

HF Trust Limited

HF Trust - St Teath Site

Inspection report

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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

We carried out this unannounced inspection on 17 and 20 June 2016. The service was last inspected in September 2014; we had no concerns at that time.

HF Trust – St. Teath Site is owned and operated by Home Farm Trust (HFT). There are two properties on one site: Rendle House and Valley View. Each property provides care and support to adults who have a learning disability and/or autistic spectrum disorder. Each property can accommodate up to a maximum of five people. At the time of our inspection nine people lived at the service.

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

Due to the complexities of people's care needs we were unable to speak with anyone who lived at the service to obtain feedback about the care and support they received. We used observation to ascertain whether people were happy with the care and support they received and whether their care needs were met.

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Some areas, such as medication audits, maintenance and checks on appropriate supervision arrangements were not thorough.

Maintenance required by the service was not appropriately prioritised or recorded to demonstrate when action had taken place.

On the day of our inspection there was a relaxed and friendly atmosphere at the service. We saw that people were comfortable and at ease approaching staff at HFT – St. Teath and staff interacted with people in a caring and respectful manner. Relatives of people who used the service were mainly positive about the level and quality of care provided to people. Comments included, "In my experience the care provided at St. Teath is good. There is a genuine concern to provide the best for people." And, "On the whole communication is good between myself and management and staff." One relative commented that they recently raised a concern about the welfare of a person who lived at the service. The registered manager was open about this and we saw the incident had been appropriately investigated and an action plan put in place to prevent a repeat of the incident.

People took part in a range of group and individual activities of their choice including work and social activities. Relatives spoke of the 'busy' and 'active' lives people lived. This helped to prevent people from becoming socially isolated and promoted their emotional well-being.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Some relatives expressed concern about the turn-over of staff at one of the houses and the use of agency staff commenting, "It is just a pity the staff turnover is frequent.". We saw evidence that the rate of use of agency staff had reduced significantly over the last 12 months.

Staff completed a thorough recruitment and induction process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Relatives told us they were confident that the service could meet people's health needs and they were always kept informed if their relative was unwell or a doctor was called. The service demonstrated good management of people's health conditions. Relatives told us how management had worked effectively to bring together a group of health professionals; this ensured treatments were provided with the least amount of stress to the person involved.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. Weekly people made choices of the meals they wanted for the forthcoming week and the service had a picture notice board showing what had been chosen for the week. People were free to choose an alternative if they wanted to. Relatives said the quality of meals provided was, "good."

Care records accurately reflected people's care and support needs. Details of how people wished to be supported were individualised and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

Management and staff had an understanding of the Mental Capacity Act 2005 (MCA). Where people did not have the capacity to make certain decisions the management and staff acted in accordance with legal requirements under the MCA. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Management met regulatory requirements to notify CQC when approved DoLS authorisation were made.

People and their families were given information about how to complain. People told us they knew how to raise a concern and would be comfortable doing so. We were provided with examples of incidents when concern had been raised and evidence of how the service had handled issues.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. Staff said, "Communication is good" and "it's a good place to work." Management were visible in the service and regularly observed and talked to people to check if they were happy and safe living at HF Trust – St. Teath.

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 not entirely safe. Medicines that needed to be returned to pharmacy for disposal were not stored appropriately and Medicines Administration Record (MAR) charts were not fully completed.

Staff had received safeguarding training and were confident about reporting any concerns.

Care plans contained clear guidance for staff on how to minimise any identified risks for people.

Is the service effective?

Requires Improvement 

The service was not consistently effective. The service were not following the organisation's policy on providing staff supervision.

Maintenance required by the service was not appropriately prioritised or recorded.

New employees completed an induction and thorough training to do the job.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

Is the service caring?

Good 

The service was caring. Staff spoke about people with affection and regard for their well-being.

Staff were kind and compassionate and treated people with dignity and respect.

Staff recognised the value of family relationships and supported people to maintain them.

Is the service responsive?

Good 

The service was responsive. Care plans were detailed,

informative and updated regularly to reflect people's changing needs.

People had access to a range of meaningful activities and led full and busy lives.

There was a satisfactory and accessible complaints procedure in place.

Is the service well-led?

Good ●

The service was well-led. Relatives said they had confidence in the leadership of the service.

Management and staff told us they were well supported by the organisation's management team.

Quality assurance auditing processes did not consistently highlight areas of the service where improvement was required, such as medicines, maintenance and staff supervision records.

HF Trust - St Teath Site

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 unannounced inspection took place on 17 and 20 June 2016. The inspection was conducted by one adult social care inspector.

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

During the inspection we observed support provided to four people living at HF Trust – St. Teath site, spoke with one visiting relative and contacted six other relatives after the inspection.

We also spoke with three care staff, a senior carer and the registered manager. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

Due to their health needs people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and comfortable with staff, and they approached staff for help or support without hesitation.

Relatives of people who lived at St. Teath told us they felt their relatives were safe living at the service and with the staff who supported them. Comments from relatives included, "I have no concerns. [Person's name] is happy and I would know if they weren't." And, "[Person's name] is kept safe, within the remit of the safeguarding guidelines."

Medicines were not consistently managed safely at the service. Medicines that needed to be returned to pharmacy for disposal were not stored appropriately and Medicines Administration Record (MAR) charts were not fully completed. The registered manager told us daily checks of Medicine Administration Records were made as well as weekly stock checks of medicines held at the service. However, these had failed to highlight the errors.

Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated the room and refrigerator temperatures were consistently monitored when the fridge was in use. This showed medicines that required cold storage were safely managed. Staff had received appropriate training in administering and managing medicines and regular audits were completed.

There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were effective systems in place to help people manage their finances. With peoples' or their advocates, agreement the service held small amounts of money for them to purchase personal items. Daily and weekly reconciliations of receipts and monies were made and records showed total monies were accurate.

Risks were identified and measures were in place to minimise these. For example, how staff should support people when accessing the community, taking medicines and moving safely about the service. Support plans gave staff clear guidance and direction about how to support people safely and appropriately.

Incidents and accidents were recorded in the service. We looked at records of these and found that

appropriate action had been taken and where necessary changes made to learn from the events.

There were enough skilled and experienced staff to help ensure the safety of people who lived at HF Trust – St. Teath site. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. However, some relatives expressed concern about the turn-over of staff at one of the houses and the use of agency staff commenting, "It is just a pity the staff turnover is frequent." This was acknowledged by the registered manager who explained that the frequency of using agency staff had fallen dramatically over the last year. However, due to rates of staff sickness there remained a need to use some agency staff.

People received care and support in a timely manner. Throughout the inspection there sufficient numbers of staff were on duty to provide support across both houses. In addition there was a senior carer and the registered manager both available on site. The registered manager told us they monitored people's needs daily and made any adjustments to staffing levels as required. It was clear the manager knew everyone well and because they were visible in both houses they were aware of people's changing needs. Staff told us they would always update the management if an individual's needs changed, including contacting them when they were not on duty.

New staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean and free from malodours. Generally, the premises were well maintained although we saw stained carpets in both houses and old furniture in need of replacement in one house. The registered manager told us this refurbishment had been planned.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. Relatives told us that staff knew people well and understood how to meet their needs. A relative said, "[Person's name] is well cared for and supported to live their life by St. Teath. The [staff] do everything possible for [person's name]."

There was a system and records for maintenance of the service. However, this was not effectively managed. We found records of a gas leak from a cooker that had taken place in January 2016. This had happened due to the design of the cooker. Records did not provide detail of action taken to keep people safe in the event of a repeat event. No action to safeguard the issue had taken place over this time. We spoke with the registered manager about this who arranged for an alternative cooker with appropriate safety features to be purchased.

Other maintenance records demonstrated gaps in recording for action taken about maintenance requests. We also saw examples of ineffective action for required maintenance, such as a faulty window in one person's room, where repeated visits by maintenance contractors had not resolved the issue.

We recommend the service put in place a robust system and audit of required maintenance to ensure consistent and effective practice.

Staff told us they had received relevant training for their role and there were good opportunities for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. Staff said they felt supported by management at the service and could discuss work practices with either a senior support worker or the registered manager when they needed to.

The service had a policy for providing support to staff by offering supervision. This was last reviewed in 2013. We found the frequency of supervision did not follow the policy. One person who had worked at the service for over a year had not received any supervision sessions. The registered manager told us this was an 'oversight'. Staff told us they had received an annual appraisal to discuss their work and training needs.

It is recommended that a review of the service supervision policy and practice is conducted. A regular audit of supervision would assist in ensuring consistency.

New staff completed an induction when they commenced employment which included training identified as necessary for the service and familiarisation with the service's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. The service had recently updated the induction in line with the Care Certificate. The Care certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

People had access to healthcare services and received ongoing healthcare support. Specialist services such

as occupational therapists and dieticians were used when required. Relatives told us they were confident that the service could meet people's health needs. Staff and visitors told us they were sure that a doctor or other health professional would be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. We reviewed an example of good practice involving a person who required multi-professional input due to health concerns. The service had worked alongside external healthcare staff to ensure required medical procedures were undertaken with the least disruption and stress to the person involved.

The service monitored people's weight in line with their nutritional assessment. People were provided with drinks and snacks throughout the day and whenever they wanted them. Relatives said the quality of meals provided was, "good".

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. People were appropriately referred for a Speech and Language assessments (SALT), due to concerns about their weight and or risk of choking and this was being closely monitored.

Staff asked people for their consent before providing care or treatment. People were involved in making choices about how they wanted to live their life and spend their time. 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. The application procedures for this in care homes and hospitals are 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 were being met. Management and staff were clear on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had made appropriate DoLS applications.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions. Care plans held clear records of all of this information.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible. One person had recently undergone extensive medical treatment that had required extensive multi-professional working. Detailed records were in place for this.

Is the service caring?

Our findings

There was a calm and friendly atmosphere at the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. A relative told us, "Staff are kind and genuinely caring. " A healthcare professional said, "It seems like a caring service. People seem happy. I have had no reason to be concerned about people's care."

Staff provided care that was appropriate to people's needs and enhanced their well-being. Staff were calm, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed positive interactions that supported people's wellbeing. For example, staff supported one person in the kitchen and showed understanding and patience toward the person.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example what time they liked to get up in the morning and go to bed at night. A relative said, "[Person's name] has as much choice over their lives as they can manage and still be safe."

People were able to choose where to spend their time, either in one of the lounges or in their own rooms. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

The service had worked with people and their relatives to develop life histories to understand the choices people had previously made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff supported people to maintain contact with friends and family. Some people used computer technology to contact family and others regularly visited family away from the service. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the lounges or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at HF Trust – St. Teath. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs, including their preferred methods of communication, and how they liked to be supported. This information provided direction and guidance for staff to follow to meet people's needs and wishes. For example, one person's care plan described in detail how staff should assist the person with their personal care including what they were able to do for themselves.

Each person who lived at St. Teath used a range of communication tools and methods to help them communicate. For example, some people used sign language and were supported to communicate by use of iPads. One relative told us how the use of video communication on the iPad had allowed their relative to maintain communication with the wider family.

Staff told us care plans were informative and gave them the guidance they needed to care for people. Daily records detailed the care and support provided each day and how they had spent their time. Staff were encouraged to give feedback about people's changing needs and this information was used to update care plans and communicate at handovers.

Care plans had been updated as people's needs changed and reflected the current situation for each person. People, who were able to, and their relatives were appropriate, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans.

Before moving into St. Teath, people had their needs assessed, to help ensure the service was able to meet their needs and expectations. The management were knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at the service.

People had individual activity plans personalised to their choice of activities. People took part in a range of group and individual activities including swimming, walking, horse riding and general trips into the local community. Some people enjoyed attending local community coffee mornings and one person had recently gone to a pop concert. Relatives said how much they had enjoyed this and complimented the service on the range and frequency of activities offered to people.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. The organisation produced 'easy read' versions of complaint forms and supported people to complete these when appropriate. Relatives of people told us they understood how to raise a concern and they would be comfortable doing so. The registered manager discussed a recent complaint received and the process followed to address this. This included a revised risk assessment and

action plan to avoid a recurrence of the incident which led to the complaint.

Is the service well-led?

Our findings

There was a clear management structure as part of Home Farm Trust which provided clear lines of responsibility and accountability. Senior management at the service remarked that support from regional management was 'very good'. There was a positive culture in the service, the management team provided strong leadership and led by example. Management were visible in the service and regularly checked if people were happy and safe living at St. Teath.

HF Trust use an internal Quality and Improvement Team to complete audits of the service. We saw quality assurance systems were used to make sure that any areas for improvement were identified and addressed. Reporting systems included review of incidents, risk assessments, complaints and compliments and finance management. Some areas, such as medication audits were not thorough. For example, a medication return that took place in the same week as the inspection had failed to pick up a number of items that required return to pharmacy. In addition, guidance from an external pharmacy audit undertaken by the local commissioning group had not been implemented. This was not picked up on during internal auditing processes.

It is recommended that auditing processes across both houses are reviewed to ensure that processes follow service policies and external recommendations are implemented.

The registered manager and senior support workers worked alongside staff to monitor the quality of the care provided. The registered manager told us that if they had any concerns about individual staff's practice this would be addressed by additional supervision in the form of professional meetings and additional training. We saw evidence that this had occurred.

The registered manager spent time in both houses each day to ensure they had knowledge of how people were. People were asked for feedback on how staff provided their support. Wherever possible people and/or their representatives were involved in developing their support plans, risk assessments and anything to do with their lives.

From our discussions with the registered manager it was clear they had an excellent understanding of the needs of each person living at St. Teath. Annual quality assurance questionnaires were used to gather relative's views of the service. We saw the 2015 survey had returned only two responses to the surveys. The registered manager then personally met with additional relatives to discuss their views and addressed areas for improvement that were raised.

We heard how the organisation opened their recruitment process to input from people who used HF Trust services. People were asked to take part in various activities with potential new staff and feedback on their suitability.

Relatives and staff described the management of the service as open and approachable. The management team led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting

to provide a good service for people. There was a positive culture within the staff team and it was clear they all worked well together. A relative said, "On the whole communication is good between myself and management. I feel comfortable speaking to key workers, support staff or management." And "We have confidence in how St. Teath is managed. Communication with us is good. We receive regular telephone calls and photographs and emails to keep us up to date with what [person's name] has been doing."

There were regular staff meetings which gave staff the chance to meet together as a team and discuss people's needs and any new developments for the service. Staff said they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. This was communicated through informal conversations with management, at daily handover meetings, one-to-one supervisions and professional development meetings.