

HF Trust Limited

HF Trust - 1 & 2 Clementi Court Houses

Inspection report

off 8 Glencoe Road
Bengeworth
Evesham
Worcestershire
WR11 3QZ

Tel: 0138648547
Website: www.hft.org.uk

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28 March 2019
15 April 2019

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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

About the service: The service is registered as a care home and consists of two purpose-built bungalows in a small cul-de-sac, with a range of facilities to support people, including accessible accommodation and washing facilities. All non-office areas are located on the ground floor and are wheelchair accessible. The service is registered to provide support for up to eight people. At the time of the inspection there were six people receiving personal care.

People's experience of using this service:

Relatives of people using the service said they benefitted from good care, delivered in a manner which was personal to them and based on their assessed needs. They praised both the care staff and the management for the work they did in ensuring good quality care was provided.

Relatives told us they felt people were safe when being supported with care and said all the staff worked in a way that respected people's privacy and dignity. People knew care staff well and formed strong and supportive relationships with them. Staff told us they felt supported by the senior staff in the organisation. People were involved in care decisions as much as possible and relatives told us they were consulted and included in determining the most appropriate support.

People looked happy in the company of staff. Staff we spoke with had a good understanding of people as individuals and the care and support they required. Relatives told us they could visit the service at any time and were contacted by staff if there were any concerns or changes in people's condition. The service supported people to engage with their local community, follow interests and assisted them to attend a range of appointments.

Staff told us they were happy working for the service and there was a good team in place, although staffing had been an issue in the last few months. They felt positive that the situation was improving. They confirmed they could access a range of training and annual appraisals. The frequency of supervision sessions had reduced due to the registered managers' temporary absence. Quality checking processes were in place. Relatives told us the service had maintained standards of care despite the registered manager not being on site. Staff felt confident about the future of the service.

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.

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

Rating at last inspection: good. (report published April 2016).

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

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with schedule for those services rated as good.

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.

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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: The inspection was undertaken by one inspector.

Service and service type: HF Trust - 1 & 2 Clementi Court Houses 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 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. This means the provider was not aware we were going to carry out an inspection.

We visited the service on 26 March and 28 March 2019. On the 26 March 2019 we were supported by the senior care worker at the service. On the 28 March 2019 we spoke with the registered manager. We also reviewed care records and policies and procedures. During the week commencing 15 April 2019 we also spoke with staff over the telephone.

What we did: Prior to the inspection the provider completed a PIR (provider Information return). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important

events which the provider is required to send us by law.

During the inspection we spoke with the senior care worker, the registered manager, the regional manager, two support workers and the service administrator. We also spoke with four relatives who were visiting people at the time of our inspection. Following the inspection, we spoke with two support workers over the telephone. We looked at a range of records including two care records of people who used the service, medicine records, staff recruitment and training records and a range of other policies and quality monitoring documents.

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.

- Relatives told us they felt their relations were safe when being supported by staff. One relative told us, "We feel they are safe. If we do raise any concerns they are immediately dealt with."
- Policies and procedures regarding safeguarding were in place and staff had received training in this area.
- We saw recent potential safeguarding concerns had been dealt with appropriately.
- Staff demonstrated a good awareness of safeguarding and whistleblowing issues and had a clear understanding of action they should take if they had any concerns. They told us about action they had taken in the past and the positive response from management.

Assessing risk, safety monitoring and management.

- Risks associated with the delivery of care were assessed. Risk assessments covered areas such as; personal care, food and fluid intake, hoisting and the use of wheelchairs. Relatives spoke about the increasing difficulties that all people living at the service had with eating and drinking and swallowing. They praised all the staff highly for their approach in dealing with what were difficult conditions. One relative told us, "There is a protocol in place for dealing with any problems – potential aspiration issues. It is a detailed protocol and they follow it to the letter. All the staff are trained in it." Records showed, and relatives told us risk assessments were regularly reviewed.
- Plans were in place to deal with unforeseen circumstances. People had evacuation plans in place detailing the support they required in the event of a fire or other emergency. People's care files also contained information to give to health professionals in the event of an urgent admission to hospital.
- Systems were in place to ensure the premises and equipment used by the service was regularly checked and met current standards and regulations. We saw hoists had been recently checked and electrical equipment had in date safety certificates. Regular checks on fire safety were undertaken.
- Accidents and incidents were reported and recorded. There was evidence that each incident was reviewed by the registered manager or senior staff member and any changes required noted. The senior support worker told us they were not aware of any overarching review of incidents to identify trends, but felt these would be easily evident in such a small service.

Staffing and recruitment.

- Relatives told us staffing was improving. They said a number of staff had left recently to move to better paid positions. They told us there had been a bit of a 'hiccup' in the service but felt remaining staff had worked exceptionally hard to maintain standards.
- Staff told us recent months had been difficult with staff leaving, but new staff had been recruited and new pay scales were due to be introduced in the spring. Staff said they had not felt under pressure to pick up additional shift but sometimes felt they were letting people down. One staff member told us, "You do it because you are passionate about the job and you don't want people to miss out."

- Staff said that they were thanked for picking up additional shifts and supervision documents showed senior staff checking on wellbeing and work/life balance.
- The registered manager and regional manager later confirmed that action was being taken to address staffing issues. Where agency staff were used this was limited. Agency staff were fully trained and individuals familiar to people were always used.
- The provider had in place detailed and appropriate recruitment practices including the checking of references and carrying out Disclosure and Barring Service checks (DBS).

Using medicines safely.

- Staff demonstrated a good understanding of people's medicines needs and management reviews of records was undertaken regularly. Medicines counts were carried out daily. We checked and found these to be correct.
- People's care plans contained good information about how to support people with their medicines, including the use of 'as required' medicines. 'As required' medicines are those given only when needed, such as for pain relief.
- Relatives told us people received their medicines on time and appropriate supplies accompanied people if they went out or visited relatives.

Preventing and controlling infection.

- All aspects of the home were maintained in a clean and tidy manner. Relatives confirmed they always found the service clean and well kept. Staff use of personal protective equipment (PPE) was monitored as part of the supervision process.

Learning lessons when things go wrong.

- The registered manager told she was unable to think of any specific instances which had led to a significant change in procedures or care. She told us that supporting people with such complex needs meant everyday was a learning opportunity.
- Relatives confirmed that staff responded to any new information or changes in people's presentation. They told us staff spent time checking what activities or interventions had worked well for an individual and which had been less successful.

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's needs were assessed before they began using the service, using a range of information from the individuals themselves, families and health and social care professionals.
- Assessments of people's needs were detailed. Outcomes were identified and care delivered in line with these. People's personal preferences and choices were incorporated into care plans.
- Where care needs changed then care records were updated to reflect these changes. One relative told us, "All the residents' needs have grown. They really think about what else they could do."

Staff support: induction, training, skills and experience

- Staff training was well planned and relevant to people's needs. Staff received a mixture of face to face and on-line training and this was refreshed regularly. The registered manager arranged bespoke training where beneficial for people.
- Staff stated they received good levels of support from the registered manager and senior support staff. New staff received a detailed induction.
- We noted some staff had not always had supervisions within the timescale set by the provider. The senior support worker told us this was because the registered manager had been away from the service, but matters were now in hand to address this. One staff member told us, "You don't have to wait for supervision, you can request a random supervision at any time." Staff told us they had annual appraisals and records confirmed this.

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

- Where people required support with diets, care plans contained information for staff to follow and mirrored advice provided by specialist professionals. Relatives praised the staff highly for the support offered to people in this area. Relatives told us, "They are very careful with food preparation" and "They (people) have swallowing difficulties, but they still eat normally. Staff and SALT (speech and language therapy) support this."

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 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.

- There was evidence that applications with regard to DoLS had been made in an appropriate and timely manner and were reviewed. Relatives confirmed this was the case.
- Most people supported were unable to sign consent forms or were unable to give informed consent. When significant decisions were required the service had assessed people's capacity and taken best interests decisions to ensure people were supported appropriately and fairly.
- Reviews did not always detail whether the decisions reached constituted the least restrictive option. The registered manager told us she would review the process to ensure all decisions were fully documented in line with the requirements of the MCA.
- Some people were unable to sign consent forms but could use non-verbal methods to indicate their agreement. This had been fully documented.
- Some relatives had been appointed deputies but the Court of Protection (CoP). Information as to the relatives' roles and responsibilities was available to the service.

Staff working with other agencies to provide consistent, effective, timely care

- Care records demonstrated, and relatives told us the provider worked closely with other services to deliver consistent and effective care.
- The registered manager showed us a letter from the chief executive of a local hospice praising the recent care staff had provided and were impressed by the way staff had worked alongside palliative care professionals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to have access to a range of services that ensured they experienced positive health and wellbeing outcomes. This included primary and secondary healthcare services, such as GP check-ups and occupational therapy involvement.
- The senior support worker spoke about work they had undertaken with occupational therapy service to access specialist and bespoke equipment. This equipment had improved people's lives through reducing distress during personal care. Relatives confirmed this approach had been a positive benefit for people.
- People had health action plans in place and hospital passports providing key information about them, including their needs and any medication they are taking, to assist healthcare professionals should they need to receive care in another setting

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

- The service consisted of two purpose-built bungalows. All facilities were accessible on the ground floor and all areas and the garden areas were wheelchair accessible. People had their own bedrooms which were decorated in their own personal style.
- The service was well equipped with additional aids such as hoists, specialist baths and shower equipment, adjustable height kitchen areas and interactive visual equipment. Staff and relatives spoke about the recent redecoration of one bathroom that now included a range of sensory equipment including specialist light and sound devices to make personal care more relaxing. They told us they hoped to raise more funding to expand the facilities to all bathrooms.

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.

- Relatives were extremely positive about the support provided by the service. They told us it was always appropriate, respectful and dignified. Relatives' comments included, "They go beyond the call of duty in thinking about the client's needs and wishes."
- We observed staff to have a kind, calm and caring manner and witnessed highly individual care. One relative told us, "When their key worker goes away they really miss them, which I think is a measure of the relationship."
- Staff were aware of issues around equality and diversity and the nine protected characteristics, as defined by the Equality Act 2010, but did not receive dedicated training, other than as part of induction training. The registered manager later wrote to us saying that additional training in this area was available.

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

- People were supported to contribute to their person-centred care plans as much as possible. Staff took time to communicate with people and offered choices in a manner that allowed them to participate.
- The service acted in line with the Accessible Information Standard (AIS) and provided easy read format documents to support people to express their views.
- Relatives told us staff were good at communicating and soliciting responses from people. One relative told us, "They can nod 'yes' and 'no' and use hand gestures. They are really good at maximising response and understanding their individual ways of communicating."
- Relatives told us they felt fully involved in care decisions.
- No one at the service was being formally supported by an independent advocate. Staff campaigned to improve access to meals out with families for people who used the service. They told us no local establishments offered access to soft diets and pureed meals, meaning people could not enjoy meals out with their families. Staff had written to local restaurants asking them to make meals more accessible and inclusive. One local pub had responded and now offered pureed meals. Staff had also enlisted the support of the local MP in their campaign.

Respecting and promoting people's privacy, dignity and independence.

- The service had built long term relationships with people and knew them well as individuals. Staff had a good understanding of people, their likes and dislikes and their particular ways of doing things.
- Staff approached people in a discrete manner to offer personal care and this was undertaken in an appropriate and dignified way.
- Relatives told us all staff worked hard to ensure people were supported in a manner that was respectful. Comments included, "They make intimate personal care as least embarrassing as possible. They ensure they preserve their dignity and respect."

- Relatives were encouraged to maintain contact. Comments included, "Staff are always very welcoming. Friends and other family who visit are really impressed they always get a warm welcome."

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 plans contained good detail. Records showed evidence of an assessment prior to support commencing. Relatives confirmed staff had visited to assess people's care requirements.
- Plans detailed the range and type of support required. Documents highlighted how people were to be supported with specific needs or medical conditions and essential information staff needed to be aware. Relatives told us a number of specific protocols were in place to deal with particular issues and these were regularly reviewed and updated.
- There was evidence in care plans that care had been reviewed and support plans updated to reflect people's changing needs. Relative's confirmed regular reviews too place.
- People's interests and social needs were encouraged. A range of activities were supported and the service had access to its own minibus for transport. Relatives confirmed people were assisted in social activities. Comments included, "They went to a music event two weeks last Saturday. It all has to be person centred. They love Dire Straits and have been to see a tribute band. Staff also take them to the hydrotherapy pool" and "They have a good social life and a good quality of life. They keep up the social aspects for young adults."
- Relatives confirmed staff supported people's choices and preferences throughout the delivery of care.

Improving care quality in response to complaints or concerns.

- Relatives told us they had not made any recent formal complaints. They said they knew how to raise a concern. Comments included, "If you have a concern the manager will take it seriously; she really listens" and "If we have any concerns they are dealt with or we will see (registered manager). If we have any concerns we just sit down and talk about them."
- The provider had in place a complaints policy and easy read information on how to raise a concern. There had been no formal complaints within the last 12 months.

End of life care and support.

- Relatives spoke in detail about the exceptional end of life care offered by the service, including close working with other agencies.
- They told us the end of life care had been extremely personal and said, "The end of life care was so good the hospice was impressed. (Relative) felt completely safe and happy and died peacefully."
- Relatives told us staff supported one person to visit the grave of their relation and take flowers. They had also put together a memory box for them.

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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The senior care worker and the registered manager told us their philosophy was to provide individualised and person-centred care. They told us because the service was quite small all the care staff knew people and their particular likes, dislikes and personality traits. A relative told us, "They go beyond the call of duty in thinking about the clients' needs and wishes."
- Staff told us they were happy in their roles and were determined to deliver high quality care. Comments included, "I just love coming here and giving them as good a quality of life as possible. It is good knowing I have made a difference" and "I think the quality of care at Clementi is personally very good. I would be happy to put a family member at Clementi Court."
- The registered manager was aware of the provider's responsibility under the duty of candour, although there had been no incidents which required a formal response.
- The provider ensured staff had access to up to date support and training. Relatives told us they felt the service promoted high quality care. One relative told us they would like to see the service recognised as a centre of excellence for care.
- The registered manager had been absent from the service for a short period. Relatives felt the service had continued to operate effectively during this period. They praised the senior care staff who had overseen the service and told us, "The care has been seamless with the manager away, but staff have kept the service going" and "It is a mark of the manager's work that the service has kept going in her absence."

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

- Relatives said they were very happy with the quality of the service. One relative told us, "The manager knows the residents. She will often come down onto the floor. She has the trust and respect of staff."
- The registered manager for the service had been absent for a number of months. A senior care worker had overseen the running of the service. Staff felt the service had maintained the high standard of care it aspired to during this period.
- The registered manager was required to carry out regular audits and checks on the service and report to the regional manager. During the registered manager's absence, the regional manager had supported the service with oversight. Audit documents were detailed and contained action points to be followed up and completed.
- Staff were positive about the role of the registered manager and their support to staff. Comments included, "(Registered manager) is lovely. She is brilliant. Most of the staff feel able to approach her. So good. It is lovely to have someone you can work with."

- The provider was meeting regulatory requirements. The current quality rating was displayed in the building and notifications of events had been sent to CQC as legally required to do so.

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

- Relatives felt fully involved in the care of their relations and were able to influence the running of the service. They felt their lobbying promoted the planned improvements in pay and conditions. They told us they felt listened to by the registered manager.
- Staff felt involved in the service and well supported by the senior care worker during the absence of the registered manager. They also told us they had been able to speak with the regional manager during the registered manager's absence.
- Staff confirmed staff meetings took place approximately once a month. They told us they were able to raise issues in these meetings and they would be responded to.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with a range of other agencies and professionals and relatives confirmed this. Care plans and care delivery were closely linked with the advice of health professionals.
- One relative, who was involved at a national and European level with a particular support group, told us staff were very open to new ways of working and discussing different approaches when they brought ideas or information to the service.
- Training was monitored and provided through the provider's training department to ensure the most up to date information was available. Staff told us they could access additional training if they required. One staff member told us, "It is a good staff team. We work well together and have so much knowledge. Staff are reliable and so knowledgeable."