

HF Trust Limited

HF Trust - Orchard View

Inspection report

7 Waterloo Road
Bidford On Avon
Alcester
Warwickshire
B50 4JP

Tel: 01789490731

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

HF Trust Orchard View is a residential care home providing accommodation for persons who require personal care and have a diagnosis of a learning disability. The home can accommodate six people and at the time of the inspection, six people were receiving support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support and focused on them having as many opportunities as possible for them to gain new skills and become more independent.

As part of the thematic review, we carried out a survey with the management team at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

There had been continuous improvement at the service since the last inspection, most particularly in the recruitment of more permanent staff. However, a very new staff team meant the improvements needed to become embedded in the culture of the home.

Staff were confident in their capability to identify and report any safeguarding issues and had a good understanding of the risks associated with people's care. 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.

Positive working relationships with other healthcare professionals gave staff access to best practice

guidance to ensure people received effective care. People received their medicines as prescribed.

Staff demonstrated a person-centred approach for the people they supported and understood how each person required support to express their care needs. Staff were caring in their approach and more opportunities to go into the local community had improved people's wellbeing. People's privacy and dignity was maintained and staff promoted independence.

The registered manager was committed to building on improvements made within the last 12 months to ensure the continued development of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 3 November 2018)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was mostly well-led.

Details are in our well-led findings below.

HF Trust - Orchard View

Detailed findings

Background to this 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 Care Act 2014.

Inspection team

Two inspectors undertook this inspection.

Service and service type

Orchard View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and were both looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on training on the day of our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commissioned services for people. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met all six people who lived at the service and observed their daily routines and support. One person was able to speak with us and talk about their experiences of living at Orchard View and we also spoke with two relatives by telephone. We spoke with the area manager and three care staff face to face and the registered manager by telephone.

We reviewed a range of records. This included two people's care records, medicines administration charts and incident reports. A variety of records relating to the management of the service including, training records, and quality audits were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People had support from staff when they needed it.
- At our last inspection the provider was very reliant on agency staff to ensure safe staffing levels were maintained. The regional manager was honest about the difficulties they faced recruiting staff and confirmed high levels of agency staff had continued to be used. However, the provider had worked to find solutions to the staffing difficulties and recent improvements had been made in this area.
- Staff spoke positively about how standards of care had improved as more permanent staff were recruited. One explained, "We are now fully staffed. It seems we have all the staff to do all the jobs we need to and look after the ladies properly."
- The provider's system for recruiting new staff ensured staff's suitability to work at Orchard View. A newly recruited member of staff confirmed they had to wait for their DBS (police criminal record check) and references to be returned and checked before they could start working in the home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff had received training in safeguarding and were confident in their capability to identify and report any safeguarding issues. One staff member explained, "Abuse comes in many forms, financial, sexual, neglect or institutional. It is basically not treating the ladies as they should be. For example, if somebody needs the toilet and you are not doing it, that is classed as neglect."
- Safeguarding issues had been reviewed and notified to the appropriate authorities and to us, CQC.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed and updated regularly and clearly detailed risks to people's health and wellbeing. For example, an epilepsy management plan gave clear guidance to staff on how to recognise the signs and triggers of a potential seizure, and the care to be provided during and post seizure.
- Staff had a good understanding of the risks associated with people's care. One person was at very high risk of choking. Staff followed the person's risk management plan to ensure the risks were minimised effectively.
- There was information available about what support people would need to evacuate the home in an emergency. Staff told us fire drills took place regularly.
- Improvements had been made in carrying out health and safety checks in the home to ensure a safe environment was maintained.

Using medicines safely

- Since our last inspection improvements had been made to ensure people's medicines were stored safely.
- People's care plans described how they needed and preferred their medicines to be given.
- People had regular reviews of their medicines and advice was sought from GPs and the pharmacist when

needed.

- Only staff who had received training in safe medicines practice and had their competency assessed, gave people their medicines.

Preventing and controlling infection

- The home was clean and odour free. Staff supported people throughout the day to maintain a tidy environment.

Learning lessons when things go wrong

- Accidents and incidents were recorded. The provider's electronic recording system allowed them to analyse and review incidents to identify any emerging themes or trends. This ensured appropriate action was taken to prevent reoccurrence.
- There was an open approach to learning from issues. For example, following some errors in recording people's medicines, the provider had arranged a full audit of medicines practice in the home. Staff told us this had resulted in a system of checks being introduced to ensure medicine records were completed accurately.

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 the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. 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

- People's needs and choices were assessed. People's care plans were personalised and considered their individual and diverse needs.
- Positive working relationships with other healthcare professionals gave the registered manager and staff access to best practice guidance, such as in risk management and supporting effective communication.

Staff support: induction, training, skills and experience

- Staff supported people confidently and understood their needs.
- Staff training covered areas identified by the provider as essential and included safeguarding, learning disability and autism awareness, positive behaviour management and equality and diversity training.
- Training was delivered in a range of formats including computerised and face to face. One staff member told us, "The training that is on offer is something that pulled me to HFT. My previous job did not give me much room for progression, but at HFT they're brilliant with their training programme."
- Where a need was identified, staff were given training in how to respond to specific situations. For example, the provider's behaviour support manager had delivered training for one person who could become very distressed and required staff to help them to manage their anxieties.
- Staff received a full induction when they started working at the service which included time working alongside experienced staff to learn about people's needs.

Supporting people to eat and drink enough with choice in a balanced diet

- People were offered choices in the meals prepared for them. People were encouraged to share their preferences, so these could be incorporated into meal planning.
- Staff knew about people's different nutritional needs.
- Staff encouraged people to maintain their independence when eating by providing them with specialist equipment such as adapted cutlery and lipped plates. People who needed close supervision and support to eat and drink safely, were given the support they needed in line with their care plans.

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

- The registered manager and staff worked closely with other agencies to ensure people received effective care. One relative told us, "I'm kept informed if staff have any concerns or if they have contacted the GP. Recently staff were concerned about [Name] eating and drinking. They were very quick to respond by contacting the GP for a check-up."

- Staff followed recommendations by other healthcare professionals. For example, staff had been advised to monitor one person's intake of some food items. Daily care records confirmed these recommendations were being followed.
- People's oral care needs had been assessed and people had access to dental care.
- People had hospital passports that detailed personal and health needs which they could take with them if they needed to go to hospital. This enabled hospital staff to know how to best support the person appropriately during their stay.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions had been assessed. However, the assessments lacked detail as to what support people had been given to make the decision. The regional manager recognised the need for more detailed assessments.
- Staff demonstrated good understanding of the principles of the MCA and knew which people lacked capacity for certain decisions and those who would be able to make simple day to day choices with support. Staff understood the need to gain people's consent and what to do if this was not given.
- Where people lacked the capacity to make decisions for themselves, appropriate best interests' processes had been followed.
- DoLS applications had been made and where authorised, any conditions were recorded and adhered to.

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

- The accommodation was a bungalow with large spacious communal areas and wide corridors which made it accessible for people to move about safely in their wheelchairs.
- People had equipment in their bedrooms, bathrooms and shower rooms which had been adapted to enable them to use the facilities within the home safely.
- There were gardens and open spaces for people to enjoy but these were very tired and not well cared for. Staff told us this had been recognised and plans were in place to install a sensory garden.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness and respect.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved in partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person told us they were happy living at Orchard View because staff were caring. When we asked what staff did to show they cared, the person responded, "They are friendly and easy to talk to."
- Relatives provided positive feedback about the caring nature of staff. One relative told us, "The staff are genuinely fond of [Name]."
- Staff told us they enjoyed working at the service and spoke warmly about people. One staff member told us, "Everything we do is person-centred to make sure their day is the best it can be."
- Staff understood relationships were important to people and for people to have contact with their family. For example, staff had supported one person to visit a relative who lived some distance away. This had a beneficial impact on both the person and their relative.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood how each person required support to express their care needs. For example, where people were not able to verbally communicate, visual prompts and gestures were used.
- One relative told us the service was very caring because staff listened to the people they supported. They said, "The biggest thing is that [Name] is listened to even though she can't communicate verbally. Staff are quick to respond to non-verbal gestures. I think this makes [Name] feel better because staff show they understand."
- Where people needed extra help to make decisions, referrals had been made to advocacy services when people did not have an appropriate person to speak on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who encouraged their independence and involvement, whatever their abilities. During our visit we saw one person enjoyed helping to tidy their room and taking their clothes to the laundry. One staff member explained, "We just do our best to encourage them. They all have different levels of doing things, so for example when you are doing [Name's] bedroom, she will come in with you. She may not be able to physically dust. but you can tell her what you are doing and involve her that way."
- Staff treated people with respect and dignity. One relative described staff as, "Very respectful in their language" and they, "Respect wishes and choices."
- Staff understood which people required space and time alone and ensured this was respected. □

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people's needs were consistently met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service provided care and support that was focused on individual needs, preferences and routines.
- Some improvements had been made, following our last inspection, to personalise people's care records. The registered manager recognised this was still a work in progress and told us further improvements were planned.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our last inspection we found staffing issues had made it difficult to respond to people's social needs. At this inspection we found the recruitment of permanent staff meant people had more opportunities to engage within the local community. One staff member told us, "There is a lot more access in the community now to what there was previously. Being stuck in is not good for anybody's wellbeing and now the ladies do seem happier. It has definitely improved their wellbeing." A relative confirmed, "I've noticed a change recently and I'm observing fewer behaviours that can be challenging. If we're out it's much easier in social situations."
- On the day of our visit one person was supported by a member of staff to go horse riding, another person was taken to the local village for a cup of tea at a café and three people attended the adjacent day service for a sensory morning. One person told us about other recent outings they had enjoyed which included a visit to a local safari park and a bowling alley.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people living at Orchard View had limited verbal communication skills. Each person had a detailed communication plan which supported staff to recognise and respond to people's non-verbal cues about how they were feeling, such as body language, sounds, behaviours and general mood.
- Staff adapted their communication style to meet people's individual needs.
- Some documents were in an easy read format to help people understand them, for example the fire procedure and health and safety checks. Easy read is a style using simple sentences and images.

Improving care quality in response to complaints or concerns

- People were provided with information about how they could raise any concerns. In the twelve months

prior to our inspection, there had been one formal complaint which was in the process of being dealt with.

- One person told us they could complain if they needed to and told us who they would speak to.

End of life care and support

- The registered manager had, where appropriate, held discussions with people and their families to plan people's end of life wishes where these had been expressed.

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 the last inspection this key question was rated as requires improvement. At this inspection we found some improvements had been made, but further improvements were still required. This key question has therefore remained as requires improvement. This meant leaders and the culture they created needed to become embedded within the home to support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives and staff spoke positively about the leadership of the service and had confidence in the registered manager and provider.
- Whilst we found evidence of continuous improvement at the service since the last inspection, a very new staff team meant the improvements needed to become embedded in the culture of the home. Both the registered manager and regional manager were open and realistic as to the journey of improvement the service was on. The registered manager told us, "We have a new staff team who are very keen, but they will need a lot of support around policies, procedures and safety. We have still got a way to go with the new staff team finding their feet."
- We found some improvements were still required with care records. For example, whilst there were mental capacity assessments and protocols for when 'as required' medicines should be given, these lacked sufficient detail. The regional manager told us, "We had a full quality audit of the region and one of the things that came out of that was that we could do better at showing our workings, especially in respect of mental capacity."
- During our inspection we found a can of prescribed thickener, for drinks, in one person's bedroom. We also found that staff had left a cupboard which contained cleaning materials unlocked. Whilst the regional manager took immediate action to address these risks and shared the learning across the provider group, these had not been picked up in internal checks and audits and posed potential risks to people's safety.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was being supported by a new team leader who had recently been appointed. They both demonstrated a commitment to continuing to develop the service and this was well supported at provider level.
- Staff demonstrated a person-centred approach for the people they supported and were encouraged to share their views on what could be done to improve the service. One member of staff told us they had suggested improving the handover process to ensure important information was communicated. They explained, "I love working here. I feel motivated. [Registered manager] gives everyone a chance to have their say which is really good."
- The provider had recently held two staff development days for the new staff team. The regional manager

explained, "It was about the culture and what we expect, and staff being empowered to make decisions and act on them. If we get it wrong, we will learn from it and not blame each other." This key message was understood by staff and made them feel valued. One staff member commented, "[Regional manager] was on the team build day and told us we should feel management trust us and we can be empowered to make choices in the best interests of the ladies."

- People and their families were offered a variety of opportunities to share their ideas about the home and the service received. For example, at the staff development day, two relatives had been invited to talk to staff. The registered manager explained, "We invited them to give a talk about what their expectations were of a good service and how we could move forward and what they expected from us."
- People and relatives told us they were invited to meetings and could speak with staff if they needed to.

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

- Managers understood their responsibilities in relation to the duty of candour regulation. Relatives told us they felt well communicated with and were updated if there were any concerns.

Working in partnership with others

- The registered manager and staff worked in partnership with other healthcare professionals to enable positive outcomes for people.

Continuous learning and improving care

- The registered manager told us they were working hard to achieve objectives the provider had agreed and sent in their action plan following the last inspection. Notifications were now being submitted as required, permanent staff had been recruited, health and safety checks were monitored and storage facilities for medicines had been improved.
- The registered manager was committed to building on these improvements to ensure the continued development of the service.