

HF Trust Limited

# HF Trust - Falstaff House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected this service on 16 July 2018.

HF Trust – Falstaff House 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 both were looked at during this inspection.

The service is delivered from a large detached house in a residential area and provides accommodation and nursing care for up to eight people with a learning disability or autistic spectrum disorder. Six people lived at the home on the day of our inspection visit.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in March 2016 the service was rated as Good. At this inspection we found the quality of care had been maintained and people continued to receive a service that was safe, caring, effective and responsive to their needs. The rating remains 'Good'.

There were enough staff to keep people safe and provide effective care and support. Staff had time to spend with people and respond to their physical and emotional needs. Staff knew people well, and were aware of changes in people's wellbeing which could indicate they were worried or concerned. Staff understood their responsibility to report any concerns to their managers so they could be investigated further.

People were cared for and supported by staff who had the skills and training to meet their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks, while promoting people's choice and independence.

People were supported to eat and drink enough to maintain a balanced diet that met their preferences and were referred to healthcare services when their health needs changed. The provider had systems to ensure information between healthcare professionals was shared effectively and people received their medicines as prescribed.

Many staff had worked at the home for several years, which had allowed people to build strong relationships with them. Staff treated people in a way that respected their privacy and promoted their individuality. People were supported to take part in social activities which were meaningful to them, in a group or on a one-to-one basis.

The provider and registered manager completed quality assurance checks to ensure the home was meeting required standards and people who used the service were well cared for. The checks had ensured the standards of care we found at our last inspection had been maintained.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# HF Trust - Falstaff House

## 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 checked 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.

The inspection took place on 16 July 2018 and was conducted by one inspector. It was a comprehensive, announced inspection. We gave the provider 48 hours' notice of our visit as this is a small home and we needed to be sure staff and people would be available to speak with us.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They did not share any information of concern about the service.

During the inspection visit we spoke with one person who lived at the home. We spoke with the registered manager and three care staff. Following our inspection visit we spoke with one relative.

People who lived at the home were not able to tell us in detail about their support plans, this was because of their complex needs. However, we observed how care and support were delivered in the communal areas and reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records and the provider's quality assurance audits.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People were protected from the risks of abuse and discrimination. Staff had received training in safeguarding and had a good understanding of what constituted abuse and the action they needed to take if they had any concerns about a person's safety. Staff told us the provider had a whistleblowing policy which they would be confident to use if they needed to. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

There were enough staff to keep people safe and provide effective care and support. Staff described staffing levels as 'good' and said they had time to spend with people and respond to their physical and emotional needs.

There was a very stable staff team that had been recruited safely. There had been no new staff since our last inspection, but the registered manager assured us that references and Disclosure and Barring Service checks would be carried out before any new staff could work at the home.

The registered manager ensured people's care was delivered as safely as possible. Where potential risks had been identified, plans were in place to mitigate the risks. This included risks associated with people's physical and mental health, as well as risks involved with activities or trips outside the home. The registered manager explained how staff supported people to take positive risks because, "Risk assessments are there to enable people rather than disable them. We don't think a person's disability should stop them doing things and taking risks. If they want to do something we try and find a way for them to do it." They gave an example of a person who had been enabled to enjoy the experience of a fairground ride after the risks around their health had been assessed and mitigated.

Overall, we found medicines were managed and administered safely. There was information in people's care plans about why they were taking the medicines they were prescribed and any potential side effects. Most medicines were delivered from the pharmacy in 'bio-dose packs' which were colour coded to indicate when they should be given. Medicines administration records (MARs) showed people received their medicines in accordance with their prescriptions.

Some people were prescribed medicines on an 'as required' basis (PRN) and there were guidelines to inform staff when they should administer these types of medicines. One person was prescribed a pain relief medicine that was administered through a patch applied directly to their skin. It is important that the application sites of patches are rotated in order to minimise the risk of side effects such as skin irritation. Staff were not recording where they had applied the patches, which was a risk if the patch fell off. We discussed this with the registered manager who acknowledged our concerns. They assured us they would implement a body mapping system where staff could record where each patch had been applied.

Medicines were stored securely but staff did not record the temperature of the medicines trolley. The registered manager instructed staff to start recording the temperature so they could ensure medicines were kept at the manufacturer's recommended temperatures and remained effective.

There was a very low incidence of accidents and incidents in the home. Those that had occurred had been recorded and reviewed to see if any action was required to minimise the risk of reoccurrence. Staff told us that when accidents had occurred, any actions taken were shared with them at meetings or through the handover process between shifts. The provider monitored accidents and incidents to identify any emerging trends or patterns and assure appropriate action had been taken.

The home was clean and tidy. Each person had a 'home management day' when staff helped them to clean and tidy their bedrooms and do their laundry. Night staff cleaned communal areas of the home in accordance with the provider's cleaning schedules. Staff had training in infection control and understood their responsibility to maintain good hygiene standards in the home.

The provider's health and safety policies ensured the registered manager and staff knew their individual responsibilities for checking the premises, supplies and equipment were well maintained and regularly serviced. Each person had a personal evacuation plan so staff and the emergency services knew what support people would need to ensure their safety should the building need to be evacuated.

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. Staff continued to offer people choices and supported them with their dietary and health needs. The rating continues to be Good.

Staff had the knowledge and attitude to support people effectively. The registered manager maintained a 'training matrix' so they could ensure that staff attended regular training to keep their skills up to date and work in accordance with best practice. Staff were also provided with additional training specific to the needs of the people who lived at Falstaff House. For example, the registered manager had arranged training to meet the individual needs of one person who had a diagnosis of autism alongside their learning disability. Staff told us they discussed their training and developmental needs at regular 'one to one' meetings with senior staff. One staff member told us they found these meetings useful because, "They ask if everything is alright, is there anything you want to discuss, and whether there is anything you disagree with that they could improve."

There was a comprehensive induction programme in place should a new staff member start working at the home. This involved training as well as a period of up to six weeks working alongside more experienced staff, before working independently with people. Any newly appointed staff who did not have qualifications in health and social care were enrolled on the Care Certificate. The Care Certificate includes the fundamental standards of care expected of all health and social care staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibilities under the MCA. Where the registered manager had concerns about whether a person had the capacity to make a specific decision, they had assessed the person's capacity and understanding. The assessment detailed the strategies that had been used to help the person understand the decision to be made, and the people who had been involved in the assessment. The registered manager had applied to the supervisory authority for the right to deprive a person of their liberty when their care and support included restrictions in the person's best interests.

Staff worked within the principles of the MCA. They offered people choices in a way that supported them to make their own decisions. For example, they used pictures to help some people choose what they wanted to eat or where they wanted to go on holiday. When people could not make their own decisions, staff made best interest decisions on their behalf, based on their knowledge of people's likes, dislikes and preferences. One staff member explained, "It is about individual choices in life. If they don't like something they will let you know."

People were supported to eat and drink enough to maintain a balanced diet. Menus were planned with



people on a weekly basis. We saw that at the last meeting people had indicated through pictures and photographs that they would like lasagne, cheese and potato pie and chicken fajitas. All these choices had been incorporated into the menu for the week of our visit.

Staff were aware of people's nutritional risks. For example, they knew who needed a low salt diet because they had high blood pressure and who needed a softer diet and their food cut into smaller pieces because they were at risk of choking. Staff sat and ate meals with people, not only to make it a more social occasion, but also to monitor people while they ate. At lunch time a member of staff reminded a person to slow down when eating which was in accordance with their nutritional risk management plan.

People's needs were assessed and regularly reviewed to ensure the care they received promoted their physical and mental health and emotional wellbeing. People were supported to attend regular appointments with healthcare professionals involved in their care such as their GP, psychiatrist, dentist and optician. In addition, people had a health action plan which recorded all aspects of their health and wellbeing, including any health screening tests relevant to their age, gender and abilities. Healthcare visits were recorded so there was a record of any medical advice given.

Each person also had a 'fact sheet' which contained important information about the person that could be passed quickly to health care staff if it was necessary for the person to be admitted to hospital. This included information about the person's medicines, any allergies and any support they needed with eating, drinking and communication. This ensured all their needs could continue to be met during a transition between services.

Falstaff House was homely and well-maintained. Each person had their own bedroom and there were spacious communal areas where they could socialise with others and join in activities. People with mobility issues had bedrooms on the ground floor so they could move around the home more freely. There was a spacious garden which people enjoyed during the warmer weather. The provider had a plan of refurbishment which included refurbishing the kitchen over the coming months.

## Is the service caring?

### Our findings

People received the same level of compassionate care and support as at our previous inspection. The rating continues to be Good.

There was a strong and cohesive team who demonstrated a caring commitment to the people who lived at Falstaff House. All but one person had lived at the home for many years and people had formed positive relationships with the staff who cared for them. One member of staff explained, "I enjoy it here because it is rewarding. We are here to support these guys and it is nice to see them with a smile on their face, it is little things like that. Whatever their needs are, we try and help them the best we can." A relative told us, "They (staff) are kind and it is a proper home."

Staff knew people very well and what was important to them and their attitude showed they valued people. They understood people's personalities and how they preferred staff to approach them. One person told us, "I like The Falstaff, it's nice in the house." They then went on to talk about individual staff by name which demonstrated they knew them well and liked to know who would be supporting them.

Staff respected people's right to make their own decisions and choices. One person preferred to spend time alone in the lounge and staff understood that. Another person preferred to stay with staff. Staff encouraged the person to join them in small tasks but understood when the person decided to move on to something else.

Staff encouraged people to retain their independence and do as much for themselves as possible. For example, people were able to make their own hot and cold drinks and snacks if they wished to. The registered manager explained how staff took pleasure in enabling a person to do something they had never done before. They told us, "Making a cup of tea themselves – that in itself is an achievement. Sometimes the achievements are quite small, but we get really excited about them."

The provider's values were, "To respect people as individuals, recognise diversity and believe in everyone's right to self-expression." Staff had received training in diversity and equality and worked to those values by respecting each person's individuality. One staff member told us about a person who liked to express their personality through their choice of clothing. This person's care plan read, "[Person] has a distinct style and this must be respected." Staff understood this and supported the person to go shopping and choose clothes that reflected their preferences and made them feel happy. The registered manager explained, "[Name] is allowed to be individual."

A relative said they had no restrictions placed on them when they visited the home and always felt welcome.

## Is the service responsive?

### Our findings

At our last inspection in March 2016 we rated this key question as Good. At this inspection we found staff continued to be responsive to people's needs. The rating continues to be Good.

People's needs were assessed and plans of care developed so staff had the information they needed to meet those needs in an individual and consistent way. Information was included in people's care plans about their likes and dislikes and what was important to them. For example, in one person's care plan it said how important it was for them to be 'well dressed' and we saw they were extremely well presented on the day of our visit.

Staff monitored people's wellbeing to identify any changes that meant their plans of care needed to be reviewed. The registered manager told us staff were good at recognising and responding to changes in people's needs. They explained, "When their needs change staff are very good at making sure we address it and letting me know. They are very good at advocating on behalf of people."

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The provider recognised people's different levels of communication. Detailed communication plans described the way people communicated and how staff should engage with people to ensure they provided responsive care. For example, some people used facial expressions and some people used body language to communicate.

Falstaff House was a home for life and where possible people were enabled to spend their final days in a familiar environment surrounded by people and staff they knew well. One person who had lived at the home for many years had recently died there, after being discharged from hospital for palliative care. The registered manager explained how they had worked with the hospital and local hospice to ensure the person had all the equipment and medicines in place to maintain their comfort and keep them pain free. The person's family were able to visit when they wanted and were offered support after the person had died. The provider had access to a specialist end of life care team who could provide guidance if required.

People were encouraged and supported to engage in activities that were meaningful to them. Most people attended the provider's day centre several days a week where they could participate in musical or sensory activities according to their preferences and choices. An art therapist visited the home regularly and we saw examples of people's artwork around the home. People were also supported to attend shows, go to the theatre and attend events in the local community. Four people had recently returned from a holiday together.

Two weeks prior to our visit, the registered manager had introduced a system where each person had five hours one to one time every week with their keyworker. A keyworker is a member of staff who is allocated to support a person on an individual basis and build a special relationship with them. Staff spoke positively about this and said it would give them the opportunity to do more things with people on an individual basis

that really interested them.

The provider had a complaints procedure that was available in the entrance to the home. However, due to people's communication needs, staff understood they had to be aware of changes in people's behaviour that might indicate they were unhappy or had a concern. One staff member explained, "You would tell by their reactions or if they were withdrawn." Staff told us they would make the registered manager aware so the cause of the concern could be identified. There had been no complaints in the 12 months prior to our inspection visit.

## Is the service well-led?

### Our findings

At our last inspection we rated the leadership of the home as 'Good'. At this inspection we found the standards had been maintained and the rating remains 'Good'.

The home was well-led by the registered manager who had worked at the home for many years. A registered manager is a person who has 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.

Staff felt motivated by the registered manager. One staff member said, "She is lovely. If she is not here, she is only a phone call away." Another said, "It is a great place to work" and told us the registered manager was, "Easy to talk to." Staff also said that the provider's area manager shared information with them and explained, "If there is anything we need to know about, she will come in for that particular reason."

Staff felt involved in the running of the home and able to share their views and opinions, both informally and during staff meetings. One staff member told us, "We are always asked for our input." The registered manager explained how important it was for managers to listen to their staff to ensure the service continued to meet people's needs. "Staff are very good at coming up with ideas. We listen to what staff have to say. They work with these guys far more than me so it about letting them try their ideas out."

We asked the registered manager what they felt most proud of at Falstaff House. They responded, "The staff team and the people we support and how their lives have changed. I've got a very dedicated staff team." Staff had demonstrated their dedication to the people who lived at Falstaff House by raising money in conjunction with a local charity to build a summerhouse in the garden. The registered manager was a strong advocate for their staff team to ensure their commitment and work was recognised by the provider.

People and their relatives were encouraged to provide feedback about the service. Regular meetings enabled people to make choices about the meals in the home, the activities they wanted to do and the holidays they wanted to go on. Relatives were asked their opinions of the service through questionnaires sent directly from the provider. A questionnaire had recently been sent to families and was due back at the end of July 2018. The provider also had a 'Family Carer Support Service' where relatives could ask questions and receive advice on topics relating to people with a learning disability. Relatives could also leave their comments about the care provided at Falstaff House through a 'hub' on the provider's website.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. Each month the registered manager completed an audit against the five key questions: Is the service safe, effective, caring, responsive and well-led? The audit identified areas where improvements needed to be made, the timescale for implementing the improvements and where evidence would be located once the action had been completed. The audits and checks had supported the registered manager to maintain the good standards of care we found at our last inspection.

The provider's area manager completed additional quality assurance checks, to ensure the home was meeting required standards and that people who used the service were well cared for. Their findings were fed back to the provider and the registered manager, who ensured any required improvements were made.

The registered manager understood their responsibilities and legal obligations under the Health and Social Care Act 2008. They had notified us about significant events such as death and applications to deprive people of their liberty under the Deprivation of Liberty Safeguards. They had ensured the ratings from our last inspection report were clearly displayed in the entrance to the home and on the provider's website.