

HF Trust Limited

# HF Trust - Phillippines Close

## Inspection report

Phillippines Close  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection was carried out on 26 June 2017 and was unannounced.

Philippines Close is registered to provide accommodation and personal care for up to 16 people. There were 16 people living at the service when we visited. People had a range of learning disabilities.

The service is split across two houses on a site which is shared with a day service, offices and supported living accommodation owned by the provider. There were seven people living in one house and nine people in the other. Each house had its own dedicated staff team, though staff occasionally supported in the other house to cover staff shortages.

There is a registered manager in post who was supported on site by an operations manager. They were also part of the provider's partnership forum. 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.

Risks to people and the environment had been assessed and there were risk assessments in place. However, assessments related to people's health did not always contain all the information needed for staff to minimise identified risks. When risks in the environment were identified for example, fire doors not closing when the fire alarm is tested, there was no evidence that action had been taken and the outcome. The registered manager took action after the inspection to address these issues. People's medicines were managed safely; however one person did not have protocols in place for 'as and when' required (PRN) medicines and some creams had not been dated when they were opened. Some medicines, including the creams we observed need to be used within a limited time once opened or they may not work properly, so creams should be dated when opened. We made a recommendation about this.

People's care plans were not updated on a regular basis and some not been updated since 2013 and contained information which was now inaccurate. People's did not always have their needs assessed before moving into the service and care plans were not completed until sometime after they moved into the service. Some people could present behaviours which can challenge; care plans related to this did not give staff all the information they needed to help the person to manage their distress and feel calm. People did not have plans to support them to reach their goals or develop new skills. People's care plans were in the process of being updated and moved to an online system.

Audits were completed by allocated staff members, the registered manager and operations manager to monitor the quality of the service. However, these audits had not identified the issues we found during this inspection and did not always record actions taken to address shortfalls. People and relatives were asked for their feedback via surveys and house meetings. There was an easy read complaints policy and

complaints were dealt with appropriately.

People were supported by staff who knew them well and treated them with dignity and respect. Staff were recruited safely and had the training and skills required to meet people's needs. Staff told us they felt supported and had access to regular supervisions with their line manager. People were encouraged to be independent and had access to a wide range of activities both at the on-site day centre and in the local community.

Staff understood their responsibilities in relation to safeguarding people from abuse and worked with people to manage their relationships with the people they lived with. The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS authorisations in line with the legislation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way.

People could access their kitchens at all times and chose the menu each week together. Menus were placed on the kitchen notice board with photographs of the meals on offer. There was also a picture chart showing people's chores for each day. People had health action plans in place detailing their health needs and the support they needed. There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. Advice people received from healthcare professionals was followed.

The registered manager met with the providers other managers to discuss good practice and share learning. They also were part of a partnership forum which enabled them to meet the board of the provider and discuss the organisations plans moving forward. They then shared this information with staff through regular team meetings.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Risks to people were assessed but staff did not always have the guidance required to minimise harm to people.

Medicines were managed safely. However, not everyone had protocols in place for their 'as and when' required medicines and creams were not dated when opened.

There were enough staff to meet people's needs and they were recruited safely.

Staff knew how to recognise abuse and who to report it to.

### Is the service effective?

**Good** ●

The service was effective.

People were supported by competent staff who had the training and skills required to meet people's needs.

Staff were supported people to make their own choices and knew what to do if people were unable to do so.

People were involved in planning and preparing their meals.

People were supported to access health services if they needed to. Staff followed advice given by health professionals.

### Is the service caring?

**Good** ●

The service was caring.

Staff communicated with people in a kind and caring way, using their preferred method of communication.

People were encouraged to make decisions about their care and how they liked to be supported.

There were caring relationships between people and staff. People were treated with dignity and respect.

### Is the service responsive?

The service was not consistently responsive.

People's care plans did not always contain up to date and accurate information. People did not have plans to reach their goals or develop new skills.

People had access to a wide variety of activities which they told us they enjoyed taking part in.

There was an accessible complaints policy and complaints were resolved.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

Audits were completed but these had not identified the issues identified at this inspection. Not all records were completed fully and accurately. Action was not always taken to address hazards identified in the environment.

The registered manager was accessible and approachable. Staff said they felt supported, valued and listened to.

People and their relatives were asked to share their views about the service and these were acted on.

**Requires Improvement** ●

# HF Trust - Phillippines Close

## **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 inspection took place on 26 July 2017 and was unannounced. The inspection was carried out by one inspector.

We did not ask the provider to complete a Provider Information Return (PIR). A PIR 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 asked these questions during the inspection. We looked at notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

During the inspection we met ten people; we spoke with the registered manager and five members of staff.

We looked at documents including six care plans, medicines records, staff rotas, four staff files, audits, feedback questionnaires and minutes of meetings. We observed people being supported by staff and we observed staff interacting with people.

This is the first inspection of this service under the current regulated activity.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person said, "Oh yes, the staff make sure we are safe and doing ok." However, we found the service was not consistently safe.

Risks to people had been assessed and plans had been put in place to minimise the risk of harm to people. However, some people had risks relating to health conditions and the risk assessments related to this did not give staff any detail of what to look for if people were becoming unwell and at what point they should call for medical assistance. For example, the registered manager told us they were aware that one person had a health condition which meant that they could become very ill due to an infection like a common cold. However, they were unsure what symptoms the person would show and at what point staff would need to contact health professionals. Another person's care plan had information describing a health condition, however there was no risk assessment in place to tell staff how to minimise specific risks relating to this, for example avoiding certain types of injury. When we asked the registered manager about this they told us, it was just 'a matter of opinion' rather than a statement of fact. They stated they had known the person a long time and this had not been an issue. They agreed to review the care plan and assess the need for a risk assessment.

Risks to the environment were assessed on a regular basis. People had personal emergency evacuation plans (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency. Accidents and incidents were recorded and shared with the provider using an online tool.

People's medicines were managed by staff who had been trained in giving people their medicines as prescribed by their doctor. People were encouraged to be involved in managing the medicines. For example, one person would 'pop' their medicines from the blister pack themselves, under the observation of staff and had a copy of their own medicine record to sign. The registered manager carried out competency checks on staff administering medicines to make sure they were administering people's medicines the correct way. Temperatures of medicine cupboards were taken daily and were within acceptable levels. Some medicines do not work properly if stored at the wrong temperature. Staff ordered medicines as needed and disposed of any unwanted medicines appropriately. People's medicines records were completed fully and accurately by staff.

However, when people were prescribed medicines to have 'as and when' (PRN) required, such as pain relief, there was not always guidance for staff about what the medicine was for, how the person would let them know they needed it and how many doses they could have in 24 hours. After the inspection the provider sent us copies of PRN protocols which we were not shown on the day of inspection. The provider told us they had now put in place a protocol for one person who did not have one. The PRN protocols provided did not identify how people would let staff know they required medicines. The provider told us they would be updating the protocols to include this information. One person had a health condition which could cause them to have pain; at their previous home they had access to PRN pain relief. The person did not have any

access to pain relief at the service; there was a risk the person could be in pain for a period of time whilst staff sought permission from a GP to administer pain relief. The registered manager told us the person had not needed pain relief since moving into the service. They agreed to contact the person's GP to discuss pain relief options.

Some people had creams, some of which had not been dated when they were opened. Some medicines, including the creams we observed need to be used within a limited time once opened or they may not work properly, so creams should be dated when opened. Another person's care plan included a very detailed guide for staff about how to support them with their health condition but instructions to staff on how to manage this did not give necessary detail relating to the timing of administration of as required medicines. There was a risk the person would not receive the medicine at the correct time.

We recommend the registered manager review their processes about PRN medicines and the use of creams.

There were enough staff to meet people's needs and keep them safe. The staffing rota was designed around people's activities and plans. People could request which staff member supported them. Staff had been recruited safely; written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The provider had developed and trained their staff to understand and use appropriate policies and procedures in relation to safeguarding people. Staff recognised different types of abuse and knew who to report any concerns to. They told us, "I know I can always go to the manager or the operations manager if I am worried. If they don't deal with things I could go to the police or local safeguarding team." The registered manager had made referrals to the local authority safeguarding team as required. People were encouraged to use house meetings to discuss any issues they had with each other and were supported to resolve them. One person became anxious when staff were speaking to someone else and tried to step in between them. Staff explained to the person they would be with them in a minute and held their hand whilst continuing their initial conversation. The person calmed and waited until the end of the conversation when staff then gave them their full attention.



# Is the service effective?

## Our findings

People told us they enjoyed the food and that they got to choose what they wanted to eat. One person said, "We had fish finger sandwiches for lunch; they were very nice." Another person told us, "I choose what I get up to and the staff just help."

New staff completed induction training and shadowed more experienced staff to get to know people. New staff were expected to complete the care certificate as part of their induction. The care certificate is a set of standards care staff can achieve. There was a basic training programme in place for all staff. Basic training included subjects such as safeguarding and fire awareness. Staff also completed training related to people's needs such as epilepsy awareness. Staff had regular one to one meetings with their line manager, to discuss their performance and personal development. The provider had introduced a pathway for staff to develop the skills and knowledge required to progress to a higher role, from senior support worker through to management roles. The registered manager was working with staff to identify who was interested in this opportunity and to nominate them to take part. Staff had access to nationally recognised vocational qualifications and were supported to complete these.

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 make 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 so that they can 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. The registered manager had taken appropriate action, had conversations with the local authority and made applications for DoLS in line with guidance.

The registered manager and staff had a good understanding of the MCA and encouraged people to make decisions for themselves as much as possible. Staff used pictures and other communication tools to help people make choices and say what they wanted. The registered manager had requested lay advocates for people when decisions were being made on behalf of people to make sure decisions made were in their best interest. An advocate is someone who supports a person to make sure their views are heard and rights upheld.

People in each house met to plan their menus; this was posted on the kitchen notice board including photographs of the meals on offer. If people chose to have something different they were supported to choose from the selection of food available. Some people made their own breakfast and hot drinks. We observed staff encouraging people to take part in preparing their drinks. One person wanted a cup of tea and gave their cup to staff saying, "drink" the member of staff took the cup but asked the person to help them make the drink. They asked the person to turn on the tap to fill the kettle and to place their tea bag and sugar in the cup. Once the cup of tea was ready the person smiled and took it to their room. People took part in cooking lessons where they learned how to make new meals for themselves. One person told us they

had, "I learned to make cheese and potato pie and it was very nice." Meal times were sociable with people choosing to eat together and chat about their day.

People were supported to access a variety of health care professionals when necessary. People had health action plans which showed how people preferred to be supported and what support they required. Each person had a 'health passport' in case of a visit to hospital. This had been written with the person and gave important information such as how the person wished to communicate, anything that could cause anxiety and how to reassure the person. It also detailed any allergies and what medicines the person was taking. Some people were living with epilepsy and staff were recording any seizures in great detail. This information was then shared with the epilepsy nurse who could advise the person on the best course of action to minimise seizures.

## Is the service caring?

### Our findings

People told us the staff were kind and caring. People said, "The staff are the best, they are very nice" and "The staff are very helpful."

We observed familiar and caring relationships between people and staff. People approached staff during the day and seemed very relaxed in their company. Staff were patient and gave people time to answer questions or complete tasks. Some people could be repetitive in their conversations seeking reassurance from staff. One person was speaking to staff about an outing they had planned the next day. Staff responded gently each time the person asked about it and reminded them they already knew the answer to their questions. When the person asked a question again staff said, "What is the answer? You tell me." The person thought about it for a moment and then answered the question for themselves. People were encouraged to be independent and complete tasks or part of tasks for themselves. For example, one person could not fold their clothes but was able to get them out of the tumble drier and pass them to staff. Some people attended activities at the on-site day centre and when it was appropriate they were encouraged to walk there on their own. One person used the train to visits relatives. Staff dropped the person at the train station and helped them to purchase their tickets. The person then travelled independently and was collected by their relative at the other end of their journey.

Staff used communication tools such as pictures and some basic Makaton signs to help people know what was going on and make their needs known. Some people had communication passports which had been developed with speech and language therapists. People's art work was displayed around each house alongside photographs of people taking part in activities. Some people at the service had known each other and some of the staff for many years. There were memory boards with old photographs of people when they were younger, which they enjoyed pointing out to us. People had chosen the colour of their own bedroom and people's rooms were personalised with items which were important to them. One person at the service owned a cat; their bedroom door stated the room belonged to them and the cat with photographs of them both.

People were treated with dignity and respect. Staff spoke kindly to people and tailored their interaction to each individual. People were supported and encouraged to maintain relationships with family and friends. People could have visitors whenever they liked and some people would go to stay with family over night or for weekends. Families were invited to social events at the service such as BBQs or cream teas. When people had made friends at social events or activities staff supported them to maintain these friendships and offered support if needed. People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. Staff ensured that discussions about people were undertaken privately to promote privacy and confidentiality.

People had made decisions about the running of the service through their house meetings. For example, there had been a change in the company policy which meant staff had to provide their own food. People were asked if they were happy for staff to continue to cook and eat with people now they were having different meals. All of the people said they liked staff eating with them and were happy for staff to cook

alongside them.

## Is the service responsive?

### Our findings

People told us they took part in lots of activities they enjoyed. One person said, "Absolutely we get to do lots of things we like." Staff told us, "The people who live here are so busy; they are always doing something and have lots of activities they enjoy." Despite these positive comments we found that the service was not always responsive to people's needs.

People were at risk of not receiving the care and support that they needed, as assessments were not undertaken at times of change and care plans were not kept up to date. The majority of the people at the service had lived there for a long time. One person moving into the service more recently did not have an assessment of their needs before coming to live at the service. People had visited the service prior to moving in and the service had received some information from the person's care manager, but a formal assessment had not been carried out. People were living at the service for a number of months before a care plan was created for them. One person had moved into the service in February 2017 and staff were still supporting them based on information from their previous service. A new care plan had started in July 2017 but this had not been printed off due to an issue with the printer. The registered manager told us that they had found the information from the person's previous service to be inaccurate in a lot of areas.

The service was in the process of moving care plans to a computerised format. Most care plans contained a mixture of information from old and new care plans which often contradicted each other. For example, one person's old care plan stated they had medication they could take to help them calm down if they were agitated, the new one stated they did not. There was no guidance for staff as to which was accurate. Some people's care plans were completed in 2013 and had not been updated since. We saw several care plans where information was now out of date or inaccurate. People had goals in their care plans which had been identified prior to 2015. However, there were no plans in place to support people to reach these goals and no record of any progress people had made towards them. The registered manager agreed people would benefit from step by step plans to reach their goals.

Some people at the service could present behaviours which can challenge. The information about how to support people if they were anxious or agitated was put in place between 2013 and 2015 and had not been reviewed. The guidance for staff did not give them the information needed to support the person to become calm. For example, guidelines included 'give [person] fair warning before asking them to do a task.' There was no definition of what 'fair warning' was for that person. Another person's guidelines stated, 'If [person] gets too friendly ask them to stop and try to distract them.' There was no information about what being 'too friendly' looked like or what things could distract the person. Some people had a DISDAT (Disability distress assessment tool) in their care plans; this is a document which records how people communicate if they are unhappy or unwell through their behaviour or facial expressions. However these were blank and had not been completed apart from the person's name.

The registered person had failed to ensure that people's needs were assessed and people's care designed to meet their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had access to a wide variety of activities both on-site and in the local community. People took part in art classes, cooking sessions, keep fit classes and social events such as discos. Some people would visit local libraries, markets or attend aerobics classes in the local towns and villages. Some people had allocated time with a staff member on a one to one basis. People were encouraged to plan this around their activities and to have meals out. Some people took part in sailing each year and others took part in a variety of sports. Most people at the service had an annual holiday and they chose where they would go and which staff member they would like to support them.

There was an accessible version of the complaints procedure and people told us they knew who to speak to if they were unhappy. When complaints had been received they had been investigated and the outcome was recorded. The complaint log showed people were happy with how their complaint had been resolved. People used house meetings to talk about anything they were not happy about and to resolve conflicts.

## Is the service well-led?

### Our findings

People and staff told us they liked the registered manager and that they were approachable. One person said, "She is a lovely lady, I've known her a long time. She is very nice." Staff told us, "The manager is very supportive and knows people well, that helps as if you get stuck, she knows what you are talking about and how to guide you." Despite these positive comments we found the service was not always well-led.

The registered manager had worked with many of the people they supported for a number of years and knew them well. They role modelled the ways people preferred to be supported and shared information with other staff to support them to build relationships with people. However, this had led to the registered manager not always documenting information about people's needs or updating records. For one person, there was a mixture of documentation from the previous provider and the new provider which meant documents could contradict each other or give duplicate information.

Audits were completed by staff with allocated responsibilities for example, health and safety. The registered manager and operations manager also carried out audits of the service on a monthly and quarterly basis. The quality monitoring systems for the service had failed to identify the concerns we found at this inspection. Audits of medicines had not identified that one person did not have access to pain relief and that some people did not have PRN protocols in place. Although we were sent PRN protocols after the inspection; audits had not identified the protocols did not have all the information required. Health and safety audits had not noted the lack of actions taken to resolve issues with the fire system. For example, there had been weekly tests of the fire systems. For the previous three weeks issues had been identified with the fire extinguishers not being serviced and several doors not closing when the fire alarm was sounded. The doors which did not close varied each week. There was a record to show these had been reported, but not all actions had been completed by the provider in a timely manner to address issues with fire system and rectify them. After our inspection the registered manager sent us evidence to show they had requested the fire system be checked urgently. Care plan audits had not identified that care plans had not been reviewed and did not contain accurate and up to date information. Risk assessments and guidance for people who needed support to manage their behaviour had not been reviewed or updated.

The provider and registered manager had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided and failed to maintain accurate and complete records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood the values of the service, which were to give people quality care and support them to remain independent for as long as possible. There were regular team meetings and all the staff we spoke with said they were happy to give suggestions or express their views and felt they would be listened to. Staff told us, "It's about being compassionate, I want the people I support to have a life with as many opportunities as mine. I love seeing them happy." The registered manager had sought advice and support from local health professionals when appropriate.

The registered manager met regularly with managers from the providers other services to share learning and good practice. They also attended a partnership forum which enabled them to meet members of the board and discuss plans to improve the service and changes to the organisation. The registered manager shared this information with staff through meetings and could feedback their responses at the next forum. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

People, their relatives and staff were asked their views about the quality of the service via meetings and annual surveys. The latest survey had recently been sent to relatives but previous comments included, 'my loved one is very happy there' and 'the staff are very kind to my loved one, they know them very well.' One relative had feedback to the registered manager that the surveys they received were generic and covered all types of services the provider offered. The registered manager had fed this back to their line manager and the survey content was being reviewed.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had failed to ensure that people's needs were assessed and people's care designed to meet their needs and preferences.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided and failed to maintain accurate and complete records.</p>