

HF Trust Limited

# HF Trust – Lympne Place (High Trees and The Beeches)

## Inspection report

Aldington Road  
Lympne  
Hythe  
Kent  
CT21 4PA

Tel: 01303260453  
Website: [www.hft.org.uk](http://www.hft.org.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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 30 November 2017 and was unannounced.

High Trees and The Beeches are two residential care homes. The services are registered as one location to provide accommodation and personal care for up to 12 people who have a learning disability and other complex needs. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 12 people were living at the service at the time of the inspection and each had their own personalised bedroom. In both High Trees and The Beeches, people had access to a lounge, dining room, a kitchen, bathrooms and gardens.

The service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

We last inspected HF Trust – Lympe Place (High Trees and The Beeches) in August 2016 when two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We issued requirement notices relating to safe care and treatment, good governance and a lack of notifications.

At our inspection in August 2016, the service was rated 'Requires Improvement'. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Improvements had been made. We made two recommendations to improve people's care and support, however, all of the breaches had now been met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, best interest decisions regarding people's finances had not been recorded. We made a recommendation about this. There was some confusion amongst staff regarding the provider's policy on supporting people to eat out. Staff had an understanding of The Mental Capacity Act (2005) and any restrictions on people's liberty had been legally authorised.

There was an open culture and people were encouraged to be as independent as possible. Staff and the registered manager had a good understanding regarding supporting people with learning disabilities. However, the principles regarding person-centred planning (a way of helping a person to plan their life) had not always been followed. Staff had not always recorded goals for people to work towards and did not consistently record what people did or their achievements. We made a recommendation regarding this.

Medicines were now managed safely and stored in people's individual rooms. Senior staff undertook regular checks and audits of medicines to reduce the risk of errors occurring.

Any risks relating to people's care and support had been assessed and any action needed to reduce these risks were clearly recorded. When incidents had occurred the registered manager had analysed them and taken action to ensure they would not happen again. Staff knew how to keep people safe and any potential safeguarding incidents had been reported to the local authority safeguarding team. Lessons were learnt when things had gone wrong.

People's preferences regarding their care and support had been recorded. Staff knew how to support people in the way they preferred. Some people had health conditions such as diabetes and epilepsy and these were stable and managed well.

Staff had an understanding of people's equality and diversity needs and told us they would challenge discrimination in any form. Staff knew people well and supported them to make their needs known. Some people required assistance to communicate and staff knew how to interpret people's non-verbal communication. All complaints had been documented and responded to in line with the provider's policy.

Staff treated people with dignity and respect. People told us that staff were kind and caring. When people's loved ones had died staff had supported people compassionately.

People had been involved in making decisions about the design and décor of the service. People were able to access their kitchens, whenever they wanted and were supported to prepare meals and drinks of their choosing. People were supported to eat a healthy and balanced diet. Some people required a specialist diet, and this was provided at each meal time. People were supported to keep the service clean and wiped down the surfaces of the kitchen during the inspection.

There was enough staff to keep people safe. Some people received one to one support and this was always provided. People were able to go out and do the things they wanted throughout the inspection. They took part in a range of activities both inside and outside of the service. Staff had received essential training and told us they felt well supported by the management team. Staff had received training in topics related to working with people with learning disabilities. Staff had been recruited safely.

The registered manager was experienced in working with people with learning disabilities and providing person centred care. Staff and the registered manager consulted with other professionals regarding people's care and received support from the provider to provide consistent care. The service worked in partnership with a range of other agencies such as the local authority safeguarding and commissioning team.

The registered manager had a good knowledge of the regulatory requirements and had informed CQC of any important events that occurred at the service, in line with current legislation. The provider had displayed their rating clearly and legibly on their website and at the service.

The registered manager regularly carried out audits to identify any shortfalls and ensure consistent, high quality, personalised care. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were completed.

People's relatives, staff and other stakeholders were regularly surveyed to gain their thoughts on the service. These were collated and analysed and the results were displayed within the service so everyone could read

them. When areas of improvement were identified, these were acted on and people's views were listened 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 was safe.

Staff knew how to recognise and respond to abuse.

Medicines were managed safely.

Risks relating to people's care and support had been assessed and mitigated. When incidents occurred action was taken to learn from them and ensure they did not happen again.

The environment was safe and people were supported to keep the service clean and tidy.

There was always enough staff to give people the support they needed. Staff were recruited safely.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Best interest decisions regarding people's finances had not always been documented. Staff had an understanding of The Mental Capacity Act (2005) and any restrictions on people's liberty had been legally authorised.

Staff had not kept consistent records of people's achievements or set goals for them to achieve, in line with best practice when supporting people with learning disabilities.

Staff had received necessary training and had the support to carry out their roles effectively.

People had been involved in making decisions about the décor and design of the service.

Staff consulted with other professionals regarding people's care and received support from the provider to provide consistent care.

People received support to manage their healthcare needs. People were supported to eat and drink safely.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

Staff used a range of communication methods including pictures and signs to ensure people could be involved in making decisions about their care.

Staff treated people with respect and dignity.

### Is the service responsive?

Good ●

The service was responsive.

There were clear guidelines in place for staff regarding how people liked to be supported. People took part in a range of activities both inside and outside of the service.

Staff knew people well and supported them to complain if they wished. All complaints were responded to in line with the provider's policy.

Staff had supported people when their loved ones had died.

### Is the service well-led?

Good ●

The service was well-led.

There was an open culture and people were encouraged to be as independent as possible.

The registered manager had a good knowledge of the regulatory requirements and had made improvements to the service.

People, their relatives, staff and other stakeholders were asked their views on the service.

The registered manager completed regular checks and audits and any issues were identified and rectified.

The service worked in partnership with a range of other agencies such as the local authority safeguarding and commissioning team.

# HF Trust – Lympne Place (High Trees and The Beeches)

## **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 30 November 2017 and was unannounced. Two inspectors carried out the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, and six members of staff. We looked at five people's care plans and the associated risk assessments and guidance. We looked at a range of other records including two staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

We last inspected HF Trust – Lympne Place (High Trees and The Beeches) in August 2016 when two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

# Is the service safe?

## Our findings

People told us, and indicated that they felt safe living at the service. One person said, "This place here, they look after me." Staff offered people support when they needed it and people appeared calm and relaxed in the company of staff.

At our previous inspection, medicines were not always managed safely. At The Beeches medicines were not stored securely as the key to the medicines cupboard was kept in the lock and checks of medicines had not been occurring or been completed accurately. We found gaps in people's medicine administration records (MARs) so could not be assured people had been receiving their medicines as prescribed. At this inspection, we found that improvements had been made.

People's medicines were now stored in individual, locked cabinets in their rooms. Staff told us this had improved their practice as they now had to go to people individually to assist them with their medicines. A person proudly told us, "I have my tablets in my bedroom, the staff help me. They give me a drink with my tablets." Staff took the temperature in each room medicines were kept to ensure they were stored at a safe temperature.

Some people required medicines at specific times due to their medical conditions. There had been some medicine errors since our last inspection and the registered manager had introduced an alarm system to remind staff of when people were due to receive their medicines. People received their medicines at the correct time. Weekly checks of medicines were now completed on all medicines. We checked the amount of several medicines with staff and all of the checks were accurate. MARs were fully completed, indicating that people received their medicines when they needed them. Medicines in a liquid or cream form had been dated on opening so staff knew how long they had been in use and if they were still safe for people to have. Some people had medicines on an 'as and when' basis (PRN) for pain relief or when they had a seizure. There was clear guidance in place so staff knew when people might need these medicines and how much they should take.

Risks associated with people's care, such as their behaviours, eating and drinking and any healthcare conditions had been identified and there was clear guidance in place to show how to minimise the risks. One person needed to wear an oxygen mask at night and used a machine to help them receive a safe amount of oxygen. There was clear guidance for staff on the use of the machine and how to support the person with their oxygen mask. Other people used assistive equipment such as zimmer frames and walkers to help with their mobility and the risks relating to this had been assessed fully.

Staff supported people positively with their specific behaviours, which were recorded in their individual support plans. There was information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence. For example, one person could become anxious at night time and shout, disturbing others. There was a clear night time routine in place for the person and staff had consulted with other professionals to ensure the person received the support they needed. People told us about a recent incident when the person had become distressed and staff had followed the guidelines



accordingly. The situation had been managed safely.

All incidents and accidents were recorded and reviewed by the registered manager. A monthly summary was sent to head office for further analysis so that any patterns or trends might be identified. This was then included in reports to more senior managers and to the Health and Safety Working Group who reviewed incidents across the organisation. When incidents had occurred the registered manager had arranged staff meetings to discuss why they had happened and what could be put in place to reduce the risk of them happening again.

Staff knew how to recognise and respond to abuse. Staff told us about the different types of abuse, such as physical and mental and what signs or symptoms they would look out for. The registered manager had reported any potential instances of abuse to the local authority safeguarding team and action had been taken reduce the risk of them happening again.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. The service was clean and tidy, and people were supported to help with the upkeep of the service.

The registered manager calculated how many staff were needed on each shift so that each person had the support they needed. Some people needed one to one support throughout the day and rotas showed that this was always provided. We observed staff on duty at both houses providing consistent support to people.

People were going out Christmas shopping and there were enough staff to take them. One person prepared lunch with a staff member, they worked together to make homemade beef burgers. Staff took their time and no one was rushed. The person said they loved cooking and especially liked to watch the programme 'Masterchef.' The staff member knew about this and talked about the programme while supporting the person to prepare lunch that everyone appeared to enjoy.

Staff worked early and late shifts with a handover meeting held between shifts so staff were aware of any changes. A rota was displayed each day with staff photographs so people knew who would be supporting them that day. Senior staff were on call out of hours to give advice and support. Any staff shortfalls, including sickness, were covered by the staff team.

Staff were recruited safely. The staff files we checked had all of the required checks including a criminal background check and references. Prospective staff were introduced to people so that people could be involved in the interviews and give feedback about who might potentially support them.

## Is the service effective?

### Our findings

People's needs were assessed before they moved into the service and each person had a detailed support plan in place to provide guidance for staff on how they liked to be supported. Staff spoke with knowledge and understanding about best practice when supporting people with learning disabilities. Although they had an understanding of 'Person Centred Planning' (a way of helping a person to plan their life) they had not always recorded goals that people were working towards. Staff also did not regularly record what people did each day or what they had achieved. The registered manager told us that the provider used an on line system to record these things and the internet connection in one of the houses had been intermittent. This meant that staff in one of the houses had not been recording things as regularly as they were expected to. Staff provided people with support and encouraged people to be as independent as possible. However, without recording what people had achieved and what they were aiming for there was a risk that the staff team may not support people to achieve their hopes and wishes consistently. We discussed this with the registered manager and they agreed that this was an area for improvement.

We recommend that the registered manager seeks advice from a reputable source regarding goal setting and person centred planning for people with learning disabilities.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS for people and these had been authorised by the local authority.

Staff looked after people's money. Money was stored safely and receipts were kept if any money was spent. Regular checks were carried out to make sure the balances were correct. Some people went out Christmas shopping during the inspection; others had been out shopping that week. We asked staff how lunch was paid for when people were out at lunchtime. Staff were not all clear about this. One staff member said that people paid for their own lunch out and people paid for the staff member's lunch too to a maximum of £7, another staff member said that people paid for staff so "I just have cake and a coffee" while another staff said 'no, staff pay for their own lunch.' The senior staff said people only paid for the staff meal if it was the 'main meal' of the day. We saw receipts for two people who had paid for staff's lunch as well as their own lunch when out during the week of our inspection.

There was confusion among the staff so we checked the local policy. The local policy, 'Staff food policy, supporting people with meals out' dated November 2016 stated 'when staff are supporting a person out for a meal, the meal will be paid for by the person they are supporting, when that individual has the capacity to

agree to this'.

We discussed this with the registered manager who agreed that not everyone living at High Trees and The Beeches would have the capacity to agree to this. The policy went on to say if the person lacked capacity to agree, then the decision to pay for staff meals would 'have to be agreed by their appointee, Court appointed Deputy for financial decisions...and MCA Best interests decision paperwork. This will be clearly evidenced in the person's support plan and meals out expenditure monitored monthly.' The registered manager said that no agreement or best interest decisions were in people's support plans. Due to the risk to people of financial abuse we asked the registered manager to review the policy and ensure staff were clear about it and to investigate in case people were due refunds. People had not agreed to this arrangement and it was not clearly documented.

The registered manager emailed us the day after the inspection to confirm they had refunded people's money. They had issued a staff memo to confirm the provider's policy and spoken with staff to ensure everyone was clear about how to support people with their finances. Best interest meetings regarding people's finances had been scheduled with people and their loved ones. We will follow this up at our next inspection.

All other decisions had been recorded and people's loved ones had been involved in making decisions about people's healthcare and other important decisions in their lives. People were supported to make day to day decisions about their lives regarding what they wanted to do, eat and wear.

Staff had the skills, knowledge and experience to provide good support. There was an ongoing training programme; some staff attended safeguarding training in the on-site training room during the inspection. Staff attended basic training courses in topics such as first aid and in subjects related to people's needs, including Positive Behaviour Support and Person Centred Active Support. Positive Behaviour Support involves understanding why a person may display behaviour that can be challenging behaviour, and addressing the issues that trigger the behaviour and Person Centred Active Support is a way of supporting people to be as independent as possible. Staff put their training into practice. People living at the service had a range of needs and staff adapted their support accordingly, ensuring each person was able to do as much for themselves as they could.

The induction training for new staff included three days of face to face training and additional eLearning training. New staff were supervised and observed until they were signed off as competent. Staff met regularly for supervision with a line manager so they could discuss any training and other issues. Staff told us they felt supported by the management team.

Staff worked with other organisations, such as people's day services to ensure people's health and well-being. Staff worked closely with people's families and care managers to make sure that people had the support they needed. The provider had other services close by and people were supported to keep in touch with their friends who lived there.

People lived in either The Beeches or High Trees which were two separate houses, next door to each other, one for eight people and the other for four. Both houses were clean and well maintained and suitable for people's needs. A new kitchen had been fitted at High Trees; staff had worked around this to cause as little disruption to people as possible. People were involved in choosing the décor of the houses, and had helped choose the colour of paint for their bedrooms. One person's bedroom had recently been redecorated and they proudly showed us their new bedspread, which matched the flowery wallpaper they had picked.

With staff support people were able to access the kitchens at both The Beeches and High Trees whenever they wished. They took it in turns to plan and prepare meals for everyone to eat. On the morning of the inspection, an online food order was delivered. People were supported to unpack the food order and discussed the different items which had been delivered. People were encouraged to choose their own breakfast items and buttered their own toast and made their own hot drinks when they were able to. One person told us, "We have a nice hot drink in the morning. I like a cup of tea."

Meal times were relaxed and people chatted to staff and each other. Some people had been assessed as requiring a specialist diet by a Speech and Language Therapist (SALT) and they were supported to eat each meal following the guidance from the SALT. Staff were reassuring and people were able to eat their meals at their own pace.

Staff sought advice from a variety of medical professionals regarding people's care and support. People were referred to speech and language therapists, occupational therapists and physiotherapists when they had needed specialist support. All of the guidance was available in people's support plans and staff ensured they followed them as required. Some people were living with healthcare conditions such as diabetes and epilepsy. There was clear guidance in place and staff knew how these presented in different people and what action to take if they became unwell. When people were living with diabetes they received support to ensure their blood sugar levels remained stable.

Staff assisted people to attend a variety of healthcare appointments and check-ups. One person told us, "Sometimes when I go to the doctors or the hospital they help me." Some people were unable to communicate verbally but staff said they knew when people were unwell. The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

There was information in place for people to take with them if they were admitted to hospital. This laid out important information, which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

# Is the service caring?

## Our findings

People welcomed us warmly into the service and told us that it was their home. Staff encouraged people to have ownership of where they lived and there were pictures of people taking part in activities throughout the service. One person offered us a drink when we arrived. Staff supported them to the kitchen and they returned carrying a hot drink. When we thanked the person they said, "I love doing that it is my favourite job in the whole world." People answered the phone when it rang and explained to us how they picked it up and what they said. One person told us, "I answer the phone. I say, "Hello, it is the Beeches." "Another person told us they enjoyed getting the post for everyone from the post van. They said, "At 2 o'clock I get the post from the red van." People felt relaxed in the service and took pride in the fact it was where they lived.

People told us they liked the staff and we saw this for ourselves. There were lots of friendly exchanges and laughing. Staff knew people well and stepped in only when needed to give the right amount of support. One person came to the office to see the registered manager. The person looked nervous and hesitant. The registered manager showed kindness and an understanding of the person's needs. The registered manager gave the person time and said, "What would you like to ask me today?" the person then talked eagerly about their hometown, their family and past holidays. The registered manager knew about these subjects and skilfully encouraged the person to engage in a conversation which led to the person looking happy and no longer nervous.

People and staff had built up strong relationships with each other. Staff knew people well and people liked and enjoyed spending time with the people they lived with. During the inspection, one person walked into the dining room. Both staff and people looked up and greeted the person enthusiastically. Everyone was waving and smiling and the person responded.

Staff knew how people preferred to communicate and we observed staff communicating with people effectively. Information was presented in ways people could understand including the use of pictures and photographs to show who was on duty that day. Staff spoke with people and to each other with patience and respect.

People's privacy and dignity was respected. Each person had their own bedroom and there were various communal rooms for people to use. When people required support staff responded in a discreet manner, dropping their voice and asking if they needed assistance with anything.

People could have visitors and staff supported people to keep in touch with their family and friends. One person told us that staff supported them to visit their family in their hometown in the Midlands, they said they really looked forward to these trips. Another person was supported to use an electronic tablet to video call their family so they could see where they lived. Some people had lived in other services run by the provider. Staff encouraged them to stay in touch with people they used to live with and retain the friendships they had made.

People were supported to be as independent as possible. One person was living in a flat attached to the

service and was learning to be more independent. They told us about the different things they did in their flat to keep it tidy and clean. Other people needed staff support to carry out tasks and received prompting and encouragement to do as much as they could for themselves. Staff asked one person if they wanted a drink, and when they responded 'yes' the person was then encouraged to make the drink themselves. Staff stood back, allowing the person to complete the task, encouraging them to do each step on their own.

## Is the service responsive?

### Our findings

People received the care and support they needed and staff were responsive to their needs. One person told us, "I am enjoying myself in this place."

No one had moved into the service since our last inspection, however the provider had clear policies and procedures in place regarding the process of new admissions. People received the care and support they needed, in the way they wanted. There was step by step guidance in place regarding how to support people with individual tasks such as taking out the rubbish and washing up. Staff followed these guidelines and people took part in a range of household tasks throughout the inspection.

Preferences about people's personal care and daily routine were also documented in their support plan. Some people were unable to tell staff how they wanted to be supported, but staff that knew them well had noted what they liked and disliked. Other people were able to tell us and staff how they wanted to be supported, and their preferences had also been documented. For example, the particular bubble bath people liked to use and what they liked to take into the bathroom with them had all been recorded. One person told us, "Staff help me to wash my hair."

Detailed guidance was in place to ensure that staff were supporting people consistently to minimise their anxieties and any triggers for behaviours. Some people needed support with their communication and each person had up to date information in their support plan about how best to support them, and what their different signs and vocalisations may mean. Staff were able to communicate with people throughout the inspection, engaging with them, offering them choices and ensuring they were happy and relaxed.

The registered manager told us that they used technology in a range of ways to ensure people received timely care and support. Talking buttons, which were easy to press buttons that could be pre-recorded with a message, were used throughout High Trees for people to press if they wanted staff's assistance.

During our inspection people took part in a range of activities both inside and outside of the service. Some people chose to sit and chat in a communal lounge and watch television. Others spent time in their rooms. One person had a relaxing morning and enjoyed using a footspa and eating chocolate. People went out Christmas shopping with staff and returned full of enthusiasm from their trip out. They showed us the different gifts they had bought and spoke excitedly about who was going to be given what.

People took part in a range of group activities put on by the provider. Some people were taking part in an annual pantomime, which was going to be performed at a local village hall. People often went out to discos and other social events and told us they enjoyed seeing their friends who lived in other services.

Some people had been supported to gain paid employment. We spoke with one person about their job, they told us with pride about what they did, and the people they worked with. They had been invited to their employers Christmas Party and told us they were looking forward to socialising with their colleagues. Other people had voluntary jobs and were equally proud about what they did.

There was a complaints procedure which was produced in a way that was meaningful to people. The registered manager recorded all complaints and investigated them so they could be resolved to everyone's satisfaction. The registered manager told us about a complaint they had looked into, they had apologised to the complainant, investigated and made changes based on the learning from the complaint.

Staff picked up on people's behaviour and gestures that may mean they were not happy about something. Staff stepped in discreetly when a person looked worried about a personal possession. Staff reassured the person and said they would look for the item.

The service was not currently supporting anyone at the end of their life. People had end of life support plans in place where they had talked about what they wanted to happen when they died.



## Is the service well-led?

### Our findings

People were positive about the management of the service, people knew who the registered manager was and greeted them with smiles and hugs. One person told us, "The [registered manager] is the boss lady, they are my favourite person." The registered manager had been at the service for several years and knew people well. They worked alongside staff and supported people at lunchtime, during the inspection, as part of the staff team. Staff told us they worked well as a team and we could see that for ourselves.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This ensures that CQC can then check that appropriate action had been taken. At our previous inspection the registered manager had not notified us when people's Deprivation of Liberty Safeguards (DoLS) had been authorised by the local authority. At this inspection we had been notified of all important events that had happened in the service.

Although audits and checks had been in place at our previous inspection they had not picked up on issues relating to medicines management. There had been a breach of the fundamental standards due to a lack of management oversight. At this inspection, improvements had been made. Audits and checks were completed including medicines and associated records. There were clear audits of the stocks of medicines and checks that medicine records were in order. Staff had received training in how to carry out these checks, so if senior staff were absent the checks were still able to take place. The environment was checked including the fire safety system and water temperatures to prevent the risk of scalding.

There was management oversight of the service and action plans were put in place when required. Staff from head office carried out additional audits and produced reports. The registered manager completed a weekly report about any incidents or accidents and any staff matters like sickness. A health and safety and estates audit was carried out. Following this, the laundry and kitchen had been updated and new flooring installed.

The registered manager was experienced in supporting people with a learning disability and had a management qualification. They had attended short courses related to people's needs including Person Centred Active Support and we discussed researching further accredited courses that may further improve the service. The registered manager led by example and was aware of their responsibilities to meet legal requirements.

The provider's values were 'individuality, diversity, empowerment, achievement and speaking up'. The provider's vision was 'a world where people with a learning disability are supported to live the life they choose as equal members of our society' the values and vision were displayed at both houses and staff were trained and supported to deliver support in line with the vision and values. By working alongside staff and meeting with them regularly the registered manager could observe and give feedback to help make sure staff were providing good support to people.

Everyone was involved in developing the service. People were encouraged to air their views and make

suggestions as were staff. People met each month with a personal coordinator or key worker (a named member of staff) so they could talk about how things were going and their plans for the future. Following this meeting a report was written so any actions could be followed up at the next meeting. The provider ran a group that had been set up by people called 'Voices to be Heard.' People could join this group and use the opportunity to raise any concerns or issues. Relatives, staff and other stakeholders were sent yearly questionnaires so they could give feedback. Feedback was collated and reviewed by the registered manager. Changes had been made based on feedback including changes to one of the front doors and support to one person to go abroad for the first time.

Staff could air their views at regular staff meetings or could use the 'Partnership Forum'. This forum was established for staff to air their views and as a means of consultation with all staff through representatives at local and national levels. Staff could also use the 'HFT hub' which was an electronic pin board to post ideas and views.

The registered manager worked closely with external professionals to support people's wellbeing including the local community team and organisations including the 'Downs Syndrome Society.' The registered manager said they were keen to keep up to date with best practice. Staff had worked closely and successfully with the learning disability community team when a person went through bereavement.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating on a notice board in the office and on their website.