

HF Trust Limited

# HF Trust - Newcroft

## Inspection report

2 Newcroft  
2 Todenham Road  
Moreton In Marsh  
Gloucestershire  
GL56 9NJ

Tel: 01608652731  
Website: [www.hft.org.uk](http://www.hft.org.uk)

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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

HFT Newcroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

HFT Newcroft can accommodate up to four people who have a learning disability or autism. At the time of our inspection there were three people living there.

People had their own bedrooms with access to a shared bathroom, lounge, kitchen and dining area. Grounds around the property were accessible.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. This was particularly visible in the outstanding support people had received to develop their 'capable environments'. 'Capable environments' are characterised by; positive social interactions, support for meaningful activity, opportunities for choice, encouragement of greater independence and support to establish and maintain relationships.

This inspection took place on 9 January 2019. At the last comprehensive inspection in May 2016 the service was rated as Good in all key questions and overall. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good. The key question 'Is the service Responsive?' had improved to Outstanding.

A registered manager was in post who had been registered with the Care Quality Commission (CQC) in 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

People received an exceptionally responsive service. People were empowered to develop their independence and involvement in the local community. Information was presented to people creatively in an accessible format to support them to make meaningful decisions. The registered manager had developed local opportunities for people to be involved in the provider's feedback forums when they could not always travel to regional meetings.

The provider's vision and values were person-centred to make sure people were at the heart of the service. This vision was driven by the registered manager and management team. People had many opportunities to take part in as many interests as they chose. The service showed a real 'can do' attitude.

People's care and support was individualised and reflected their needs and wishes. They had lived together for some time and had been supported by a core group of staff providing them with consistency and continuity of care. There were enough staff to meet their needs. This was kept under review as new people moved into the home. Staff recruitment and selection procedures were in place to ensure all necessary checks had been completed prior to employment.

People's care and support was individualised and reflected their needs and wishes. They had lived together for some time and had been supported by a core group of staff providing them with consistency and continuity of care. People made choices about their day to day lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in the planning and review of their care and support. They chose the activities they wished to take part in. They went into the town centre shopping, to local day services, to the train station and were attending a pantomime the day following our inspection. They went on day trips, to social clubs and attended local places of worship when they wished to. People kept in touch with those important to them through supported telephone calls or weekly visits.

People's preferred forms of communication were highlighted in their care records. Staff were observed spending time chatting and socialising with people. Good use was made of easy to read information which used photographs and pictures to illustrate the text. People had access to easy to read guides about advocacy and complaints. Documentation to support decision making and best interest decisions were in picture and large font formats to support people to make their own decisions wherever possible.

People's health and wellbeing was promoted. A weekly menu encouraged people to have vegetables and fruit in their diet and people helped to prepare and cook their meals. People had access to a range of health care professionals. They had annual health checks.

People's medicines were safely managed. Staff knew how to keep people safe and how to raise safeguarding concerns. Risks were well managed encouraging people's independence

People, their relatives and staff were invited to give feedback through quality assurance surveys, meetings, complaints and compliments. People and their relatives had information about how to raise a complaint. The registered manager and provider completed a range of on-line quality assurance audits to monitor and assess people's experience of the service. Any actions identified for improvement were monitored to ensure they had been carried out. The registered manager worked closely with local organisations and agencies and national organisations to keep up to date with current best practice and guidance. Comments about HFT Newcroft from people who use the service included, "It's very nice here" and "I like all the staff."

## 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.

People were kept safe from abuse. The registered manager and staff understood their responsibilities and knew how to report any concerns.

Risks to people's safety were identified and plans put in place to minimise the risks.

Appropriate arrangements were in place in relation to the management and administration of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and well-being.

Staff cooperated effectively with local healthcare services and people had prompt access to any specialist support they needed.

People were supported to make their own decisions wherever possible and staff had an understanding of how to support people who lacked the capacity to make some decisions for themselves.

Sufficient amounts of food and drink were provided to support people to remain healthy and well.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. People's privacy was respected at all times.

Staff knew people as individuals and supported them to have as much choice and control over their lives as possible.

Care and support were provided in a warm and patient way which took account of each person's personal needs and preferences.

### Is the service responsive?

**Outstanding** 

The service was extremely responsive.

People were empowered to develop their independence and involvement in the local community.

Information was presented to people creatively in an accessible format to support them to make meaningful decisions.

The registered manager had developed local opportunities for people to be involved in the provider's feedback forums when they could not always travel to regional meetings.

People at the home and their relatives knew how to raise a concern or make a complaint.

### Is the service well-led?

**Good** 

The service was well led.

Staff understood the registered manager's vision and how they were expected to care for people.

Staff were supported to understand their roles through regular meetings with their managers and at staff meetings.

The registered manager and senior staff checked the quality of the care provided.

# HF Trust - Newcroft

## 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 was a comprehensive inspection, carried out by two inspectors. The inspection took place on 9 January 2019 and was announced to the registered manager on the 8 January 2019. We gave the home 24 hours' notice of the inspection visit because it was possible that people living there might be out of the home accessing activities (such as day services) or the local community and we needed to be sure that they would be in during our inspection.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we spoke with three people living at HFT Newcroft. We observed the care and support being provided. We spoke with the registered manager and two members of staff. We reviewed feedback records given to us by the provider and received direct feedback from one relative. We looked at the care records for three people, including their medicines records. We looked at staff records, training records and quality assurance systems.

# Is the service safe?

## Our findings

People told us they felt safe at HFT Newcroft. They were confident talking with staff about any issues or concerns they might have. Staff described how they would recognise and report suspected abuse. Their knowledge and understanding of safeguarding was kept up to date with refresher training. Staff had access to safeguarding procedures and contact information. Staff said they were confident the registered manager would take the appropriate action in response to any concerns they raised. There had been no safeguarding concerns.

People were kept safe from the risk of harm. Any risks had been assessed and discussed with them. People were aware of how to stay safe by following the guidance they had agreed in their risk assessments. For example, one person liked to go for walks to the train station to see trains. They said "I go for walks on my own. I tell staff I am going before I go." Staff described how they supported this person to keep safe by arranging for them to go at set times during the day when they knew trains would be there and had supported the person to keep safe by knowing who to speak to in the event of an emergency.

People's independence had been promoted enabling them to safely do as much as they could for themselves. For example, staff discreetly provided supervision and verbal prompting to encourage people to do their personal care and to eat their meals when at risk of choking. The Provider Information Record (PIR) stated, "There is a computerised risk assessment system aiding staff to promote a positive risk-taking culture. All risk assessments are reviewed and amended in a timely manner by the registered manager or SSW (senior support worker), then read and signed by staff. Safeguarding and safeguarding scenarios are discussed in team meetings."

Risk assessments were reviewed annually or as people's needs changed. There had been two accidents reported in the last 12 months. Where accidents had occurred, the service had made changes to reduce the risk of further harm.

People occasionally became upset or anxious. Their care records provided clear guidance about the routines important to them, what might upset them and how staff were to respond. Staff described the triggers which would make people anxious. They could anticipate these and effectively used distraction and diversion to help people become calmer. Good use of communal areas and people's own bedrooms was evident. For example, people were prompted to find some personal space if others were annoying them and there were strategies used to ensure everyone had access to the TV in the lounge and could watch things they liked. People's care records indicated ways to reduce behaviours that challenged and staff stated physical intervention was not used.

People benefited from a home which was well maintained. The registered manager said they had access to an on-call maintenance system to deal with day to day maintenance issues and the redecoration of the home. Staff undertook daily tasks such as checking to make sure fire systems were in working order and fridge temperatures were taken. People took part in fire drills. Each person had a personal emergency evacuation plan in place describing how they would leave their home in an emergency. Health and safety

checks were in place and equipment was serviced at the appropriate intervals.

People were supported by enough staff to meet their needs. There had been little change in the staff team for over five years. People and staff knew each other well, promoting consistency and continuity of care. The registered manager and senior support worker worked as part of the staff team and if additional support was required they would personally provide this. The registered manager confirmed they monitored the staff levels to make sure they continued to meet people's changing needs. For example, on a Wednesday when the people who use the service attend day services there were two staff on duty to support them with these activities.

People were protected against the risk of unsuitable staff through robust recruitment processes. All the necessary checks had been completed prior to staff being employed. These included a full employment history, confirmation of the character and skills of new staff and a Disclosure and Barring Service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. No new staff had been appointed in the last 12 months.

People's medicines were safely administered and managed. Staff had completed training in the safe administration of medicines which included observations of them administering these to people. People had their medicines as and when prescribed. Their medicines were reviewed with health care professionals. Audits were completed to check that medicine systems were operating efficiently. The registered manager was in the process of changing the medicines storage systems and moving these to people's own bedrooms to reduce the risk of errors occurring.

People were protected from the risk of infection. Staff were aware of the importance of maintaining a clean environment and followed a schedule of cleaning. Staff had completed infection control training and were observed following safe practice. For example, completing monitoring records in the kitchen and wearing personal protective equipment to reduce the risk of cross contamination. The registered manager monitored infection control as part of their quality assurance checks. A meeting was planned with people to discuss whether they wanted to employ a cleaner to help to keep the home clean and tidy.



# Is the service effective?

## Our findings

People's physical, emotional and social needs were assessed, monitored and reviewed monthly to ensure their care continued to be delivered in line with their requirements. People's care had been reviewed with commissioners, staff and their relatives where appropriate. Their diversity was recognised and their care promoted the rights of people with a disability. People's care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities.

People were supported by knowledgeable and experienced staff. We found new staff had been supported as described in The Provider Information Record (PIR). The PIR stated, "Staff are required to undergo a 6-month probationary period including shadow shifts, direct observations. Mandatory training and completion of the care certificate. The care certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high quality care. Staff had annual individual support meetings to discuss their training needs and the care they provided. During induction staff underwent person centred active support training with follow up observations in the workplace. This ensured new staff were able to demonstrate dignity and respect when supporting people."

Staff confirmed they were supported to maintain their skills and professional development. Staff completed training specific to people's needs which included training in autism and dementia awareness. Individual records confirmed they had access to refresher training when needed such as first aid, food hygiene, mental capacity act and fire safety. Staff had completed the diploma in health and social care, a national vocational qualification or the care certificate. They said they felt well supported by the registered manager who they had regular contact with. The registered manager said they shared information and best practice with staff during shift handovers and at staff meetings.

People were encouraged to have a healthy diet and staff knew people's allergies. People told us they chose their meals and could have an alternative meal if they did not like the main option being offered. Meals were produced using fresh ingredients including vegetables and fruit. People were supported to make their own foods with staff support. People at risk of choking were supported in line with their care plans and risk assessments so they could have their food and drink as safely as possible. For example, staff support people by cutting up food into small pieces and supervising mealtimes.

People moving into the home benefited from a co-ordinated and well-planned transition between adult services. Staff had worked closely with people and their previous homes to ensure the move to HFT Newcroft reflected their personal wishes and needs.

People's health and wellbeing were promoted. Their health needs were clearly described in their care records and health action plans which were updated as their needs changed. People had annual health checks in line with national guidance to ensure people with a learning disability and autism had equal access to healthcare services. Where appropriate people's medicines had been reviewed to ensure

prescribed medicines remained effective. People attended dentist, optician and GP appointments when needed. Staff worked closely with social, mental health and healthcare professionals and shared information to ensure people received co-ordinated and timely support when needed.

People lived in a house which reflected their individual preferences. They lived in a house in the town, no different from other houses in their street. People had personalised their rooms to reflect their interests and hobbies. The registered manager said adaptations were being made to one person's room to improve toilet facilities and maximise independence. People living in the home were made to feel part of their local community. Staff told us people living in the town knew the people living at HFT Newcroft and valued them as individuals.

People made choices and decisions about their daily lives. Staff discussed people's options with them, respecting their decisions and enabled them to plan their day. We saw people could choose how to spend their time, what activities they wanted to do and what to eat and drink.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Records showed when required, people's capacity to consent had been assessed in accordance with the MCA. Information had been presented to people in an accessible format, including pictures and large font to support them to read and understand the information they needed to make their decision, ensuring they could be easily read and understood. Records showed when decisions had been made in people's best interests people that knew them well had been consulted as part of the decision making. For example, when making decisions how to support people to manage their medicines and finances.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and some hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed authorisations to restrict people's liberty had been re-submitted to the supervisory body in line with requirements.

## Is the service caring?

### Our findings

People had caring positive relationships with staff. We saw people spending time chatting with staff and being relaxed in their company. People said, "Staff help me" and "I like all the staff." The atmosphere was relaxed and professional, with people freely asking staff for support when needed. Staff gently responded to people giving them reassurance when needed, using sensitivity and compassion.

Staff knew people's backgrounds and personal histories. They had developed close relationships with their families and friends. One staff member told us, "We provide a personal touch." One relative commented, "My son has been a resident at Newcroft since 2008 and all my responses to the key questions asked by CQC are positive." Staff were observed engaging with people, chatting and patiently replying to their questions.

People's equality and diversity was promoted. People's rights with respect to their spirituality, disability, age and ethnicity were recognised. People's care records reflected their personal wishes about the delivery of personal care. People were encouraged to participate in age appropriate activities in their local communities. They were supported to access places of worship when they wished to. The Provider Information Record (PIR) stated, "Each person has a support plan detailing individual preferred methods of communication, as well as their likes and dislikes and how people can be best supported to make their own decisions". People told us they were involved in the planning of their care.

The registered manager said people reviewed their care records with staff and made changes to them before they were finalised. Staff confirmed they had enough time to spend with people, to listen to them and involve them in decision making. People had information about advocates. An advocate is an independent person who can represent people using social care services. One person using the service had worked with an advocate to help them to make some big decisions such as where to live and to identify if the service was right for them.

People had frequent contact with their families and friends. People visited their relatives, their relatives visited them and they used the telephone to speak with them. People were also supported to keep in touch with friends at other services. One of the people using the service had a volunteer who came to see them every week. The service ensured people were not socially isolated.

People's privacy and dignity were respected. People were observed being treated respectfully and with great care. The provider's vision states "We believe in a world where anyone with a learning disability can live within their community with all the choice and support they need to live the best life possible." People were encouraged to be as independent as possible. People were observed helping around the home and accessing drinks and snacks in the kitchen.

## Is the service responsive?

### Our findings

The principles of Registering the Right Support and other best practice guidance encourages the development of 'capable environments' for people with learning disabilities. 'Capable environments' are characterised by; positive social interactions, support for meaningful activity, opportunities for choice, encouragement of greater independence and support to establish and maintain relationships. In accordance with these principles the service was exceptional at supporting people to be part of their local community, use local resources and develop local opportunities so people could live an ordinary life as they chose.

The service was in a rural area. Staff understood that people were at risk of becoming isolated and were creative in supporting people to build and maintain relationships that mattered to them. One person told us they were supported to visit their spouse regularly and we saw that staff had minimised the impact on their relationship when they were not able to live together anymore.

People were given information about how to keep themselves safe and who could help them if they got scared when in the community. The senior support worker had taken people into the town to identify safe areas if people needed help. Safe places in the local town were easily identifiable to people who use the service as they had a "safe places" sticker in the window. People were also informed about incidents of hate crime and were supported within forums to keep safe and how to report any incidents of hate crime that may occur. The provider had collated stories of empowerment for the International day of persons with disabilities on the 3rd December 2018.

Staff had built links with the local volunteer network to further enhance community opportunities for people. They provided transport when needed. One volunteer collected people and staff and took them on local walks on the first Thursday of every month. By having access to this service people could socialise with others and were encouraged to keep fit and healthy and maintain their personal well-being.

People went to the town centre, museums and classes such as literacy. Their chosen activities were discussed with them including day trips and social activities. People had access to a day centre where they could do activities such as arts and crafts. One person using the service had joined the RSPB's "Big Garden Birdwatch" and had sent the results through to the RSPB. In response to this the organisation had arranged for new bird feeders and bug boxes to be purchased to brighten up the garden.

People were busily engaged in their activities during the inspection. When at home people chose to spend time with staff, with others in the lounge or in their bedroom. People at the home had been involved in fundraising events to raise money to make improvements to garden. The home had recently held a garden time fundraiser that had included a board of celebrity gardeners.

Staff worked creatively to enable people to make meaningful informed choices. The service found creative ways to ensure people could understand important information. People's communication needs were identified in their care plans. Each person had a communication profile which explained their

communication preferences. Staff were guided about whether people used the spoken word, sign language or communication aids. If people needed help to understand the written word this was also clearly identified. Staff were working with one person's Speech and Language Therapist to use an electronic tablet to aid their communication.

Information was made accessible to people in accordance with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Accessible information was visible throughout the home and in people's care plans.

People had access to information produced in easy to read formats which used pictures and photographs to illustrate the text. For example, information about advocacy, the complaints procedure and documentation to support decision making. We found creative easy read assessments with pictures to support people's decision making around taking their medicines and health plans. One person told us "I can always see from the pictures who is on shift, what is for lunch and what I will be doing." People who used the service had attended a forum where the organisation's complaints process was reviewed. People asked that amendments be made to the complaints form and it had been changed to make it easier for people to read.

Adjustments had been made to create local opportunities for people to be involved in giving their feedback to the provider. The registered manager told us people had found it difficult to travel to the provider's regional user forum and found it a tiring day. They had worked to move forums and events into the local area to both raise the profile of the service and to better ensure the people had access to these groups and other support services. For example, the provider's "Voices to be heard" forums had been moved into the local area giving the people who use the service equal access to a national forum. The manager told us "We decided we could hold some of the meetings at Moreton Council offices so that people could attend more easily. Everyone felt this was a good idea and that they would have no problem attending these meetings."

People told us they had attended the local forum with people that used the provider's supported living service and had made suggestions for local events they would like to attend. Meeting minutes showed one agenda item was "What do you want from your staff"? People from the home had contributed to the forum and had said staff who supported them should be "Good at communicating" and "Enthusiastic."

People were encouraged to do as much as they could for themselves. Their care records confirmed their strengths and what they needed help with. This included aspects of their personal care. One person told us, "We get to choose our evening meals. I chose Eton mess which I made myself."

People's care was individualised reflecting their personal wishes and needs. Their care records detailed these and any routines important to them, were clearly highlighted. The PIR stated, "Staff recognise that differing approaches may be required when supporting people in the home and can tailor their style and approach to get the best response from each person." Staff found inclusive ways to meet people's needs and enable them to live as full a life as possible. A creative activities programme was in place to help meet people's social needs.

People were confident using the complaints process. People were observed chatting with the registered manager and staff. They talked through any concerns as they arose. They also had meetings together where staff prompted them to raise any issues. There had been no complaints in the last 18 months.

The registered manager and staff had completed training in end of life care. There was no-one at the home in receipt of end of life care however where appropriate, people's wishes about end of life care were referred

to in their health action plans. For example, things such as music they enjoyed or the type of flowers they liked had been recorded. The registered manager was also working with other people in the organisation to identify services which could be offered for people in need of end of life care. The registered manager was also able to identify local support services who would be involved should a person using the service need end of life support.

## Is the service well-led?

### Our findings

People had a positive experience of their care and their support reflected the values and vision of the provider. Staff we spoke with were equally committed to the provider's vision and values. The PIR stated, "The registered manager and the senior support worker have an excellent working relationship and are both very supportive of each other, embracing each other's creative ideas, as well as actively encouraging and listening to staff views in team meetings and supervisions, all with a view of driving the service forward."

The registered manager worked alongside staff monitoring the day to day delivery of care and ensuring high standards were maintained. Staff described members of the management team as "fabulous" staff also said, "we can always approach the management, nothing is done by appointment, they will always make themselves available." Staff recognised the importance of always striving to improve and make sure the people living at the home had the best possible life.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager said they felt supported by the provider. They had regular contact with the provider including formal monthly visits from the provider's representative to monitor the quality of the service.

The registered manager understood their responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. People's personal information was kept secure and confidentially and securely in line accordance with national guidance. Staff were confident using the provider's whistle blowing procedures to raise concerns if needed. One staff member said "There is an on call system to support us if we need to raise a concern."

There were effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance were kept up to date and available to staff. The registered manager had routinely completed a range of on-line quality assurance checks to pro-actively identify any shortfalls or risks. These showed areas such as health and safety, fire systems, food hygiene, infection control and medicines were managed effectively. When actions had been identified for improvement these had been implemented in a timely fashion. The provider completed regular quality assurance audits and monitored the registered manager's actions to ensure improvements were made and sustained.

The provider continuously reviewed their systems, processes and resources to the benefit of people. The registered manager was working with the provider on new quality assurance processes which were likely to be introduced across all services. The provider prioritised the development and training of staff and the senior team leader told us training opportunities were always available.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). HFT Newcroft had sent CQC notifications in line with these requirements.

The registered manager worked closely in partnership with other agencies, social and health care professionals. Records confirmed information was shared with them when needed to ensure people's health and wellbeing was promoted in accordance with nationally recognised evidence-based guidance (Building the Right Support) people lived in communities they knew well. The registered manager was a member of regional partnership forums to keep up to date with changes in legislation and share best practice.