

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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16 February 2016

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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 the 16 February 2016 and was unannounced.

34 Shipston Road provides care and accommodation for up to four people with a diagnosis of a learning disability or autistic spectrum disorder. At the time of our visit there were four people living in the home.

There was a registered manager at the time of our inspection. 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.

34 Shipston Road provided a home environment where people were supported to lead independent lives and, where possible, make their own decisions for their everyday life. People were settled and happy and appeared relaxed with each other. During our inspection visit we saw good communication between people and staff and the interaction created a friendly environment.

The registered manager had established good relationships with people's relatives who told us they felt informed and involved in their family member's care. Staff supported people to maintain relationships with those closest to them.

There were sufficient numbers of staff to support people inside the home and during activities outside the home. Staffing levels were flexible to enable people to participate in activities and outings of their choice. People were busy following their interests and staff were responsive to their social needs.

Staff understood their responsibility to report any concerns they had about people's wellbeing in accordance with the provider's safeguarding procedure.

Staff were responsive to changes in people's health and referred people to healthcare professionals when a need was identified. People were able to choose what they wanted to eat, but were encouraged and supported to make healthy choices.

The registered manager understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. Where necessary, applications had been made to the local authority in accordance with the DoLS.

There was a strong and stable management team in place who took time to know and understand the needs of the people who lived at the home. There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. Staff supported people to make their voices heard if they were not happy with any aspects of their care.

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 were relaxed and confident around staff. Staff had a good understanding of abuse and told us they would not hesitate to report any concerns about people's wellbeing. Risks associated with people's care had been identified and staff knew how to manage them. Medicines were given safely and consistently.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to carry out their roles effectively. Staff had an understanding of the Mental Capacity Act. They supported people to make their own decisions and respected the decisions people were able to make. Referrals were made to external healthcare professionals to make sure people received the necessary support to manage their health and well-being.

Is the service caring?

Good ●

The service was caring.

There were positive relationships between the people in the home and between people and the staff supporting them. Staff recognised the importance of people maintaining their independence where possible. Staff respected the fact that the service was home to the people who lived there. Relatives could visit when they wished and felt welcomed into the home.

Is the service responsive?

Good ●

The service was responsive.

People had care plans which detailed the care and the support they needed and in a way they preferred. Relatives were kept informed about any changes in people's needs and involved in care planning decisions. Staff supported people to make complaints to ensure their concerns were listened to.

Is the service well-led?

Good 

The service was well-led.

The registered manager was dedicated to providing quality care to people. They valued staff and promoted their development. Staff felt well supported by the registered manager and able to share their views. People and their relatives were encouraged to give their opinions about the service. There were systems to monitor and review the quality of service people received.

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 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.

The inspection took place on 16 February 2016 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information the provider had shared with us in the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information from the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with all the people who lived in the home, two relatives, the registered manager and three care staff. We observed care and support being delivered in communal areas to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. We reviewed one person's care plan and daily records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

People told us they felt safe in the home with one person saying, "Yes, I do feel safe." Relatives we spoke with confirmed they were confident their family members were safe and well looked after. One relative told us, "The security is good and I think [person] is very well supervised." Another relative said, "Absolutely, [person] is in good hands. I never worry about any aspect of their care." During our visit we saw people approached staff confidently and were relaxed with them, which showed they trusted the staff.

People were protected from harm and abuse. Staff we spoke with had received training in protecting people from abuse and understood their responsibilities to keep people safe and protect them from harm. Staff said they would recognise changes in people's behaviour if things were not right. One staff member explained, "You can tell by people's behaviour. Somebody very outgoing may become subdued and not want to go out. They may not like a particular person around them." Staff knew what action they would take if they suspected abuse and told us they would act quickly to report any concerns they had about a person's wellbeing. There was information on display, including contact details of the local safeguarding team, so staff knew who to contact. One staff member said, "I would contact my manager and report it to the safeguarding team." The registered manager was aware of the safeguarding procedures and knew what action to take and how to make referrals in the event of any allegations being received. No safeguarding concerns had been raised in the 12 months prior to our visit.

The provider had a whistleblowing policy which staff could follow if they had any concerns about poor practice in the home. Staff were confident to follow the policy if a need arose with one staff member saying, "I have no qualms about whistleblowing at all."

People who lived at the home needed support to manage their finances. The home was able to hold small amounts of personal money for people. There were arrangements in place to keep people's money safe and protect them against financial abuse.

There were enough staff to support people according to their needs and preferences. Staffing levels ensured people were supported safely both inside and outside the home. The registered manager told us staff were flexible in their shift patterns to enable people to attend activities of their choice. Staff also picked up extra shifts to cover absence to ensure people received consistent care. The registered manager explained, "The staff are very good at sliding shifts to meet people's needs. We haven't used agency staff for over 12 months and then they would be shadowed by a permanent member of staff."

As staff worked alone at various points during the day, there was a lone workers policy and procedure to ensure the safety of the staff member and the people in the home. There was also 24 hour support management support. The registered manager explained, "There is always an on-call manager for staff to phone who would offer advice or come in if needed." There was also a pre-programmed telephone with large buttons and a 'care line' for people to use in the event of an emergency, such as a staff member being taken ill. The registered manager was working with people to ensure they felt confident to use the equipment if a need arose.

The provider had a recruitment policy that ensured all the necessary checks were completed before new staff started working for the service. This included Disclosure and Barring Service (DBS) checks and obtaining references to ensure staff were suitable to work with the people who lived in the home. The DBS is a national agency that keeps records of criminal convictions. The provider renewed DBS checks for all staff every three years.

Staff knew how to manage risks associated with people's care. Records and staff knowledge demonstrated that risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written with guidance on how to manage those risks to maximise people's independence. There was a system of personalised technology to keep people safe and support their independence such as finger print entry at the front door which minimised the risk of lost keys.

Other risks, such as those linked to the premises were also assessed and people living in the home were involved in ensuring their environment was safe. The Provider Information Return (PIR) told us, "Keyworkers support individuals to carry out individualised pictorial checks on their rooms, thus involving them in an awareness of safety in their home." Maintenance work on the home was carried out when issues were reported. All staff received health and safety, first aid and fire training to ensure they knew what actions to take in an emergency.

Medicines were stored safely and securely. Each person had their own section in the medicine administration folder with a photograph on the front of their records to reduce the chances of medicines being given to the wrong person. Administration records showed people received their medicines as prescribed. One relative told us, "[Person's] meds are quite complicated and staff deal with that fantastically." Appropriate arrangements meant that people's health and welfare was protected against the risks associated with the handling of medicines.

We noted that medicines with limited expiry dates once opened had not always had the date of opening recorded on them. One medicine had just passed its expiry date. The registered manager told us they would take immediate action to make sure all expiry dates were recorded on medicines to ensure they continued to remain effective.

Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these medicines to make sure they were only used when necessary. There were records of the circumstances when they had been given which ensured they were given safely and consistently. Staff completed training before they were able to administer medicines and had regular checks to make sure they remained competent to do so. There was a process of reporting any medication errors. Records showed that the few errors that had been made were fully investigated and further training implemented. This ensured staff continued to manage medicines to the required standards.

Is the service effective?

Our findings

During our inspection visit we saw staff understood people and supported them in the way they wanted to be. Relatives spoke positively about the standard of care their family members received. Comments included: "I have been very satisfied with the standard of care." "[Person] is very well cared for. I couldn't care better for them myself." "Certainly, they understand [person] really well." "I feel very confident they are very correct in everything they do."

New staff completed an induction when they first started working at the home. This included face to face and online training, working alongside experienced staff and being observed in practice before they worked independently. The registered manager explained, "We do two weeks of shadowing shifts before new staff are put on the rota. They don't go on a shift until they are comfortable and we are comfortable with the way they are working." The induction training was linked to 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.

Staff told us they received regular training in all areas considered essential for meeting the needs of people in a care environment safely and effectively. Staff told us they were supported to complete further training both internally and externally through a local college. One staff member described the training as "very good" and went on to say, "They offer further training in autism, Downs Syndrome and dementia. I am picking out the ones I want to do." Another staff member spoke positively about the quality of the training and said, "A lot of the time the trainers are really open to lots of questions. It is really informative and a lot of it is quite practical as well." Training in these areas helped staff develop their role and provide care and support specific to the needs of the people living at the home.

Staff told us they received support from the management team through supervision and annual appraisals. Supervision is a meeting for staff to discuss and improve their practice, raise issues and access the support required to fulfil their role in a formal meeting. An appraisal is an annual meeting where objectives for the year are discussed and performance for the previous year is reviewed. Observations of trained staff supplemented the formal supervision process. The provider followed a model of 'Person Centred Active Support' (PCAS) which is a way of supporting people so they are engaged in meaningful activity and relationships. Periodic observations of staff ensured they continued to follow the PCAS model to add value to their everyday practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Care staff we spoke with had an understanding of the requirements of the MCA. All the staff we spoke with told us that the home was run specifically to enable people to lead independent lives so people were supported to make their own decisions for their everyday living. One member of staff explained, "There are some situations they (people) lack capacity to understand and retain information, but most of the everyday choices they understand and can make informed decisions. Their choices are always respected, even if it is a choice we don't necessarily agree with. They are all supported to make their own decisions." We saw staff asked for people's consent before they assisted them to do things, for example, supporting people with medication or with personal care.

Where care records showed people had been assessed as not having the capacity to make a specific decision, the decisions were made in their 'best interests'. One member of staff told us, "We would have a best interests meeting and involve advocates, family members, doctors, social workers and other relevant professionals."

The registered manager understood their responsibilities under the DoLS. They had identified when people's freedom was being restricted in a way that was necessary to keep them safe. For example, some people were not able to independently choose whether or not to live at the home. Records showed that DoLS had been submitted and formally authorised by the relevant local authority for one person. The result of another application was being awaited at the time of our inspection visit.

People were involved in making choices about what they had to eat. A meeting was held each Sunday when people were asked what they wanted to eat for the coming week. People made their own choices, but were guided by staff to consider healthy options. For example, where people had to be mindful of their calorie intake, staff encouraged them to choose puddings that contained fewer calories. Where people had specific health conditions such as high cholesterol, staff supported them to control the condition through a balanced diet. Staff we spoke with were knowledgeable about people's individual nutritional needs and how they needed their meals prepared to minimise any risks to their health. People we spoke with told us they liked the food with one person describing the food as 'fantastic' and another as 'brilliant'.

People's healthcare was monitored and records showed people's mental health needs as well as their physical care needs were met. People were supported to attend routine health appointments to maintain their wellbeing such as the dentist, chiropodist and optician and an annual health review with their GP. Where a need was identified, staff reacted quickly and effectively and referred people to specialist healthcare professionals such as psychiatrists and speech and language therapists. One relative told us, "They know when [person] is not well and react immediately." That person told us, "They [staff] were helpful when I wasn't well." Detailed records of appointments were maintained to make sure all the staff were aware of any changes in people's health.

Is the service caring?

Our findings

People told us they liked living at the home. One person told us, "It is a nice place and I like the staff, they are always helpful." Relatives told us, "I see quite a bit of the staff. I don't have any concerns regarding the caring nature of staff" and "Fantastic. I would like them to look after me. They are loving and caring and so thoughtful."

During our visit we saw good communication between people and staff and the interaction created a friendly environment. People and staff enjoyed each other's company which encouraged friendship. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way. One relative told us, "[Person] is so happy there and that is what counts."

People appeared relaxed with each other and greeted each other when they returned from activities outside the home. One relative told us, "It has got a nice homely atmosphere. The four people who live there get on well together. As far as I am concerned it works well."

We asked the registered manager why they thought the home offered a caring environment for people. They responded, "Everybody is treated as an individual. We know their families. We know their needs. We know their likes and dislikes. It is caring, but it is involving them in the running of the home. It is as normal a life as possible that we can enable each person to have." During our visit we saw interactions and exchanges that supported the registered manager's views. Relatives confirmed that people were treated as individuals and listened to. One relative told us, "Because I know [person] so well I am sure they are being given the opportunity to live as full a life as they can." Another relative said, "Very much so. [Person] is very independently minded, but they respect that. Whatever [person] wants to do, they will try and cater for."

Staff we spoke with understood the importance of enabling people to do as much for themselves as possible to maintain their skills and promote their independence. During the day we saw people were able to carry out many aspects of their own personal care. People participated in domestic tasks around the home including making themselves hot drinks and tidying their bedrooms. We observed a member of staff supporting one person to change their bed linen. The staff member prompted and encouraged and constantly affirmed the person was doing a good job. "Am I putting it (cushion cover) on or are you putting it on. If I put it on, will you do the zip? You are doing an amazing job today. You are working really hard." This helped the person to feel valued and involved in the day to day running of the home.

Staff respected the fact that the service was home to the people who lived there. One staff member told us, "You respect it is their home and if they want to do something or don't want to do it, at the end of the day it is their home." We observed staff knocking on people's bedroom doors before entering and asking permission to go into bedrooms if people were in the communal areas. People were encouraged to open the front door when visitors arrived at the home. Staff rang the front door bell and waited to be let in when they came on shift. People were offered keys to their bedroom doors which enabled them to have their own private space within a communal living environment.

Through talking with staff and relatives, a key aspect of the service was building good relationships between staff and people's families and representatives. One staff member told us, "We have very supportive parents and we have very good relationships with them." One relative told us, "At Christmas they put on a lovely party and invited other guardians and relatives. We all know each other which is really supportive." Staff also supported people to maintain relationships with people who were important to them. One relative explained, "We keep [person's] calendar up to date in their room. Staff are really good at making sure [person] buys birthday cards and presents for her family." Relatives confirmed they could visit whenever they wished and felt welcomed into the home.

Is the service responsive?

Our findings

Relatives told us the care and support provided by staff was responsive to individual needs which promoted people's wellbeing. One relative told us, "We just want [person] to stay in that home and continue to thrive."

The Provider Information Return told us, "SPARS (Support Planning, Assessment and Recording System) is used to record important information on individuals we support. SPARS also contain details of individual's health, behavioural support and end of life plans. Any changes in people's needs are recorded on SPARS and a reassessment of care needs is requested from the funding authority." We saw each person had a SPARS which detailed the care and support each person required and how they would prefer to receive that care and support. Staff we spoke with had a good understanding of people's personal preferences and individual needs.

Each day, staff recorded handover logs for staff coming on duty which detailed people's personal care, activities, trips out, medical appointments and unusual moods or behaviours. The PIR told us, "Staff access the handover logs to ensure effective communication." These records provided information that staff could use when assessing people's care needs. One staff member told us that a review of the handover logs had recently identified a change in one person's health. They had taken the person to their GP and were now providing the support that person needed to keep them fit and well.

Relatives confirmed staff kept them informed about their family member's health and wellbeing and involved them in care planning decisions. One relative told us, "I see my role with HF Trust as being a partnership and we are sharing [person's] care. I am intimately involved in every day aspects of their care." Another relative said, "If there was anything I could do, if they were worried, they would ring me straightaway."

People benefitted from a service which followed a person centred active support (PCAS) approach. PCAS is a structured approach to supporting people with learning disabilities to maximise their engagement in meaningful activities. People attended colleges and day centres, clubs and societies. On the day of our visit two people were at day service and returned in the early evening. Two people were having 'house' days, but were still busy. One went shopping in the morning and then to a dance club in the afternoon. Another person went out with a staff member for afternoon tea. Other activities included bowling, meals out and trips into the local town. One person with specific anxieties was benefiting from working with an art therapist. The registered manager told us that people were able to engage in their individual favoured activities rather than having to do things as a group. A staff member explained, "We have grown dramatically. We were a staff team of six or seven and now we are a staff team of 13. I think the guys are getting a better quality of care because instead of going out in large groups, we can go out one to one with people."

Staff we spoke with told us they would take any concerns of people who lived in the home seriously and would ensure they were dealt with. One staff member told us, "They all understand the complaints procedure here and they have made complaints. They are very vocal, but that is how they should be. If they

are not happy about the service, then we will support them to make a complaint and we will follow it through." Another staff member said, "I would talk it through with them. I would ask if they knew about the complaints procedure and if they would like to make a formal complaint. I would support them as best I can to make a formal complaint." One person had been unhappy about a maintenance issue in the home. They told us that staff had helped them to make a formal complaint and that the issue was being resolved. We looked at the complaints log and saw that staff had supported people to make two complaints in the last twelve months, both about the environment. The registered manager told us that work was in process to deal with the issues.

Relatives told us they would not hesitate to raise any concerns they had and were confident they would be responded to appropriately. One relative told us, "I would speak to [registered manager] or [senior care worker]." Another said, "If I had any issues or concerns I would be sending an email to [registered manager] straightaway."

Is the service well-led?

Our findings

Relatives spoke positively about the quality of care their family members received at the home. Comments included: "The quality of care is excellent" and "Fantastic, my only concern is if anything changed because it is so great."

There was a stable management team with the registered manager supported by a senior care worker. People living in the home clearly knew who the registered manager was and greeted her warmly and enthusiastically. One person told us, "[Registered manager] is fantastic. I think she is lovely and she is always very understanding." A member of staff confirmed, "All the service users absolutely adore [registered manager] which is nice to see."

Both the registered manager and the senior care worker had a detailed understanding of the physical, mental, emotional and social needs of each person living in the home and the resources required to meet those needs. People responded positively to them, talking to them and asking questions.

Relatives told us they were confident the home was well-led. One relative told us, "I think one of the ways you can judge whether it is well managed and well led is by the turnover of staff. The turnover of staff is extremely low and there is consistency of staff. This is an indication staff are happy in their work which indicates there is a good management structure."

Staff we spoke with confirmed they understood their responsibilities and were happy within their roles. Staff spoke positively of the support they received from the registered manager. One staff member told us, "We have a really good manager in this house, really supportive to the staff and very dedicated to the people we support, their families and the organisation." Another staff member said, "She [registered manager] is great, she is really supportive." One staff member particularly spoke of the support they had received from the registered manager when considering their career options. They explained, "I needed someone to tell me straight what my options were. She gave me so much support and advice."

Staff told us there was a supportive staff team who worked well together. Staff had regular meetings and felt confident to make suggestions which they said the registered manager listened to. The minutes of meetings showed that discussions were focused on meeting the needs of people who lived at the home. A staff member told us, "It is a chance for everyone to get together to discuss things on their mind, any ideas they may have. We can discuss it in a way that is beneficial to the staff and beneficial to the service users."

The provider had processes in place to recognise and celebrate the personal achievements of staff. Staff were rewarded for attaining higher qualifications in care and for length of service. One member of staff had recently attended the provider's annual awards evening in recognition of their personal development and outstanding practice.

The provider was a member of many nationally recognised groups and organisations for learning disabilities. The PIR told us, "The home benefits from these connections as HF Trust disseminates best

practice or research to managers." Locally the registered manager attended forums with managers of similar homes in the locality. The registered manager explained, "It provides an opportunity to discuss with other providers what they are doing." They said it was particularly useful to discuss recent changes in legislation which affected employment issues for care staff.

There were informal systems in place, so people who lived in the home could share their views about how the home was run. For example, people took part in weekly planning meetings where they were able to discuss what food they would like. People were involved in the interview process and asked for their views of potential new staff in the home.

People, relatives and staff were asked their opinions about the service through questionnaires and satisfaction surveys. Relatives told us they felt listened to and their opinions were respected. One relative told us, "If I ring or speak to them (staff), I am treated courteously and they take notice of what I say."

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. For example, infection control had been identified as an issue in the last audit because kitchen worktops were worn and could not be cleaned effectively. The worktops had subsequently been replaced.

We asked the registered manager what they were most proud of about the service. They responded, "People are happy and they are safe. We are really good at following up on health issues and monitoring them. People have a very good social life and the home is a really happy environment." This was echoed by a member of staff who told us, "I want to make sure people get the service they deserve here."