

HF Trust Limited

# HF Trust - Phillippines Close

## Inspection report

Phillippines Close  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

HF Trust - Philippines Close is a residential care home providing personal care to people with a learning disability and/or autism. Some people were also living with physical disabilities. The service can support up to 16 people in two separate houses, each of which has separate facilities and is set on a site which is shared with a day service, offices and supported living accommodation owned by the same provider. On the day of our inspection, there were 14 people living at the service, eight people in one house and six in the other.

### People's experience of using this service and what we found

People told us they felt safe at the service, relatives were happy their loved ones were being cared for in a safe way. Staff knew how to recognise signs of abuse and knew where to report them if they had concerns. The registered manager knew their responsibilities and had reported concerns to the local authority safeguarding team.

Risk assessments were in place for people and their specific health needs. Staff were able to tell us about individual risks and how to manage them. Environmental risks were well managed in order to keep people safe. Infection control was well managed, the home was clean and free from odour. Policies in place protected people and visitors.

Staff were recruited safely and there were enough staff to meet people's needs. Staff had completed a variety of training and relatives felt staff were well trained. Staff had regular support through supervisions and completed an induction when starting at the service.

Staff worked with other agencies and healthcare professionals to provide effective and timely care. They shared with us good examples of how working with the learning disabilities team improved people's lives. Calls were made to the GP and 111 where necessary and advice was listened to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

The model of care was not in keeping with the principle of right support. The service was laid out across

multiple buildings, in a campus-based set up. However, the registered manager had used this to their advantage and ensured people had control and independence. People were encouraged to walk into the local town and one person done this alone daily. Where people enjoyed public transport, they were taken regularly on buses and trains to various locations. Daily support was giving to people to attend the day centre and local groups with their house vehicle.

Individual choices were considered when outings occurred dependent on what people wanted to do. Where a person required wheelchair support and blended food. They were supported to still attend the group bowling, by arranging special transport and taking a blender along so the person did not miss out. The registered manager recognised the model of care was not right but used it to their advantage by having joint events, making the bungalows more unified. People often visited each other, and it was a community.

#### Right Care:

Care was person-centred and promotes people's dignity, privacy and human rights.

People and their relatives were positive about the food they were provided. People were encouraged to choose their own menu each month and assisted the staff in cooking their meals. We observed people enjoying their meals with staff and where modified diets were in place, they were being followed.

#### Right Culture:

The newly appointed registered manager had worked hard to create a positive culture within the service. Staff felt confident in the new manager and felt positive about the changes that were occurring. The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the service used relevant guidance and tools to support people's pressure care. We also recommended they seek guidance from a reputable source regarding the right support, right care, right culture guidance. At this inspection we found improvements had been made. The service was now using appropriate tools to assist with managing pressure care and where possible ensured guidance was followed for right support, right care, right culture.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 6 July 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HF Trust - Phillippines Close on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our effective findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# HF Trust - Phillippines Close

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

HF Trust - Phillippines Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. HF Trust - Phillippines Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 March 2023 and ended on 17 March 2023. We visited the location's office/service on 13 March 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed feedback we had received about the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 10 relatives about their experience of the care provided. We met with the registered manager, deputy manager, spoke with 4 care workers. We looked at written records, which included 4 people's care records and 3 staff files. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place. Policies were up to date and the registered manager made reports to the local authority safeguarding team when necessary. Appropriate measures were taken to safeguard people from the risk of abuse.
- Staff had received training and knew how to recognise signs of abuse. Staff told us they were comfortable raising concerns to the registered manager if they felt people were at risk. One staff member told us, "We need to protect residents and report to the manager if we feel they are not being treated well."
- People and their relatives told us they felt safe using the service. Comments we received were, "I do feel [person] is safe there. [Person] has been there a long time and at the moment there's a good team of staff and [person] is happy." And, "Yes, I feel very safe here."

Assessing risk, safety monitoring and management

- Risk assessments were in place to safely monitor and manage people's needs. Where people had specific health risks such as constipation or diabetes, risk assessments were available. Staff were able to tell us about people's known risks.
- We identified a person who was at high risk of choking and had a choking incident. A robust individualised risk assessment including picture instructions for mobility aids for staff was put in place. This will enable staff to appropriately handle a choking incident if it were to re occur.
- Environmental risks were well managed. Risk assessments for electrical and fire safety were in place and the registered manager took action when required. A new fire exit was put in place in a person's bedroom who was no longer able to mobilise independently, to enable safe exit.

Staffing and recruitment

- Staff were recruited safely. Staff files included staff work references, identity, employment history, and a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs and people were receiving their one to one time effectively. We observed enough staff around to support and spend time with people. The registered manager told us they had increased night staff for the safety of people living in one of the bungalows.
- Staff felt there were enough staff to support people's needs. One staff member told us, "Yes there is enough staff, everyone does their bit to help and support. We work together as a team."

Using medicines safely



- Medicines were managed safely. We reviewed a variety of people's medicines administration records (MAR) and stock balances. No discrepancies were found, and people were observed to have their medicines administered by trained staff in their preferred way.
- Some improvements were needed in the recording of people's PRN medicines which are medicines that are given on a when required basis. The recording of why these medicines were given and if they had the desired affect had been missed. The registered manager acted promptly to address this concern with the staff. PRN protocols were in place.
- Medicines were stored safely in locked cabinets in people's rooms, or where necessary locked in the staff office. Medicines were disposed of safely. Staff administering medicines were appropriately trained and had their competencies assessed and reviewed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Both of the bungalows were clean and free from odour. Regular cleaning was carried out by the staff and staff felt there was enough time to complete these duties. People were encouraged to be involved with keeping their bedrooms clean and tidy.

#### Visiting in care homes

- There were no restrictions in place to stop visitors from coming to the service to see people. Relatives told us they visited the service regularly. The registered manager told us about a safe area for visitors to still visit if they had an outbreak at the service. This enabled people who were not poorly to still see their loved ones.

#### Learning lessons when things go wrong

- Accident and incidents were recorded and actioned. Audits were carried out when an accident had occurred, and the registered manager had oversight of all reports that came in. Actions were put in place to prevent reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At our last inspection, some aspects of the Right Support, Right Care, Right Culture guidance was not being followed. Although the service is still set out as a campus style setting which does not meet best practice. The registered manager had good understanding of the guidance and evidenced many ways people were supported to be independent and access the community. We observed good examples of how the campus was used to benefit people living there and create a community with unity of the bungalows.
- At our last inspection, we identified an area for improvement in the management of wound care. Waterlow assessment tools were put in place where it was identified people were at risk of developing pressure sores. Daily monitoring checks of people's skin were introduced to ensure prompt action could be taken if needed.
- People had their needs assessed prior to moving to the service to ensure they could meet their needs. People's needs were regularly reviewed and kept up to date. People were encouraged to be involved with their care plans and easy to read forms were used to assist people.
- Personalised technology was put in place to support people with epilepsy. Equipment such as bed sensor mats were in place to alert staff if people were to have a seizure. Care plans gave clear guidance for staff to follow in order to support people safely.

Staff support: induction, training, skills and experience

- Staff had received a variety of training suitable to meet people's needs. Staff were proud to tell us they were top of the training leader board with staff training completion. Staff felt training enabled them to support people effectively and safely. For example, they received extensive training in the administration of epilepsy medication, and it gave them confidence in their role.
- Relatives we spoke to felt staff were well trained. Comments included, "They are well trained and there's training going on all the time." And "Yes I do think they are well trained. There's no complaints, I would hear from [person] if there was."
- Staff received an induction when starting at the service. Monthly supervisions were carried out for staff, which was properly embedded since our last inspection. We reviewed a variety of staff supervisions and staff told us how they attended supervisions and felt supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink to maintain a balanced diet. A variety of food was made available and options at mealtimes were given. We reviewed documents that showed people were involved in the decisions around what meals would be on the menu.

- People who needed support with modified diets were supported. People were supported to see the speech and language therapists when required and guidance was followed. We identified a person that required their meals to be small and bite sized, and we observed this on our inspection.
- People and relatives were positive about the food they were offered. They were encouraged to take part in the preparation of meals, and we saw photos of people participating. One person told us, "The food is very good here, I help to cook every Friday." A relative told us, "The food is excellent. They have a roast dinner on a Sunday and Fish and Chips Friday. It's always a balanced meal and properly cooked."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked with the learning disabilities team to provide effective care. The team were actively involved in reviewing people's needs, worked with the staff and gave them guidance to follow. We reviewed a person's care plan which identified reviews that had taken place.
- The registered manager told us how working in partnership with hospital doctors improved a person's life. Where a person had complex epilepsy, working directly with the hospital meant seizures were reduced. Medicine management was more effective, and the person was as stable as they ever have been while living at the service.
- Emergency passports were in place in case of emergency. These provided instruction for other healthcare professionals in how best to support people. They were specific and individual for each person and included information like 'things that are important to me'.
- People received care from the local GP and district nursing team when required. A person was being supported to receive their insulin during the weekends by the district nurses. GPs or 111 were contacted when medical advice was needed.

Adapting service, design, decoration to meet people's needs

- Both bungalows were spacious, with wide corridors offering a variety of communal areas for people. They were bright and we observed people using various spaces throughout the day to take part in activities or to relax and watch tv.
- Improvements had been made to the decoration of the bungalows. One had already undergone renovation in communal areas, including new flooring, decoration, and soft furnishings. We were shown evidence of involvement people had in choice of colours and materials of curtains.
- People were encouraged to decorate their bedrooms as they want them. Pictures were on some of the doors where people wanted them. People were positive about their rooms. Comments included, "I really like my bedroom." And "I like my bedroom and I like to make my own bed."

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were carried out regularly. These were decision specific and ensured people were being supported in the best way and in their best interests.
- Applications had been made to the local authority when a person was being deprived of their liberty. At the time of the inspection, no DoLS had been granted, however, requests were regularly sent. The registered manager was ensuring applications were made and when needed reapplied.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection, we identified a shortfall in management oversight at the service due to a lack of effective leadership. Since our last inspection a registered manager had been appointed and had been in post about a year. We saw a noticeable change in the service, and we observed a positive culture amongst staff and people.
- Staff spoke highly of the registered manager and felt things had greatly improved. Comments we received included, "I find [registered manager] really approachable and interacts with everyone nicely, all the people here really like them. Been a great support for people and staff and they're really visible compared to other managers we've had in the past." And, "It's really positive now, the new management is so much better, we finally have a sturdy manager who's approachable and visible in the service. So much better, I feel a change in atmosphere everything seems to be going into the right direction."
- Relatives we spoke to also felt improvements had been made to the leadership in the home. Comments we received included, "[Registered manager] is very versatile. They are the best line manager I've ever experienced there, and they look after more than one bungalow. They are approachable and when I needed to speak to them, I was called back within the hour when they were working from home. And "Yes I know the manager, I think it is well managed."
- Statutory notifications had been submitted to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as an allegation of abuse or a serious injury.
- The registered manager recognised the importance of regularly monitoring the quality of the service. Audits were carried out in areas such as medicines, infection control and health and safety. The registered manager had plans to make further improvements to the monitoring of care records.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager knew their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong. They told us it was important to use these experiences to learn and improve from.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were encouraged to feedback about the service they received. Surveys were sent out so that improvements could be made, and general meetings were held. A relative told us, "They do send HFT surveys, it's to do with the Friends and Family group and they send a newsletter – they're very good like that. I'm always invited to the General Meetings too."
- House meetings were held in each bungalow for people to participate in and feedback. Each meeting held safeguarding is discussed to remind people how to report concerns if they were to have any. Things such as menu choices, where they'd like to go on trips and general involvement in house decisions were discussed.
- Staff took part in regular meetings in each bungalow. This gave them an opportunity to raise any concerns or ideas to make positive changes. We reviewed a range of staff meeting minutes that had taken place.
- Staff worked in partnership with a range of professionals, including GPs, speech and language team and learning disabilities nurses. People's care records showed involvement from other agencies and staff had used the advice and guidance provided to help with people's care planning.

Continuous learning and improving care

- The registered manager had worked hard to embed a new culture in the service which improved care for people. We observed people being happy and content and living as independent as possible. People had enjoyed a day out bowling that weekend and the registered manager enjoyed the day out with people.
- The registered manager told us about a person who they supported to reconnect with the local community. Following their admission, staff worked hard to get this person back on track with their medicines and personal hygiene. They are now accessing the local community again and completely daily living tasks independently.