HF Trust Limited

HF Trust - Severn Cottage

Inspection report

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Date of inspection visit:
07 May 2019

Date of publication:
22 May 2019

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

About the service: HF Trust - Severn Cottage is a residential care home which accommodates a maximum of 19 people who have a learning disability or autistic spectrum disorders. At the time of our inspection 16 people were using the service. The provider had submitted an application to reduce the maximum number of people from 19 to 16.

The care service had not been developed or designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This was because the home provided accommodation for up to 19 people, some of whom were expected to use shared facilities including bathrooms and communal areas. The home was located within a 'campus' style location which contained other care homes with day centre facilities also on site.

People's experience of using this service:
•People told us they were happy living at the home and with the staff who supported them. There was a relaxed and inclusive atmosphere. One person said, "The staff are kind to me and they are all nice. I am very happy here."
•Risks to people were monitored and procedures were in place to help keep people safe.
•There were safe systems for the management and administration of people's prescribed medicines.
•People were supported by adequate numbers of staff who were safe and competent to work with them.
•People were protected from the risks associated with the control and spread of infection.
•Staff understood the importance of ensuring people's rights were understood and protected.
•People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
•People's health care and nutritional needs were monitored and understood by staff.
•Staff understood and respected people's needs and preferences and interactions were kind and caring.
•People had opportunities for social stimulation and were able to maintain links with the local community.
•The registered manager and provider followed effective procedures to monitor and improve the quality of the service provided.

Rating at last inspection: At our last inspection in September 2016 (report published 5 November 2016) the service was rated good.

Why we inspected: This was a scheduled inspection based on the previous rating.

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

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

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?

Good

The service was well-led

Details are in our Well-Led findings below.

HF Trust - Severn Cottage

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by one adult social care inspector.

Service and service type:
HF Trust - Severn Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection:
This was an unannounced inspection.

What we did:
The provider submitted a provider information return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority, commissioners and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality.

Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised by the professionals we contacted.

During the inspection we spoke with seven people who lived at the home. The registered manager was available throughout our inspection. We also spoke with three members of staff and the provider's regional manager. We looked at three people's care and medication records, staff training records and records relating to health and safety and the management of the home.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
•People felt safe living at the home and with the staff who supported them. One person said, "I am safe here. I like the staff and I have lots of friends here."
•Staff had been trained and knew how to recognise abuse and protect people from the risk of abuse. A member of staff said, "I would report anything straight away. You've got to protect people."
•The registered manager had reported concerns to the local authority safeguarding when concerns had been raised and they worked in partnership with them to ensure people were safe.
•People were supported to understand how to keep safe and to raise concerns when abuse occurred.

Assessing risk, safety monitoring and management
•Risks to people were assessed and care plans had been developed to manage risks. These included making hot drinks, cooking, completing household tasks and accessing the community.
•People who accessed the community independently were provided with easy to use mobile telephones which had been programmed with the telephone number of the home and emergency services.
•Risks associated with the management of behaviours which may challenge were assessed and 'positive behaviour support plans' were developed to manage certain behaviours in the least restrictive way. The plans provided clear information for staff on possible 'triggers', preventative measures and agreed techniques for managing a situation. This helped to reduce the risk of people receiving unsafe or inappropriate care.
•Regular checks were carried out to make sure the environment and equipment remained safe. Repairs had been completed where needed.
•There were risk assessments in place relating to health and safety and fire safety.
•Staff knew the action to take in the event of an emergency. Each person had an emergency evacuation plan. These gave details about how to evacuate each person with minimal risks to people and staff.
•People were involved in regular fire drills which helped prepare them to know how to respond in the event of an emergency.
•People with a hearing impairment had portable devices which alerted them when the fire alarm sounded.

Staffing and recruitment
•The provider followed safe staff recruitment procedures and made sure staff were suitable to work with people before they started working at the home. A member of staff said, "I didn't start working here until they had received my references and DBS check." The Disclosure and Barring Service (DBS) checks people's criminal history and their suitability to work with the people who used the service.
•Staffing levels were based on the needs and number of people who lived at the home. Staff told us there were sufficient staff to meet people's needs, including social needs.

Using medicines safely
•People received their medicines when they needed them. A person who lived at the home said, "My tablets are kept locked in my room. The staff help me and make sure I have them at the right time."
•Medicines were managed and administered by staff who were trained and assessed as competent to carry out the task.
•There were clear protocols in place for the use of 'as required' medicines which helped to ensure staff followed a consistent approach.
•People's medicines were reviewed annually by their GP to ensure they remained effective and appropriate.

Preventing and controlling infection
•People were protected from the risks associated with the spread of infection because staff understood and followed the provider's procedures.
•Staff had access to good supplies of personal protective equipment (PPE) and we observed staff using these appropriately.

Learning lessons when things go wrong
•The registered manager maintained a record of any accidents or incidents. These were entered onto a computer system and reviewed and monitored by the provider's senior management team. This helped to identify any trends.
•Where things went wrong, the management team were keen to explore the reasons and to take steps to reduce the risk of it happening again. For example, following an incident staff deployment was reviewed and further training for staff was arranged.

Good

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

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 were assessed before a placement at the home was offered. This helped to ensure that the home could meet people's needs, preferences and aspirations.
•Systems were in place to ensure people moving to the home or moving to another placement experienced a smooth and positive transition. For example, there were plans for one person to move to more independent living and staff who knew the person well would continue to support them until they were settled and confident with their new staff team.
•Assessments of people's diverse needs were discussed prior to admission. These included religion and sexuality.
•Assessments were used to formulate a plan of care. These provided staff with the information they needed to meet the person's needs and preferences.
•Staff had the skills and knowledge to ensure they could effectively communicate with the people who lived at the home. Staff used signing, pictures and objects of reference to enable people to make choices and express a view about the support they received.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
•People saw doctors and other professionals to meet their specific needs when they needed. These included GP's, dentists, opticians, speech and language therapists and specialist health care professionals.
•People's health and well-being was monitored and understood by staff. Care records showed that advice was sought from health care professionals as soon as concerns about a person's health were identified.
•Each person had a health action plan and a 'hospital passport'. This document contained important information to help support people with a learning disability when admitted to hospital.

Supporting people to eat and drink enough to maintain a balanced diet
•Menus were planned around people's preferences. A person who lived at the home told us, "We get together with the staff and decide on the menu we want."
•People's nutritional needs were assessed and kept under review. Care plans contained information about people's needs and preferences.
•Where risks were identified, care plans were in place to manage and mitigate risks to people. For example, one person had been assessed as being at high risk of choking. A care plan had been developed in accordance with the advice of a speech and language therapist and staff had a good knowledge about the consistency that food and drink should be prepared.

Staff support: induction, training, skills and experience
•People were supported by staff who had the training and skills to meet their needs. A member of staff said, "There is so much training; more than enough."
•New staff completed an induction and training programme which gave them the basic skills and training they needed. A member of staff told us, "The induction is really good. I had classroom training and plenty of time to shadow experienced staff."

Adapting service, design, decoration to meet people's needs
•People had personalised their bedrooms in accordance with their tastes and preferences. They had also been involved in choosing the paint and curtains in the main lounge.

Ensuring consent to care and treatment in line with law and guidance
•People's rights were respected. We observed staff asking people for their consent before assisting them. A person who lived at the home said, "I decide what I want to do, and the staff help me."
• Staff had been trained and understood the principles of the Mental Capacity Act 2005 (MCA).
•The 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•The provider had followed the requirements of the MCA and made applications for DoLS authorisations where required.

Good

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
•People told us they were supported by staff who were kind and caring. One person said, "The staff are kind to me and they are all nice. I am very happy here."
•There was a happy and relaxed atmosphere and we observed people enjoyed interactions and friendly banter with staff. One person put their arms around a member of staff and said, "This is [name of staff] and he is the best. He is my keyworker. I like him very much."
•Care plans contained profiles of people and recorded key professionals and relatives involved in their care.
•Care plans detailed family and friends who were important to them and provided information about people's social history, hobbies and interests. This helped staff to be knowledgeable about people's preferences and family dynamics and enabled them to be involved as they wished.
•People's protected characteristics such as sexuality and religious preferences were discussed and recorded in their plan of care.

Supporting people to express their views and be involved in making decisions about their care
•People were supported to express their views and be involved in making decisions about their day to day lives.
•Information had been produced in an accessible format for people such as easy read, photographs and symbols.
•Staff had a good understanding about people's needs and they had the skills and information to support people with communication difficulties to have a voice and express their needs and views.
•A member of staff had spent time creating a bespoke Makaton book for one person who was unable to communicate verbally. This was easily accessible and enabled the person to take pictures from the book to show staff what they wanted. Makaton is a language programme which uses signs and symbols to help people to communicate.

Respecting and promoting people's privacy, dignity and independence
•Staff interacted with people in a kind and respectful manner.
•People chose how and where to spend their day and staff respected people's right to privacy.
•People's care plans contained an easy to read questionnaire which indicated their preference of the gender of staff they wanted to support them with their personal care needs.
•The provider had procedures in place relating to confidentiality and these were understood by staff.
•People's care records were securely stored and we observed that staff ensured they did not discuss people in front of others.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and support they needed, focusing on what was important to the person.
•Care plans detailed information which was important to the person such as interests, daily routines and family members.
•Staff knew about people's preferences and what was important to them. They spoke with great fondness about the people who lived at the home and engaged in conversations about their family and interests.
•We observed people chose what they did and where they spent their time. Each person had an allocated day where they were supported to do their personal shopping and choose anything else they wanted to do. One person told us, "After I've been shopping I chose to go for fish and chips. I can't wait."
•People were supported to take part in activities and social events which they enjoyed. These included swimming, cinema trips, attending social clubs in the local community and visiting places of interest.
•People could also attend the provider's on-site activities. These included a day centre where people could meet up with friends and a computer suite, craft centre and garden centre. A person who lived at the home was keen to show us around and told us how much they enjoyed using the facilities.
•Three people had been supported to gain voluntary work in the local community.
•People told us they were looking forward to an up and coming holiday. One person said, "I am going with [name of person] and staff and I am so excited." Another person told us they had travelled to America with a family member to visit a relative.

Improving care quality in response to complaints or concerns
•The provider's complaints procedure had been produced in an accessible format for people. People were reminded about keeping safe and raising concerns during regular house meetings.
•The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support
•Nobody using the service was receiving end of life care. However, the registered manager told us there would be discussions with the person, their family members or advocates where appropriate.
•People's religious preferences were recorded in their plan of care.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•The service had a manager registered with the Care Quality Commission. A registered manager 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 operated an open-door policy and we saw people actively sought them out and engaged in friendly banter. One person said, "[Name of registered manager] is lovely. I like them."
•Staff spoke highly of the registered manager and of the support they received. A member of staff told us, "[Name of registered manager] is excellent and gets things done. The people we support are now getting more holidays and trips out which is a great improvement."
•There was a clear staffing structure in place and the staff we spoke with were clear about their role and responsibilities.
•There were effective systems to monitor staff skills, knowledge and competence.
•Staff were able to discuss their role through regular supervisions and annual appraisals.
•Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
•In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred at the home within required timescales.
•The ratings of our previous inspection had been clearly displayed in the home and on the provider's website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
•People were supported by a staff team who felt valued and motivated to do their work. Staff morale was good. A member of staff said, "We have a great staff team who all want the best for people."
•The registered manager had informed professionals such as the local authority safeguarding team when concerns had been raised. They had also informed people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

•People's views were valued and responded to. Throughout our visit we observed staff seeking people's views about what they wanted to do, what they wanted to eat and who they wanted to support them.
•People met with their keyworker on a regular basis to discuss the care and support they received.
•People were involved in annual reviews with their relatives, professionals and staff that knew them well.
•There were opportunities for the people who lived at the home and staff to express a view about how the service was run. For example, through regular meetings.

Continuous learning and improving care
•The were effective procedures in place to monitor and improve the quality and safety of the service provided.
•Regular audits and checks were carried out by the registered manager. Findings were reviewed and action was taken to address any shortfalls. Quality visits were also carried out by the provider's senior management team.
•There was a culture of continuous learning. The registered manager kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular attendance at a local provider representation organisation, updates and newsletters from professional organisations.

Working in partnership with others
•The service worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority safeguarding team, GP's, and specialist health professionals.