kitchen for people to use as and when they wished to. If people wanted privacy, they had their own bedrooms which one person told us they had personalised and decorated according to their choice. Three of the bedrooms were on the first floor so were only accessible to people who were independently mobile. The manager monitored people's physical abilities to ensure they were able to manage the stairs safely. One person had a bedroom on the ground floor because of limitations to their mobility. The home had a large garden people could enjoy in the good weather.

Is the service caring?

Our findings

People received the same level of compassionate care and support as at our previous inspection. The rating continues to be Good.

The atmosphere in the home was one of familiarity and friendship. People had formed caring relationships with staff and clearly enjoyed their company. There was much chatter and laughter and people appeared very happy at the home. One person told us, "We do have good fun." Later during our visit we saw this person go up to the manager, they said, "Thank you for a lovely day." Another person told us, "I do like living here and I do like the staff."

Staff told us they enjoyed their work because they liked being with the people who lived in the home. They spoke warmly of their relationships with people and it was clear people's wellbeing was very important to them. One staff member told us, "It is lovely. Everybody gets on. The guys are just one of a kind, they are amazing." They went on to say, "We do what we can for them to make sure they are happy and safe."

During our visit we heard lots of discussions between people and staff about their care and support. One person said they wanted to go to a local car museum and the manager facilitated this by sitting with the person and looking at the opening times on the internet. There was a lot of conversation about which day the person wanted to go, and the other person in the home was then invited to join the outing.

There was a 'key worker' system to ensure that people had a named member of staff to look after their interests and develop an individual relationship with them and their family. The system ensured everyone had a friend to represent them, to get to know them well and make sure their needs were met. One person told us they had chosen their keyworker and said they were happy with their choice because, "I'm getting on really well with her."

People were well supported to maintain family and friend relationships that were important to them. One person discussed a special friend who lived in another home and told us they were going to invite them over for tea. They then sat with the manager to write an email to a relative. The manager helped the person decide what they wanted to say and wrote it on a piece of paper for them. The person was then able to type the email themselves with guidance and support.

People remained as independent as they wanted to. People were able to help prepare drinks and make their own sandwiches and encouraged to participate in household chores. One person helped staff do the health and safety checks on the service vehicle and told us, "I like helping the staff here."

Staff promoted people's dignity and respected their privacy. Staff arriving for their shift rang the front door bell and waited for people to let them in. Staff on duty prompted people to answer the door or telephone, or asked if they would like them to do it on their behalf. One person did not like staff to go into their bedroom if they were not there. Staff respected this person's wishes.

Staff had received training in equality and diversity. In their conversations and interactions with people, staff demonstrated an approach that was non-discriminatory and where people's individuality was recognised.

Is the service responsive?

Our findings

At our last inspection in February 2016 we rated this key question as Good. At this inspection we found staff continued to be responsive to people's needs. The rating continues to be Good.

People's needs were assessed and developed into a care plan. Care plans were personalised and provided clear guidance for staff about how to support people with their identified needs. They also informed staff how they could encourage people to maintain their independence and make their own choices. Where possible, people's views about their care had been taken into consideration and included in care plans.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information they can access and understand and any communication support they need. Each person had a communication plan that detailed what support they needed to communicate and understand information. One staff member explained how they helped people to make decisions and said, "We talk to them and ask if they understand. If they don't, we try and word it in a way they will understand."

The service was responsive to changes in people's needs. One person had seen a decrease in their strength and mobility and wanted to move to either an apartment or bungalow. The manager was supporting this person to find a new supported living home which they were going to share with a friend. This person was fully involved in choosing their new home and was pleased the provider would continue to meet their care and support needs through their domiciliary care service. They told us, "That was important to me." The manager explained, "We are looking ahead to make sure they have a home for life."

Staff supported people to engage in a wide range of activities and interests. People had regular scheduled activities and were able to choose what they wanted to do at other times. Activities included those relating to daily living skills such as shopping, as well as leisure activities. During our visit we saw people choosing how they wanted to spend their day and one person told us about the social events they had been to and the holiday they had planned for later in the year.

Whilst nobody living at the home was poorly, the manager told us they recognised the importance of discussing people's end of life wishes with either them, or those who were important to them. They planned to introduce a form in a pictorial format which would help to facilitate those conversations and ensure people's wishes were recorded.

People could be confident their concerns and complaints would be recognised, investigated and responded to. One person told us how staff had supported them to share a concern about the state of the garden and was happy the provider had taken immediate action. We asked this person who they would talk to if they were unhappy and they responded, "The staff, I always talk to the staff." The provider had not received any formal complaints in the 12 months prior to our inspection visit.

Is the service well-led?

Our findings

At our last inspection we rated the leadership of the home as 'Good'. At this inspection we found there had been a change in the management of the home, but the standards had been maintained and the rating remains 'Good'.

The registered manager had left the service and a new manager had been appointed and taken up their role in July 2018. The new manager had worked at the home for several years and was very committed to ensuring people's needs came first and they received high standards of care in a homely environment. They told us, "Our staff team here give 110%. I feel privileged to have become manager here not only for the staff, but for the people we support. Sometimes you feel really honoured to come here to work." One person spoke positively about the manager and told us, "I think she is doing a fantastic job, I'm very impressed." Staff were equally positive and made the following comments: "She is approachable and if I've got any problems, I can talk to her" and, "I think she is great. I am so glad she got the job."

The manager had started their application to become registered with us and told us they were receiving a thorough induction from the provider, into their new role. The manager told us they were receiving ongoing support from the provider's regional manager through regular supervisions and daily telephone conversations. They told us they had already completed training to enable them to carry out their managerial responsibilities effectively, and more was planned.

Staff told us they enjoyed working at 34 Shipston Road and they were well supported by the manager and their colleagues. One staff member said, "I feel very supported. If we have got anything to say and there isn't a supervision due, we can see the manager any time." Staff told us they attended staff meetings which were an opportunity to meet and share information. One member of staff commented, "They are quite useful because if anybody has anything that needs changing, we will all work together to make it better."

The manager and staff worked with other agencies and organisations to support the well-being of the people who lived at the home. For example, specialist services and health and social care professionals to ensure the care people received was responsive and appropriate to their needs.

People were encouraged to provide feedback about the service. Regular meetings enabled people to make choices about the meals in the home, the activities they wanted to do and the holidays they wanted to go on. One person was an active member of the provider's 'Voices to be Heard' which was a forum where people could share their views and ask questions of the provider. The person told us they enjoyed this role and said, "Lots of people listen." This person was also involved in the recruitment of new staff. They attended part of the interview and were able to ask potential new staff some questions. They told us, "I like to do that."

Relatives were asked their opinions of the service through questionnaires sent directly from the provider. The results of the last questionnaire had been collated in September 2017 and demonstrated that relatives were happy with the quality of care provided. They were particularly happy with their communication with

staff which scored 100%.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. Each month the registered manager completed an audit against the five key questions: Is the service safe, effective, caring, responsive and well-led? The audit identified areas where improvements needed to be made, the timescale for implementing the improvements and where evidence would be located once the action had been completed.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had clearly displayed the rating in the home and on their website. The provider had notified us of events that occurred at the home as required.