

HF Trust Limited

Self Unlimited - 45 Horsebrook

Inspection report

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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 

Overall summary

45 Horsebrook offers care and accommodation for up to five people with a learning disability. It is run by HF Trust which is a national charity providing services for people with a learning disability. At the time of our inspection there were four people living in the home.

The inspection took place on 20 August 2015. This was unannounced inspection. During our last inspection in March 2014 we found the provider satisfied the legal requirements in the areas that we looked at.

A registered manager was not currently employed by the service. The home was being overseen by the Registered Manager from HF Trust – Wiltshire DCA. 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.

Summary of findings

When asked if they liked living at 45 Horsebrook people said “Yes”. People told us that staff they felt supported by staff and could ask for help when needed. We observed staff interacting with people in a kind and friendly manner, involving people in choices around their daily living.

There were systems in place to protect people from the risk of abuse and potential harm. Staff were aware of their responsibility to report any concerns they had about people’s safety and welfare. People told us they felt safe living in the home.

Staff told us they felt supported. Staff received training and supervision to enable them to meet people’s needs.

There were enough staff deployed to fully meet people’s health and social care needs. The registered manager covering the service and provider had systems in place to ensure safe recruitment practices were followed.

People’s medicines were managed appropriately so people received them safely. People were supported to be independent and manage their own medicines where appropriate.

People were supported to eat a balanced diet. People had access to the kitchen where they could make drinks throughout the day.

People were supported to access healthcare services to maintain and support good health.

Arrangements were in place for keeping the home clean and hygienic and to ensure people were protected from the risk of infections.

The registered manager and staff had knowledge of the Mental Capacity Act 2005. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

People told us they felt safe living at 45 Horsebrook.

Staff understood safeguarding procedures and were confident in reporting any concerns they had.

Suitable numbers of staff were employed to meet people's needs. Safe recruitment practices were in place.

Good



Is the service effective?

This service was effective.

People had access to healthcare services and received on-going healthcare support.

People were involved in decisions about what they ate and drank.

We found the service met the requirements of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards.

Good



Is the service caring?

This service was caring.

People's needs in respect of their age, gender and disability were understood by staff.

There were arrangements in place to ensure people were involved in making decisions about their own care.

Good



Is the service responsive?

This service was responsive.

People had access to activities both within the home and their local community.

People received care which was individual and responsive to their needs. Support plans recorded people's likes, dislikes and preferences.

There were systems in place to support people to make complaints. People told us they would speak with staff if they were unhappy or worried.

Good



Is the service well-led?

This service was well-led.

The registered manager had systems in place to regularly monitor the quality of the service.

Staff understood of the values of Hft. This included keeping people safe, promoting their independence and ensuring people received care which met their needs.

Good



Self Unlimited - 45 Horsebrook

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 August 2015 and was unannounced. One inspector carried out this inspection. During our last inspection in March 2014 we found the provider satisfied the legal requirements in the areas that we looked at.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a

notification. We reviewed the Provider Information Return (PIR). 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.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with three people about their views on the quality of the care and support being provided. We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included two care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices for part of the day.

During our inspection we observed how staff supported and interacted with people who use the service. We spoke with the registered manager and three support workers.

Is the service safe?

Our findings

People told us they felt safe living at 45 Horsebrook. One person told us “They look after me.”

There were processes in place to protect people from abuse and keep them free from harm. Staff were knowledgeable in recognising signs of potential abuse and felt confident with reporting any concerns they may have. Any concerns about the safety or welfare of a person were reported to the manager covering the service who investigated the concerns and reported them to the local authority safeguarding team as required. Staff also told us they felt confident with approaching the local authority directly if they had any concerns and were unable to contact the manager immediately.

People were supported to understand what keeping safe meant. Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate guidance was in place to minimise potential risks. For example one person had an assessment in place to support them to remain at home unsupported for short periods of time. There was an intercom system in place which allowed people to talk to the person at the front door. This allowed the person to identify the caller before opening the door. If they did not feel comfortable with opening the door they could then request that the caller come back when staff were present. We spoke with this person about being alone at home. They showed us where the intercom was and how they answered it. When asked about allowing callers access if they didn't know them they said “I wouldn't open the door, it's my choice.”

There were systems in place to support people to safely manage their finances. There was clear guidance for staff to follow. Financial expenditures were logged and signed for by the person and staff member. Staff told us monies were checked by staff each time they came on shift as part of the handover.

There were procedures in place to guide people and staff on what to do in the event of a fire. One person told us in the event of a fire they had to leave the house and where they needed to assemble and wait for staff.

Only staff who had completed a medicines administration course were able to administer people's medicines. Safe practices for the administering and storing of medicines were followed. All medicines were stored safely and in a

locked cupboard. Medicines that were no longer required were disposed of safely and in line with the provider's procedure. Systems were in place for auditing and controlling stock of medicines. There were assessments in place to support people to manage some of their medicines where appropriate. We saw one person kept their cream in their bedroom which they applied to areas of their skin when required.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. All staff were subject to a formal interview in line with the provider's recruitment policy. We looked at four staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People living in the home were involved in the recruitment of staff. The registered manager explained that candidates would be invited to attend an assessment centre. Here they would meet the people living at 45 Horsebrook. They would also take part in an activity such as a discussion group or cooking meal. Candidates' interactions would be observed and the people living in the home could also feedback how they felt about the candidate.

There was enough qualified, skilled and experienced staff to meet people's needs. Staff explained there was always a minimum of two staff on duty during the day. This could increase depending on what activities people were taking part in. We looked at the home's duty rota which indicated there was a consistent level of staff each day.

Staff explained what measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned. People living at 45 Horsebrook were also involved in maintaining the cleanliness of the home. We observed people being supported to change their bedding and then complete their laundry. People told us they had their daily tasks they completed. One person told us “I do the hoovering, I like that.” A monthly audit of

Is the service safe?

infection control was carried out as part of the overall management monitoring system. Staff could explain the procedures they would follow to minimise the spread of

infection. We found bedrooms and communal areas were clean and tidy. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection.

Is the service effective?

Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

The covering manager and staff had knowledge of the Mental Capacity Act 2005. The manager explained that capacity assessments had not been undertaken as people were able to make decisions and choices based on their daily living. They said if decisions needed to be made regarding such things as medical interventions, and they were not confident the person understood the choices, then a mental capacity assessment would be carried out with the person. They would then look at holding a best interest meeting involving people with the person to support the decision making process.

People were not restricted on when they could leave the home. On the day of our inspection one person had gone independently to the local shops. We also observed this person exiting the home to go into the garden throughout the day.

We saw in one person's care plan a discussion had taken place between the person and a staff member regarding leaving the home without staff support. During the discussion the person had made it clear they did not want to leave the house on their own as they would not feel safe and didn't like a lot of noise. The discussion then stated should this person want to attend an activity then staff support would be offered. This was then signed by the person to say they were happy with this. When we asked the person if they like to go out on their own they said "No, I don't like it."

We observed that people made choices about their daily living and nutrition. People made drinks independently throughout our visit. They also chose when they wanted to eat lunch. Staff asked people if they wanted lunch to which one person replied "When I'm ready." Staff respected their choice to make lunch in their own time. There was a picture menu on the notice board for people to see what was for the evening meal. Staff explained each week people met to discuss and plan the following week's menu. People also chose to assist with the food shopping. Breakfast and lunchtimes were flexible with people choosing what they wanted, making their own meals. The main evening meal was the same for everyone as they had chosen this as part of the planning. However staff told us if someone changed their mind then an alternative would be available. There were snacks available for people which included fresh fruit. One person told us "I like the food here, we shop at XX."

People's healthcare needs were regularly monitored. Health care plans were detailed and recorded people's specific needs, such as epilepsy. There was evidence of regular consultations with health care professionals where needed, such as dentists, doctors and specialists. Concerns about people's health had been followed up and there was evidence of this in people's care plans. There was information to support nursing staff should the person be admitted to hospital. This included medical history, preferred communication, likes and dislikes.

Newly appointed care staff went through an induction period which included shadowing an experienced member of staff. All staff we spoke with and observed demonstrated they had the necessary knowledge and skills to meet the needs of the people using the service. They were able to describe people as individuals. Staff knew about people's likes, dislikes and preferences.

Staff were aware of their roles and responsibilities. Training records confirmed staff had received the core training required by the provider, such as safeguarding, infection control, manual handling and health and safety. Regular meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meeting would also be an opportunity to discuss any difficulties or concerns staff had.

Is the service caring?

Our findings

People living in the home were independent, requiring minimal care and support. Staff explained that they were “Guests” in the people’s home and were there to offer care and support as requested.

People spoke positively of the care they received and the relationships they have with staff. Comments included “I love staff, they’re lovely to me”, “I like chatting with staff” and “They look after me by sleeping in.”

People’s needs in respect of their age, gender and disability were understood by staff. People were supported to maintain relationships which were important to them. One person who had a boyfriend told us they liked to invite this person to come for tea. They were also supported to attend social activities together.

It was noted in one person’s care plan that they supported a particular football team. This person told us they liked to go to watch football when we asked. With the help of their key worker they had written to the football club to ask for a ticket to a match. The club had responded sending enough tickets for this person and their friends to go.

Social events took place within the home where people could invite their friends and family. People told us of a recent barbeque they had held where family had attended. One person told us “I enjoyed it, my family came.”

People looked relaxed and comfortable in the company of staff. They had good relationships with staff members and did not hesitate to ask for assistance when required. Staff showed respect and consideration for the individual's need when talking with people.

One person had just changed their bedding and brought their laundry to be washed. Staff asked if the person required any help before going to their aid.

The happy atmosphere of the home was enhanced by humour from both staff and people. We observed staff sharing a joke with one person about the football team they supported.

There were only two people home during our visit and staff asked each person whether they were willing for us to see their bedroom. They explained that the two other people were out at day services and therefore they could not enter their rooms without permission. Both people who use the service were happy to show us their rooms and to point out their favourite things. People had been encouraged to make their rooms at the home their own personal space. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls.

During our visit we observed people moving freely around the home, being able to choose where they wished to spend their time. This included spending time in their bedrooms, the communal lounge or garden.

People had access to local advocacy services although staff told us that no one was currently using this service. Where needed family members had been involved to speak on behalf of people or assist them to share their views

Is the service responsive?

Our findings

People's care plans reflected how they would like to receive care and support. They included people's individual preferences, interests, and goals to ensure they had as much control over their lives as possible. Care plans included people's preferred routines, for example what time they liked to get up, how often they liked to shower, what support the person required and what they were able to do independently. Care plans were detailed and person centred; they included health action plans and future goals. For example one person wanted to go on holiday in a house with its own swimming pool. The person said they would be going on holiday soon, to a house with its own swimming pool which they were very excited about.

There was evidence people had been involved in writing their care plans and people had signed to say they agreed with what was written. People kept their care plans in their rooms and staff asked permission from them before showing them to us. Care plans had been regularly reviewed and both staff and the person had signed to say if there had been none or some changes.

Staff we spoke with were knowledgeable about the needs and preferences of the people they were supporting. Throughout the inspection we saw staff spent time with people to make sure they received the care that was centred on them and was responsive to their needs. For example one person said they had a sore throat. A staff member offered them a drink of water to see if that would help. They also asked if the person would like some pain relief.

People were supported to follow their interests and take part in social activities. Two of the people regularly attend

the football matches of their preferred teams. People were supported to access their local community which included the local shops and facilities. People also attended day services throughout the week.

Two people also had volunteer jobs. One person was volunteering at a charity shop in the local town and the other person had been volunteering for a couple of years at a recycling furniture depot. One person told us they helped clean the washing machines at their volunteering job. They said "I like it, it's a nice little job."

People were supported to maintain relationships with people that matter to them. One person was being supported with travel training. A staff member explained how they were supporting the person to access public transport so they would be able to visit their relatives independently. Another person regularly had their boyfriend over for tea visits. There were also social events throughout the year which family members and friends attended.

People were consulted about the care and support they received. Residents meetings were held with staff support every month. Minutes we reviewed included discussions about activities within the home which included going on holiday and a day trip to Harry Potter world. They also discussed if people were happy to remain with their keyworker or did they want the option to change.

There was a clear complaints procedure. Individuals were encouraged to make complaints using the 'Make Things Better' form which was in an accessible format. People we spoke with told us they would speak to staff if they were unhappy or had any concerns.

Is the service well-led?

Our findings

A registered manager was not currently employed by the service. The home was being overseen by the Registered Manager from HF Trust – Wiltshire DCA. Staff were aware of the organisations visions and values. They told us their role was to support people to be as independent as possible. They explained this was the person's home and they should feel comfortable to do what they want there. Regular staff meetings were held to make sure staff were kept up to date and they were given the opportunity to raise any issues that may be of a concern to them. All staff spoken with provided positive feedback about the provider and the support they received. Comments included "I love it here, it's the best job I've ever had" and "I do feel supported. We have a pretty good staff team here."

Staff members' training was monitored by the manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

The provider had systems in place to monitor the quality of the service. This included a quarterly audit carried out by the covering manager. This audit covered the five domains as identified by the Care Quality Commission (CQC) and

included areas such as infection control, care plans, the safe management of medicines and health and safety. The audit had a traffic light colour coded system to identify when things had been completed (green), partially completed (amber) or needed completing (red). We saw records of a recently completed audit. Where required actions had been identified and a plan completed to address them. This action plan was shared with the regional manager who monitored the outcomes of actions identified alongside the manager.

There was evidence learning from incidents / investigations took place and appropriate changes were implemented. An electronic web form was used to record all accidents and incidents. The system would also prompt the manager if the incident/accident warranted a safeguarding referral. Any issues would be discussed with the person's key worker or at team meeting and where required a referral to the relevant health and social care organisation would be made for support.

We discussed with the manager any plans they had for improving the service in the coming year. They told us they were looking at ways in which they could extend the opportunities for independence for people living at 45 Horsebrook which would include how the home is registered. They are hoping this proposal would afford them the opportunity to provide more individualised care and support. They explained that people using the service, families and staff were involved in a consultation process to include the relevant health and social care professionals.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire.