HF Trust Limited

HF Trust - Trelowen

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

We inspected HF Trust – Trelowen on 18 August 2015, the inspection was announced. The service was last inspected in February 2014; we had no concerns at that time.

HF Trust – Trelowen provides care and accommodation for up to seven people who have a learning disability. At the time of the inspection six people were living at the service. There was 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.

People and their relatives told us they believed HF Trust Trelowen was a safe and caring service. We saw people and staff interacting and engaging with each other in a friendly and relaxed manner. During the inspection visit a relative called in and staff and the registered manager chatted with them, updating them as to their family members well-being.

Summary of findings

Staff were well supported by a system of induction, training and supervision. Training was refreshed regularly and developed to reflect best practice. Staff meetings were an opportunity to contribute to the running of the service. Staff demonstrated a clear set of visions and values which placed the people they supported at the centre of the service.

People were protected from risk and kept safe while being actively encouraged to develop their independence. People accessed the local community regularly and made use of local amenities. When people's behaviour was difficult for staff to manage there were well defined strategies in place and processes to follow. This helped ensure staff took a consistent approach to supporting people.

There was a stable staff team in place. However, it had been necessary recently to use agency staff more frequently due to a shortage of relief staff available to cover staff absences. The registered manager told us HF Trust was continually seeking to recruit new relief staff to address this.

Information was produced using easy read techniques, e.g. limited text and photographs and pictures. People's preferred communication styles were identified and respected. However, care plans were not available in an accessible format and there was no evidence people, or their representatives, had consented to their general plans of care. Some of the information in care plans was out of date. The registered manager told us they would address this in the near future.

There were clear lines of responsibility in place. The registered manager was supported by a senior. People had been assigned key workers and co-key workers with responsibility for their day to day care. Relatives told us management were approachable and they would not hesitate to approach them with any concerns or suggestions they might have.

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?
The service was safe. Staff were aware of the signs of abuse and knew how to report any concerns.

There were robust systems in place to help ensure people received their medicines safely and as prescribed.

Risk assessments were designed to keep people safe while enabling them to be as independent as possible.

Good

Is the service effective?
The service was effective. Staff were supported via training and regular supervision.

Where appropriate DoLS applications had been made in line with the legislation.

People had access to external healthcare professionals.

Good

Is the service caring?
The service was caring. People were relaxed and comfortable with staff.

People's communication styles were identified and respected.

People were supported in a way which protected their dignity.

Good

Is the service responsive?
The service was responsive. Care plans were detailed. However, some information was out of date. The care plans were not available for people in an accessible format.

There were systems in place to help ensure staff were aware of people's changing needs.

People had access to a range of activities in line with their interests.

Good

Is the service well-led?
The service was well-led. There were clear lines of responsibility within the service.

The staff team demonstrated a consistent and positive approach to support.

Regular audits were carried out to help ensure the service provided was safe and of a good standard.

Good

HF Trust - Trelowen

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 18 August 2015 and was announced. This was because this is a small service and we wanted to make sure people would be available to talk with us. The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service in order to find out their experience of the care and support they received. Instead we observed staff interactions with people. We spoke with the registered manager, a visiting relative and three care workers. Following the inspection we contacted a further two relatives to hear their views of the service.

We looked at detailed care records for two individuals, staff training records, three staff files and other records relating to the running of the service.

Good

Is the service safe?

Our findings

On the day of the inspection we saw people were comfortable and at ease in their environment. People engaged with staff in a positive and friendly manner. Relatives told us they believed their family members were safe living at Trelowen. One person commented; "You can do as you like here. Staff are quite friendly."

There was sufficient staff on duty to support people to go out on individual activities, attend appointments and engage in daily chores and routines. Staff told us agency workers were sometimes used to cover staff sickness because there had been a shortage of available relief staff recently. The registered manager told us HF Trust were actively seeking to employ new relief staff to alleviate the problem.

People were protected from the risks associated with the provision of care by unsuitable staff because staff recruitment practices were safe and robust. All of the appropriate background checks were completed before new employees began work. This included Disclosure and Barring Service (DBS) checks.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. One said; "There's no-one I'd be afraid to go to." Staff knew where to go outside the organisation to report any concerns which were not acted upon. 'Say no to abuse' posters were displayed on the notice board. These contained contact details for the local safeguarding team. One member of staff told us they had raised concerns in the past and these had been dealt with appropriately. They said that they would not hesitate to do so again if they felt it necessary. One person told us if they had any worries they would; "Talk to any staff I could find."

Some people could become anxious or distressed which could lead to them presenting behaviour which could be difficult for staff to manage. Care plans clearly outlined the process to follow in this situation. Staff had received Positive Behaviour training from HF Trusts specialist skills team. This was specifically developed around the support needs of individuals living at the service.

Care plans included risk assessments which clearly identified the risk and any triggers, and guided staff on any actions they should take to minimise the risk. The risk assessments were specific to the needs of the individual and covered a range of areas. For example supporting people in the community, swimming and finances. Staff told us they tried to achieve a balance between keeping people safe and supporting them to be independent and develop skills. As people's needs changed risk assessments were updated to reflect this. For example, one person had become less steady on their feet over a period of time. Following a fall risk assessments had been updated and the person had moved from an upstairs bedroom to one on the ground floor. The registered manager told us this had helped the person retain some independence as previously they had needed to ask for help getting to and from their room.

People's medicines were stored securely in a locked cupboard in a spare room which was also kept locked. There were appropriate storage facilities available for medicines that required stricter controls. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these tallied. Creams and lotions were dated when opened. This meant staff could easily check they were still in date. An external organisation carried out annual medicines audits. Some people had been prescribed rescue medicine to be used as required (PRN). Before administering this staff had to get authority from a senior member of the team. If none were on shift they contacted the on-call senior. This helped ensure there was a consistent approach when deciding whether to administer PRN.

People's personal money was kept in individual money bags in a safe. Systems were in place to protect people from the risk of financial abuse. All transactions were recorded and any receipts kept. After any money was taken from, or returned to individual money bags, staff checked the amount and signed. Where no receipts were available the amount was double signed. Bags were then sealed and the seal tab marked with a unique seal number. People accessed money from the bank using a PIN. This was only known to one member of staff. The registered manager said if that staff member left then the PIN would be changed. A record of PINs was kept securely at HF Trust Head office. An HF Trust employee from a different service

Good

Is the service safe?

carried out monthly reconciliations on people's cash to help ensure a level of independent oversight. Everyone had an easy read record of their spending entitled 'My Money' which recorded any regular spending such as weekly trips to social clubs. Auditors could then cross reference these expenditures with daily records to verify people had attended the event where receipts were not available. This meant people were able to spend small amounts of cash without needing to request receipts and still be protected from the risk of financial abuse.

Good

Is the service effective?

Our findings

The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. DoLS provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. Capacity assessments had been carried out involving relatives, external professionals and staff, for a variety of situations. For example the use of a monitor and bed rails. Where appropriate DoLS applications had been made for people and the service were awaiting the outcome from the local authority. The registered manager had discussed the applications with the local DoLS team.

Where people were deemed to have capacity around specific decisions consent was sought and recorded. For example one person had agreed that staff would look after their finances. They had signed an agreement and told us they were happy with the arrangements.

Relatives told us they had confidence in the staff team and believed they understood their family members' needs well and respected their preferences, likes and dislikes. One commented; "They understand how [person's name] is." Staff demonstrated a good knowledge of individual's likes and preferences. One commented; "At the moment [person's name] is into libraries and books." Everyone had a key worker and co-key worker who were responsible for ensuring health appointments were up to date, keeping families informed, and leading on any changes to care planning arrangements. This meant people received consistent care from staff who knew them well. The registered manager commented; "It's essential staff are consistent."

New employees were required to complete an induction. This included working through the newly introduced Care Certificate which is designed to give staff a theoretical grounding in principles of care. Training included areas identified by the provider as necessary for the service such as fire safety, infection control and food hygiene. Where employees had come from another HF Trust service they completed a house induction to familiarise themselves with the needs of the individuals at HF Trust Trelowen.

There was a period of shadowing experienced staff for all new employees and competency assessments were carried out for medicines administration and financial recording. There was a probationary period of six months in place which could be extended up to nine months if necessary. After three months a review took place where any areas for improvement were identified.

HF Trust employed a training officer with responsibility for highlighting when staff training required updating. Training records showed staff were up to date in all areas including safeguarding and MCA. Staff had also received training in areas specific to the needs of people they supported. All staff had done training in Person Centred Active Support (PCAS). One member of staff described this as; "Really good." The training was underpinned by a regular system of observational supervision. The registered manager told us this was carried out in as natural and unobtrusive way as possible to allow the observer to get an accurate picture of how support was given.

Staff received regular supervision and told us they were able to request extra if they wanted to. This gave them an opportunity to discuss individual needs of people, care plans and their own personal development and training needs. Working practices were also discussed at these meetings. One member of staff told us they were actively encouraged by management in their personal development.

People had access to a varied and healthy diet. Fresh fruit and cold drinks were freely available in the dining area throughout the day. Kitchen cupboards were unlocked and snacks readily accessible. People were supported to choose what they ate with the use of pictures and photographs. Care plans recorded people's likes and dislikes regarding food. There was a pictorial menu for the week on display in the dining area. One person told us what they would be having for their evening meal and added; "I could change my mind and have other stuff if I wanted to."

People were supported to access other healthcare professionals as necessary, for example GP's, dieticians, opticians and dentists. One person told us they received weekly visits from a physiotherapist.

Good

Is the service caring?

Our findings

People were relaxed and comfortable with staff, asking for support when they needed it. One person remarked; "You do as you like here. Staff are quite friendly." They told us they got on with everyone who lived at the service. Relatives said they found staff to be respectful. One said; "They know how to speak to [person's name]. They respect them."

One person showed us their bedroom which was furnished and decorated to reflect their personal taste. They told us they had chosen the colours for the room and the soft furnishings with support from staff. There was a television and they said they preferred to watch some programmes there rather than the use the television in the shared living room. They also had a CD player and a large collection of CD's. They told us; "I pick my own music. I pick my own everything!"

Staff explained to us how they supported people with personal care in a way which helped ensure the person's privacy and dignity was respected and protected at all times. Not all rooms were en-suite and staff explained how they supported people when moving between their bedroom and the shared bathroom in order to protect their dignity. Care plans stated how staff could help ensure people had privacy. One care plan recorded that, after supporting the person to bathe, staff should; "...leave the room staying just outside the bathroom door allowing them some privacy and dignity." One person was supervised constantly due to their health care needs using a portable visual monitor when a staff member was not in the room with them. During the inspection visit we saw this was in the living area and anyone using this room, or passing through when entering the building or accessing the kitchen, could observe the person in their bedroom. We discussed this with the registered manager who said they would bring this up at the next staff meeting to ensure the person's privacy was respected. Staff told us the monitor had been left there following the night shift as staff used that room as a base. When any member of staff entered the person's room the monitor was immediately turned off to ensure personal care was not observable by others.

People were supported to develop and maintain independent skills around the service. One person asked for toast and staff supported them to do this for themselves. Another person made drinks for themselves using a kettle designed to boil and dispense only enough water for one cup. This made the task more achievable and protected them from the risk of scalding by over filling their cup. Care plans contained guidance for staff on how to support people with their independence. For example; Put the shampoo onto [person's name] palm and they will wash their hair." A relative commented; "I want [person's name] to be independent and they do help them with that."

Staff told us they encouraged people to take the lead when accessing the local community. One described to us how they would support someone when out shopping to handle money, make decisions about what to buy and ask for receipts. Staff shift times were flexible to allow people to access activities during the evening. For example some people chose to attend a social club one night a week. Staff shifts were extended on that day so people did not have to return home early.

In the hall, lounge and dining areas we saw information on a range of subjects was displayed in pictorial form with minimal text. Pictures were used to help people make informed choices about day to day things such as what they ate or where they spent their time. One person liked to watch television late into the night and the early hours of the morning. Staff had worked with the person to develop a pictorial representation outlining the likely consequences of this and an agreement had been reached with the person that they would not watch television all night.

Staff were aware of people's preferred communication styles and abilities. One told us how important it was to get to know someone who did not use words to communicate in order to gain an understanding of what they were feeling. They talked of the importance of observing body language, facial expressions and small gestures and listening to the tone of any vocalisations. They gave examples of how they could tell when the person was uncomfortable or distressed and the actions they might take to alleviate this. They commented; "You have to get to know the person. There are some tell-tale signs and some are more subtle. You've got to get in tune with it." Staff had worked with another person to develop a communication book and picture cards to enable them to indicate how they wanted to spend their time. It also allowed them to check throughout the day as to what activities or events were coming up. This helped alleviate anxieties. The registered manager told us; "It works really well for them." Care plans

Good

Is the service caring?

contained sections on communication with clear guidance for staff. For example; “Use [person’s name] first so they know you are talking to them……Not too much background noise.” This demonstrated people’s individual preferences were identified and respected.

People were supported to maintain contact with families. Relatives told us they visited the service regularly and unannounced. One family member told us staff supported their family member to visit them. They added; “After a while [person’s name] will often say, ‘I think I want to go home now.’”

Good

Is the service responsive?

Our findings

Care plans were stored electronically on the providers support planning, assessment and recording system (SPARS). They contained a wide range of information in respect of people's support needs across a range of areas including communication, behaviour and social needs. Not all the information in support plans was up to date or accurate. For example, we saw in one person's plan it was recorded that they had an advocate to help them with more complex decisions. However, in discussion with the registered manager we discovered the advocate had passed away a few months earlier. Another referred to the person having an allotment but we found this activity was no longer taking place. Staff told us the information in the care plans was useful although one said there was a lot of information which took a long time to become familiar with. They commented; "Knowing where everything is can be difficult." We discussed the care plans with the registered manager who agreed some updating was required and said they would address this.

People did not have access to their care plans as they were only available electronically. There were no easy read versions in place. This meant people or relatives had not been able to sign the care plans to evidence they were in agreement with them. Where specific and discrete pieces of work had been carried out in paper format we saw consent was sought and evidenced. For example one person had recently had a care planning review and had signed to indicate they agreed to decisions made at the meeting. Another person had worked with staff to develop a timetable for when they would use their laptop. They had signed to indicate they were in agreement with this.

One person had started 'rebound therapy' which is an exercise therapy using trampolines. They were limited to how often they could take part in this because they required the support of two physiotherapists in order to do it. HF Trust had arranged for two support workers to receive training in the therapy to enable the person to use it more often. The registered manager told us; "[Person's name] really enjoys it. It allows them freedom of movement."

Staff were kept up to date with people's changing needs via a range of systems in place. Daily records were kept on SPARS. When staff logged on to the system they were alerted to any new information which had been entered since their last log in. The system would also alert staff of any upcoming appointments or significant dates such as birthdays. Staff coming on shift would also have a verbal handover to make sure they were aware of any changes to people's care and support. Staff told us communication amongst the team was good. One commented; "I never feel out of the loop."

People had access to a range of activities to meet their interests. Activities took place during the day and in the evenings and at weekends. One person told us; "I like to get out and go to the pub and have a glass of wine." On the day of the inspection all but one person were out for part of the day. Some people were attending a local day centre and others went out for lunch and to do some shopping. As well as regular activities people had holidays and went to one off events that suited their interests. For example two people had recently attended a UB40 concert and one person was planning a trip to a music show at a local theatre.

People were supported to take part in household chores such as laying the table, doing the dishes and taking out recycling. Minutes from house meetings recorded that chores were rotated and a pictorial representation of who was responsible for what was on the notice board. One person indicated to us what their task for the day was. This demonstrated that people were supported and encouraged to develop and retain everyday independent skills.

House meetings gave people an opportunity to express an interest in trying new activities or continuing old ones. One person had said they wanted to attend the cinema more often and this had been arranged for them.

There was a complaints policy in place and a complaints form was available in an easy read format. Relatives told us they had not made official complaints but would speak with senior staff if they had any concerns and were confident they would be acted on appropriately. Staff told us that if people wanted to complain they would explain the process to them and support them to complete the form.

Good

Is the service well-led?

Our findings

Staff at all levels told us they felt well supported, both within the service and by the higher organisation. Changes to the higher management structure had been implemented at a local level and this was seen as a positive development. A relative told us they were happy with the leadership of the service. Staff told us HF Trust communicated with them regularly via emails. They said they also got support from other services and shared learning and experiences across the organisation.

Staff meetings took place regularly and were an opportunity for staff to put forward suggestions and ideas regarding the running of the service. For example, the previous year there had been one or two medicine recording errors. At a staff meeting staff had reported the location of the medicines trolley was too central and they could become distracted while doing medicines. In response the trolley had been moved to a quieter area and medicine errors had been eliminated. Staff meetings were also used to discuss any developments in working practices and people's individual support needs. Service managers met on a monthly basis.

Staff told us they were a close team who supported each other. One told us; "We're a very strong team and most members are long standing." The registered manager had additional responsibilities at other HF Trust services. However they told us they had daily contact with Trelowen and were confident they were aware of how the service operated on a day to day basis. They were supported by a senior carer who had worked at the service for several years. The registered manager told us the senior had; "The respect of the team and families."

The registered manager and staff team were consistent in their attitude towards supporting people. They spoke of the need to; "Put the guys first" and ""Making sure everyone has a good day." They told us they believed it was important to help people be independent and access the local community. This demonstrated a shared ethos across the service.

Incidents were recorded on the on-line system by staff. This triggered an automatic email to the manager in charge who would then oversee any follow up actions and identify any trends. Senior management would also check the incident records at regular intervals. Handover sheets required staff to complete daily checks covering areas such as cleaning rotas, medicines audits and monitoring charts.

Monthly compliance audits were carried out which were designed to answer the five questions; Is the service safe, effective, caring, responsive and well-led? Any identified areas for improvement would result in an action plan being developed. A traffic light system was used to identify which areas still required improvement. The registered manager told us they found this a useful system which resulted in measurable outcomes. In addition the regional manager carried out spot checks on finances and observed working practices. The health and safety manager carried out audits every 12 to 18 months. An external organisation carried out annual medicines audits.

Questionnaires asking families for their opinions of the service were circulated annually. However one relative told us they had not received any feedback following suggestions they had made within the questionnaire.

House meetings were held regularly and gave people an opportunity to express any opinions in respect of the running of the service as well as individual concerns. Minutes of the meetings were produced using limited text and pictures. The latest minutes were available on the kitchen notice board.