

HF Trust Limited

HF Trust - Hollycroft

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

HF Trust- Hollycroft is a residential care home providing accommodation and personal care for 7 people with learning disabilities and/ or autism aged 18 and over at the time of the inspection. The service can support up to 8 people.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 8 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

The provider had not ensured that there were always adequate staffing levels to ensure people were safe and their needs were met. During weekends there was often only one staff supporting up to seven people one of who required one to one support.

Staff did not always ensure food safety processes were followed, we found that food was not stored safely in communal fridges and food labels did not display when food had to be used by.

Incident records were unclear and staff were not aware of any policy to follow in relation to recording and reporting incidents and accidents. Incident and accidents were not clearly analysed and assessed to reduce risk and improve care for people.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The provider was not following guidance in relation to making decisions for people who were unable to make decisions for themselves. Where people were found to lack capacity to make a decision regarding the care they received, best interest discussions or meetings did not take place to ensure decisions made for people were in their best interests.

Audit systems within the home were not effective in identifying areas of concern and where areas had been identified action was not taken in a timely manner to improve the service of care for people. Care people received was not outcome based and their care was not effectively reviewed to improve where necessary.

People had care records in place for staff to follow however it was unclear when records had been reviewed and updated and many staff had not read people's care plans since they started working for the service up to 5 years ago. This meant that the provider was not ensuring staff were following consistent approaches and keeping up to date with people's needs, wishes and preferences.

People were positive about their care. One person told us, "I love it here, my favourite thing is the staff."

People were supported with kindness, respect and compassion by a staff team who knew and treated people as individuals. There was a focus on people making choices about their support and the staff team promoted people to be as independent as possible. People received personalised care and were communicated with in their preferred communication methods.

People were supported to take part in community-based activities and to take part in daily living skills in the home. Staff members encouraged people to try new things and to be involved in choosing how they spent their time.

People were protected from harm and abuse, by systems put in place at the service. People had assessments in place which enabled them to take positive risks.

People's care was based on an assessment of their needs and their choices. Staff had access to training and support. People were supported to regularly access health care services to maintain their wellbeing.

People were positive about the way they were supported with food and drink, and how they were involved in cooking and preparing meals. People were supported to see health care professionals where this support was needed.

People and their relatives were encouraged to feed back about their care and support and were involved in the service delivery. The registered manager and the staff team worked with other organisations to ensure good outcomes for people using the service. People were positive about the management of the service.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 27 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the governance of the service and in the way that staffing levels are being managed at this inspection

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

HF Trust - Hollycroft

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out the inspection.

Service and service type

HF Trust-Hollycroft 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 inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with

five members of staff including the provider's regional manager, registered manager and care workers. We also spoke to one professional involved with the service.

We reviewed a range of records. This included two people's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and audits were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives to gain feedback of their experience of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The service did not always ensure there were sufficient numbers of staff to meet people's needs. We spoke to staff members and reviewed staff rota records which evidenced that on occasions staff would work alone with up to seven residents. At the time of inspection there were two support staff working with seven people, during lunchtime observations we saw that people were left alone cooking their own meals in the kitchen and people with complex needs were left to eat their meals unsupervised. This meant that people were at increased risk of harm and people were also unable to access activities of their choice when only one care worker was on shift. One relative told us, "my only concern is staffing at the weekends, as there is only one staff working." Staff told us when they worked on their own they were unable to deliver a good standard of care.
- We addressed these concerns with the regional manager who was able to confirm that they identified occasions that only one staff had been allocated to work with seven people and told us they would review the staffing levels immediately.
- The provider had in place appropriate systems to ensure the safe recruitment of staff, including requesting references and undertaking disclosure and barring checks.

Due to the inadequate staffing levels people were put at increased risk and were unable to always access activities of their choice. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The service did not have a clear system for reviewing and recording incident records. Incident reports were recorded within people's daily notes which were kept electronically. There was no log for incidents reports, therefore when an incident or accident occurred the people's daily notes had to be opened and reviewed each day. This meant there was a risk that the management of the service would not be aware when incident had taken place. Incident records did not give any clear information on how these had been reviewed and what measures had been put in place to ensure future risks were minimised for people.
- We spoke to staff members who were not aware of the service having an incident and accident reporting policy in place.
- We recommended the provider to refer to best practice guidelines for recording and reviewing incident's or accidents.

Preventing and controlling infection

- Food hygiene systems were not followed correctly to minimise risk to people. During the inspection we looked in two fridges, in both we found that raw meat was stored on top of cooked meat and a dessert. Opened food was labelled however did not display a date which food should be used by. This meant people were at risk of harm from cross contamination. We discussed this with the regional manager who told us they would address this immediately and discuss with the team.
- Systems were in place to ensure the home was clean such as thorough cleaning schedules, and the use of personal protective equipment.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place which were personalised. These detailed possible risks for each person in their daily life and how staff supported people to reduce risks while encouraging independence.
- Staff completed regular health and safety checks of the home and reported any hazards to management. Electrical equipment had been tested to ensure it was safe for people.
- The service had effective fire safety measures in place including weekly fire checks and fire evacuations for staff and people. One staff member told us, "Yes. I do fire checks every week and we have regular fire drills."

Systems and processes to safeguard people from the risk of abuse

- The provider had in place systems to investigate and deal with any concerns regarding the safeguarding of vulnerable adults. Concerns were recorded, and matters reviewed by the registered manager or senior staff within the organisation.
- Staff had received safeguarding training and were knowledgeable in identifying and reporting abuse. One staff member told us, "I would report any concerns of abuse to my manager or senior and following that the local safeguarding team."

Using medicines safely

- People received their medicines safely. Medicines were administered by staff who were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.
- Some medicines were only required for use on an 'as and when' basis. Protocols were in place to ensure these medicines were used appropriately, which staff followed.
- Staff had completed medication training and had completed a competency-based assessment before administering medicines. One staff member told us, "I have had face to face medication training, E-learning and I also had three observations administering medication by my manager."

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had completed mental capacity assessments for people using the service. However, some capacity assessments we viewed where a person had been deemed to lack capacity to make a certain decision relating to their care had no record if any best decision meetings or discussions had taken place. This meant that the service had not ensured that decisions made on behalf of the person were in their best interests.
- People either had a DoLS in place or had a DoLS applied for where this was necessary.
- Staff had received Mental Capacity and DoLS training. Staff we spoke to had good knowledge of the MCA. One staff told us, "You must always assume someone has capacity to make a decision until they are assessed to lack capacity."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service assessed people's needs and people had a detailed care plan in place which ensured that people's care needs were met.
- Staff were observed to offer people choice and promote their independence in line with good practise. We

spoke with three staff members and all of them had good knowledge of people's care needs.

Staff support: induction, training, skills and experience

- Staff had training in areas such as safeguarding, infection control, supporting people who use different forms of communication and health and safety. One staff member told us, "Yes we attend a mixture of face to face and e-learning training which is useful to keep up to date."
- Staff received an induction when they started at the service. One staff member said, "I received induction training and had a week shadowing other staff."

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

- People were pleased with the food service. One person told us, "The food is great, we all help plan the menu's every Sunday and always get a choice of options."
- People were involved in creating menus and we observed that meal times were relaxed, and people could choose when to eat their meals.
- Staff had a good understanding of how to promote people's choice whilst also supporting people to follow a healthy and balanced diet. Staff monitored people's weight and sought medical advice if there were any concerns.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a broad range of healthcare services including dentists, annual health checks, medical appointments and opticians. One person had been referred to a specialist falls team for support with increased risk of falls.
- One relative told us, "My relative had a recent decline in health. The team were fantastic in ensuring they received medical support as soon as possible by arranging medical and dental check-ups after my relative suddenly lost a lot of weight."
- Where required, information was shared with other agencies such as the local authority, diabetic specialists and general practitioners.

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

- People had their own bedrooms which was personalised. One person was happy to show us photos of their bedroom.
- The service had used pictorial signs and displays throughout the home to help people understand where things were and instructions which people could understand.
- All the areas of the service were large and spacious which allowed people to cook or clean if they chose to do so.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity, supporting people to express their views and be involved in making decisions about their care

- People's care records were not consistently reviewed and updated into their care files. Staff members did not regularly read people's care plans and support plans. We spoke to staff members who told us that they last read people's care files when they started working for the service up to 5 years ago. This meant that staff may not always have up to date knowledge of peoples needs, wishes and preferences.
- People and their relatives told us they were happy with the care and support they received and with the staff who supported them. Relatives told us they felt staff respected people and provided a high standard of care. One relative told us "The service and staff are excellent, they know my relative very well."
- Positive and caring relationships had been developed with people. Staff were observed to interact with people in a kind and friendly manner. Staff understood that their role was to support people to learn new skills and be involved in all aspects of the care they received and decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "Staff are always respectful and treat us well."
- People's independence was promoted. One person told us, " I like cleaning the home, cooking for people and doing my own washing and ironing." We saw staff supporting people to complete daily living skills independently during the inspection including people doing their own laundry, cooking meals and completing laundry duties.
- Staff had a good understanding of how to promote people's independence and there was information on how to do this within peoples care plans.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they took part in activities they enjoyed. One person said, "I go to the day centre most days and I also do other activities like bowling and shopping."
- People using the service were able to request activities that they liked to participate in which were recorded in meeting minutes for the management to review and arrange.
- Activities were often planned in large groups and were not always personalised to individuals, there was no information on how choice within activities were offered to people that declined to participate in the large group outings. The manager was aware of this and told us they were reviewing current activities for people to ensure that individualised activities were available to people.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and the registered manager was working on making this available for people by providing people with pictorial complaints procedure to ensure they fully understood how to raise concerns.
- The registered manager had dealt with complaints made by relatives in a timely manner and had a record of complaints and actions taken to improve the quality of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed with regards to people's likes dislikes and preferences. They also identified what people's strengths and interests were as well as areas where they may have needed more support.
- People were happy with the care they received at the home and had freedom to complete tasks independently in line with their preferences. People had been supported to have input into their care plans and were able to express their preferences in regular resident meetings.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Not everyone using the service could communicate verbally, but staff had a good understanding of how to support people with making choices. This included the use of pictorial information, body language, and other verbalisations. We saw staff communicating with people using Makaton signs and through visual boards.
- A keyworker programme was in place, which gave staff the responsibility of working closely with a person to record monthly progress. This included information about what had gone well, what the person preferred to do, any changes that might be required, and any choices they had made.
- Staff told us they had contact with people's families to update them and gain support and information for people as and when they required it.

End of life care and support

- During inspection no one was receiving end of life care, however people had end of life support plans in place. People had been involved in completing end of life support plans which detailed their wishes and preferences.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- There was a lack of continuous improvement within the service with a lack of goals for people and the service. This meant that the service was not identifying ways in which people could continue to develop and make progress. Many people had lived at the service for up to 20 years however some areas of their care files still had large gaps uncompleted and no continuous or focused goals.
- The registered manager was not completing any audits or observations within the home to review the delivery of care and identify areas for improvement.

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

- Action was not always taken to ensure that the quality of care was constantly improved. The registered manager told us they were aware of staff and relative's rising concerns in relation to low staffing at the weekend however had not addressed these concerns to improve care for people.
- Audit tools being used by the provider were not always effective. Audits completed by regional management had not identified the areas requiring improvement which we had identified during inspection. A recent audit in September 2019 had not identified any concerns in relation to staffing levels and staff working on their own at times.
- There was no system in place to monitor staff reviewing people's care records or when these records were last reviewed. Staff members did not have good knowledge of people's care plans and this had not been identified by management.

Due to poor governance of the service areas requiring improvement were not identified and actioned effectively. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as was possible.
- The registered manager notified CQC and other agencies of any incidents which took place at the home.
- People knew who the management team was and saw them regularly. One person told us, "Yes I know

(managers name) they are lovely."

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

- People were involved in the service and had regular meetings with staff and management where they made suggestions, requests for activities and raised any concerns.
- People had meetings with their key workers to discuss their progress and were able to feedback on the service however we found that not all people had key worker sessions completed consistently.
- Questionnaires were sent out to their relatives to allow people to feedback on the quality of the service. However, questionnaires had not been devised for people using the service. We discussed this with the regional manager who told us they would implement this.

Working in partnership with others

- The management worked in partnership with others for the benefit of the people using the service. The manager told us that they worked closely with the local authority, general practitioners and specialist teams including the diabetes team and speech and language therapists.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People had achieved positive outcomes since being supported at the service and this had been commented on by relatives and staff members involved in people's support.
- People appeared comfortable within the service and were able to make requests to staff members and during monthly resident meetings.
- Staff were positive about the management of the service. One staff member told us, "The manager is supportive, and we can discuss any concerns we have with them."

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	Regulation 17 HSCA RA Regulations 2014 Good governance Effective governance systems and processes were not in place to identify risks and areas requiring improvement
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Adequate staffing levels were not always in place to ensure people were safe