

HF Trust Limited

HF Trust - Cromwell

Crescent

### Inspection report

83 Cromwell Crescent  
Market Harborough  
Leicestershire  
LE16 9JW

Date of inspection visit:  
09 November 2016

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13 December 2016

### 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

We inspected the service on 9 November 2016. It was an unannounced inspection.

HF Trust - Cromwell Crescent provides accommodation for people with learning difficulties and sensory impairments. There were three people using the service on the day of our inspection.

The service had a registered manager. 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.

People and their relatives told us that they felt safe. Staff were aware of their responsibility to keep people safe. However, action was not always taken when a potential concern had been identified by staff.

Risks were assessed and managed to protect people from harm and staff understood what to do in emergency situations. Accidents or incidents were not always investigated and actions taken if required.

There were enough staff to meet people's needs. Safe recruitment practices were being followed. Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported.

People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so. The way that people's medicines were stored was not regularly checked.

The provider was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. The registered manager was clear of their role in ensuring decisions were made in people's best interest.

People's eating and drinking needs were assessed and met. People's health needs were met and when necessary, outside health professionals were contacted for support. People's health records were being maintained.

People were supported by staff who understood that they should be treated with dignity and respect. We saw that people were encouraged to be involved in making choices about the things that were important to them. People's independence was promoted and encouraged. People's bedrooms were well maintained and decorated in a manner of their choosing, with their own belongings.

Records were not always detailed and did not always reflect the support that people had received. Where staff were required to monitor aspects of people's health and wellbeing, they had not consistently done so.

The provider told us they were looking at making improvements to their recording.

People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. Where people required support to manage their anxieties this was provided.

People were supported to engage in activities that they enjoyed and to maintain links with people who were important to them. People were not asked for feedback about the service that they received. However, the provider was making plans to improve this.

People's relatives felt that the service was well-led. They knew how to complain should they have needed to. Staff felt supported. They were clear on their role and the expectations of them. There were systems in place to challenge poor staff practice and take action where concerns had been raised.

Systems were in place to monitor the quality of the service being provided however, these were not always effective. There was a culture which was open and inclusive putting people at the centre of their support.

## 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 consistently safe.

The provider had not always taken action when a potential concern had been identified by staff. Action was not always taken in response to accidents or incidents.

There were enough staff to meet people's needs. The provider had ensured all relevant employment checks had been completed.

People received their medicines as required.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had received training and support to meet the needs of the people who used the service.

People were supported in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain their health and their eating and drinking needs were assessed and met.

**Good** ●

### Is the service caring?

The service was caring.

People were supported by staff who understood that they should be treated with dignity and respect.

People were encouraged to be involved in making choices about the things that were important to them.

People's independence was promoted and encouraged.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

**Requires Improvement** ●

People's care records were not always detailed and did not always reflect the support that they had received.

People were not asked for feedback about the service that they received. The care needs of people had been assessed.

Staff had a clear understanding of their role and how to support people as individuals.

People were supported to engage in activities that they enjoyed.

### **Is the service well-led?**

The service was not consistently well led.

Systems were in place to monitor the quality of the service being provided however, these were not always effective. The provider had implemented effective quality assurance processes.

The registered manager was aware of their registration responsibilities with Care Quality Commission.

Staff felt supported. They were clear on their role and the expectations of them.

**Requires Improvement** ●

# HF Trust - Cromwell Crescent

## 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.

We inspected the service on 9 November 2016. It was an unannounced inspection visit. The inspection team consisted of one inspector.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service. We also contacted the local authority who had funding responsibility for some of the people who were using the service.

We spoke with two people who used the service on the day of our visit. After the inspection we spoke with three relatives of people who used the service and a person's advocate. An advocate is a trained professional who can support people to speak up for themselves. We spoke with two care staff, a senior staff member and the registered manager.

We looked at the care records of three people who used the service, people's medicine records, staff training records, three staff recruitment files and other documentation about how the service was managed. This included policies and procedures, staff rotas and records associated with quality assurance processes.

## Is the service safe?

### Our findings

People told us that they felt safe. We asked one person what made them feel safe and they told us, "My house." This meant that they felt safe in their home. A person's relative told us, "It's very safe, it's secure, it's a nice area."

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and if necessary with the local authority, police or CQC. They told us that they felt able to report any concerns. One staff member told us, "Report to my manager, there is a protocol. I am free to [follow it] if there is any necessity." The registered manager was aware of their duty to report and respond to safeguarding concerns. They told us of a concern they had raised on behalf of a person who used another regulated service. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. However we saw that action was not always taken when a potential concern had been identified by staff. Staff were required to document any marks or bruises that a person had sustained. We saw that records had been made that would have required further investigation and possible reporting to the local authority safeguarding team. There was no system in place for these to be checked, reviewed or investigated for how a person may have received the injury. In this way people were not protected from potential harm and abuse. We discussed this with the registered manager who assured us that since our inspection visit they had taken action to ensure the concerns that we identified were investigated. They also assured us that a new system of monitoring had been put in place and that all staff had been made aware.

Action was not always taken in response to accidents or incidents. The provider's policy required staff to report when accidents or incidents occurred. Records included details about dates, times and circumstances that led to the accident or incident. Once a report had been made the registered manager was required to have sight of the report and take action if required. We saw that records were not able to be located when some incidents had occurred. The registered manager did not always have sight of the record as they had not been alerted to some records that had been completed electronically. This meant that we could not be assured that changes were made as a result of the accident or incident to prevent a reoccurrence wherever possible. The registered manager informed us that they would alert the provider to the concern around electronic records and that they would take action to ensure they were consistently alerted.

There were enough staff to meet people's needs. A person's relative told us, "It's very safe, there is always someone there." One staff member told us, "They have enough staff to look after them." The registered manager told us how they managed the rota to ensure that staff were present at the times that people needed them. A person's advocate confirmed that the person received the support hours from staff that they had been assessed as requiring.

There was a recruitment policy in place which the provider followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We found that the required pre-employment checks had been carried out. These records included evidence of good conduct from previous

employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

People could be assured that they received their medicines as prescribed by their doctor. One person's relative told us, when we asked them about how medicines were managed, "They have a pretty good structure there." Medicines were stored securely. We saw that medication administration record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. Where people had PRN [as required] medicines there were protocols in place. This was important so that staff had clear guidance about when they should give the medicines.

We saw that the way people's medicines were stored was not regularly checked. There were some medicines that had been opened but no record had been made of when this occurred. This meant that the medicines may not have been safe to give to people. When a person had refused their medicines these had not been disposed of in line with the provider's policy. We saw that people's doctors were contacted when staff had a concern about people's medicines and a review was then undertaken. Staff had received appropriate training before they were able to administer medicines to people. Staff understood how people liked to receive their medicines.

Where they needed it, people had access to equipment to help keep them safe. One person told us, "I use my walker." They demonstrated how they used the walker to help them safely move around the home. We also saw that monitors were in place to alert staff if people's medical condition deteriorated quickly so that they could provide emergency support.

We found that risk assessments had been completed in areas such as moving and handling, eating and drinking and epilepsy. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these risks. Risk assessments were reviewed and staff understood their role to follow them. People were not prevented from taking positive risks. We saw that a person whose condition would make it risky for them to go swimming had been supported to access this activity because people who knew the person well felt that the benefits for the person outweighed the risk. The registered manager told us that they were in the process of advocating on behalf of a person to enable them to manage a risk safely while increasing the person's access to the community.

Risk associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been in place to prevent harm. Where regular testing was required to prevent risk, such as electrical safety testing, these were recorded as having happened within the required timescales. Fire safety checks were carried out and there were procedures in place for staff to follow. There was a business continuity plan in place to be used in the event of an emergency or an untoward event such as a loss of power to the building. Regular servicing on equipment used was undertaken. This was to ensure that it was safe. The needs of the people who used the service had been assessed for the help that they would need in case of a fire. Staff were aware of these and practiced how they would respond to emergencies.



## Is the service effective?

### Our findings

People were supported by staff who had the knowledge and skills to meet their needs. A person's relative told us, "You can tell they have been trained to develop [relative's name] and encourage her abilities." As part of the recruitment process the provider assessed potential staff member's abilities in key skills such as English and mathematics as well as how they interacted with people who used similar types of services.

Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. This included manual handling and health and safety training. Staff confirmed that they shadowed more experienced staff members before they supported people on their own so they could understand their support requirements. We saw training records that confirmed this. New staff were required to complete the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

The staff training records showed that staff received regular refresher training and ongoing learning. One staff member told us, "I'm up to date. I've had loads of training." Staff told us that they had attended courses including the Mental Capacity Act 2005 (MCA), and safeguarding. We saw that staff's understanding of the training materials used had been assessed. Staff were required to complete evaluations to test their understanding of completed training sessions to demonstrate their understanding.

Staff received support through supervision meetings. One staff member told us, "We have my supervisions. If there is support I need I can ask. [The manager] asks if I need re-training." During supervision meetings staff were asked to review their performance and any issues regarding the support of people using the service were discussed. Staff also confirmed that they could ask for support at other times aside from their formal supervision meetings. They also confirmed that they had access to a senior member of staff who was 'on-call' 24 hours per day. This meant that people received support from staff members who received guidance when carrying out their work.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. 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. We found that they were.

The registered manager was aware of the legislation and had considered these requirements during care planning. The provider's policies required staff to consider people's capacity to make decisions in matters such as safeguarding and taking their medicines. Staff had received training about the MCA and understood how it affected their role and the people they were supporting. One staff member told us, "They may need

support but should be given all the chances [to make decisions for themselves]." Not all staff knew who was being supported under a DoLS authorisation. We saw that DoLS applications had been made where required and that any conditions relating to the authorisation were being followed. A person's advocate confirmed this. We saw that there was reference to people's ability to make decisions in their care plans.

Where people's capacity to make decisions for themselves was in question we saw that assessments had taken place. These assessments demonstrated that every effort had been taken to establish if the person had capacity to make the decision. We saw that alternative means of helping them to understand the decision being taken were employed such as asking scenario based questions. Where people were assessed as not having capacity then a best interest decision had been taken. These involved all of the people who were best placed to help the person make the decisions. We saw that on some occasions it was not clear how the best interest decision had been made. We discussed this with the registered manager who told us that they would improve their recording of how decisions were made.

People's eating and drinking needs were met. A person's relative told us, "There seems to be a lot of variety. It smells delicious. They know his likes and he enjoys it." People had access to kitchen facilities at all times and we saw bowls of fruit available to people. Where people had specific dietary requirements these were met and staff were clear on how to provide these. People had been referred to the relevant professionals and guidance provided was followed by staff. Staff told us that people were involved in meal planning and choosing what they wanted to eat. Staff offered choices and encouraged people to take part in meal preparation.

We saw that people were supported to maintain good health. A person's advocate told us that staff monitored people's health for changes in their condition and knew how to act if they were concerned. People had access to health care professionals. The records that the service kept with regard to health professional advice were clear and in depth. We saw that guidelines that had been provided to ensure people's health needs were met were being followed. For example, where people had epileptic seizures staff were clear on how to support the person and provide essential emergency medication if required. Care plans offered staff guidance to help them identify if a person was unwell and what action they should take. When people needed emergency care this was provided and up to date guidance was available to health care professionals to ensure that they were informed about people's needs.

## Is the service caring?

### Our findings

People were supported by staff who were caring. One person's relative told us, "The carers are very, very good." Another relative described staff as being, "Caring and enthusiastic." A third relative said, "The care staff are excellent." A person's advocate described staff as being, "On the ball."

People using the service, their relatives and staff all told us that they felt that the homely and clean environment was important in making them feel that the service was caring. One person told us the home was good because, "I can sit in my comfortable chair." One relative told us, "It's a nice environment, very clean." A staff member told us, "It's like a family home." We observed the home to be clean and clutter free. The decoration and furnishings were in good order. We saw that there was a garden that had been developed to be stimulating to the people who lived at the service and was accessible taking into account their mobility needs.

People's privacy was respected. A person's relative told us that when they visited staff, "Give you space to talk to [relative]." Another relative told us, "He likes his own space." One staff member told us, "There is a lot of privacy." People's bedrooms were well maintained and decorated in a manner of their choosing, with their own belongings. We asked one person what they liked about their bedroom. They told us that it was, "Warm." We asked them who had chosen their decor and they proudly told us, "I did." They also told us that they enjoyed having their music in their bedroom. We were invited to see two people's bedrooms. Another person told us, "I've got a television in my room." People's belongings were respected and we saw that staff asked permission to enter their bedrooms.

People were supported by staff who understood that they should be treated with dignity and respect. One staff member told us, "[It's important to] help them get the right treatment, access to information and to make sure they get the same as everyone else." People were supported by staff who were patient and did not rush them. One staff member said, "They are given choices, there is no rush." They went on to tell us, "There is a lot of one to one time with them if they need." We observed that staff interactions with people were warm and friendly. People were supported at their own pace.

People were encouraged to be involved in making choices about the things that were important to them. One person's relative told us, "It's her life in her home." They went on to tell us about how a person had been supported to make changes to their personal appearance when they had expressed a wish to do so. Another relative told us that people were offered choices through experience. They explained that a person who had very limited verbal communication skills was offered a variety of different foods. Their reaction to each food was observed to try and establish their preferences. Where people made choices these were respected. A member of staff explained that some people using the service liked to change into their pyjamas when they returned home from the day service they attended even when this was quite early in the evening. This choice was respected and support was provided if required. A person's advocate confirmed that "[Person] gets as much choice as possible."

People's independence was encouraged. A person's relative told us that when they visited, their family member made them a cup of tea. This was not something they had been able to do in their previous home.

They said, "The more she does the more she can do. She has developed." We saw that the service had purchased a kettle which was especially designed to help people independently make hot drinks safely. We saw that one person was encouraged to lay the table in preparation for the evening meal. People care plans advised staff about how best they could encourage people to develop their independence skills.

## Is the service responsive?

### Our findings

Staff were required to record the support that they provided in people's daily notes. We saw that these records were not always detailed and did not always reflect the support that people had received. Where staff were required to monitor aspects of people's health and wellbeing, such as how much they had to drink, we saw that they had not consistently done so. We also saw that records relating to people's mood and behaviour were not consistently completed by staff. People's mood and behaviours needed to be recorded so that the registered manager could see if there was anything in the support offered by staff that required changing. A person's advocate confirmed this. They told us, "I've observed some really good positives but it's not always recorded." This meant that where people's health and emotional needs required monitoring this was not happening. The registered manager's audits had identified this as a concern and as a result had arranged for further staff training and supervision in order to improve the standard of recording to enable better monitoring.

People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. We saw that details in people's care plans was centred on them as an individual so that staff had all the information they needed to provide care as people wished. We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. For example we saw that one person preferred way of seating was made clear. This included information about what was important to each person, their health and details of their life history.

People were supported by staff who were responsive to their needs. One person said, "I'm so happy all the time." A person's relative told us, "They seem to be continually coming up with ideas that would improve his lot." They went on to explain how staff were making plans to adapt a person's bedroom to enable them to spend their free time more comfortably. We saw that a person's mobility was supported by them being provided with a choice of equipment that was assessed as meeting their needs. They were offered the opportunity to trial various pieces of equipment and choose the one that was most comfortable for them. We were told that as a result of the introduction of this piece of equipment the person had gained confidence and was engaging in more physical activity in the community.

Some people displayed behaviour that could have caused harm to themselves and others. Staff knew how to offer safe support should this have occurred. A person's advocate told us that they had observed staff supporting a person when they were showing signs of distress. They described how staff had observed the person's gestures and movements and responded to them. They had offered reassurance and support that helped the person to calm. We saw that risk assessments and support plans were in place that staff followed to support people when they became anxious. Staff could describe these and told us about strategies that they used to help people to relax. We saw that staff had received positive behaviour support training. Positive behaviour support aims to enhance the life of people who can show challenges and looks at ways of focusing on the good things that people achieve. In these ways staff understood and knew how to respond to people's behaviours.

People were supported to engage in activities that they enjoyed and to maintain links with people who were important to them. A person's relative told us that they needed to, "Ring up and check [relative] is in, which is brilliant." This was because the person was often out of the house engaging in activities. A person's advocate told us that staff who knew the person well had helped them to communicate with their advocate and enable them to develop a positive relationship with them. One staff member told us, "They are in the community with other people rather than being isolated." People who used the service accessed day services as well as other community based amenities such as pubs, cafes and shops. The registered manager told us that they were in the process of supporting one person to change the days that they attended their day service to better suit their needs.

Staff and people's relatives told us about a holiday that had been arranged for people who lived at the service. People told us about the activities that they enjoyed doing when at home. Staff were aware of these preferences and supported people to engage in them if required. For example, we observed a person interacting with a staff member with a ball. Care plans made clear what people enjoyed and detailed how to support them to engage in activities of interest to them.

People's relatives told us that they would feel comfortable making a complaint. One relative told us that they had not needed to make a complaint but that they had received literature advising them how they could do so. We saw that the complaints procedure was not available to all people who used the service. We highlighted this to the registered manager who assured us after the inspection that the complaints procedure was on display at the service. This was provided in a format that was easier to understand for some people. The provider had a complaints policy that made clear what actions needed to be taken if a complaint were to be received.

People were not always asked for feedback about the service that they received. The registered manager told us that they intended to introduce formal feedback sessions with people. The provider had planned a system whereby a manager from another service would meet with people regularly to find out how they felt about the service and any concerns that they may have. This system had not yet been implemented. The registered manager had identified through their own audits that there was a greater need for feedback from people that the service supported about their policies and procedures. They were also planning to implement service user meetings on a monthly basis to try and gain feedback from people. The provider conducted surveys with relatives of people who used the service. This was to establish their views on whether they were happy with the support provided by staff and what things could be improved. We saw that the feedback received was positive. At the time of our inspection relatives had not been sent feedback as the final report was being written up by the regional manager.

## Is the service well-led?

### Our findings

People's relatives felt that the service was well-led. One person's relative told us, "Everything is absolutely fine, I can't fault the place." Another relative said, "I'm pretty impressed with the whole organisation." A third relative said, "I would think it would be quite a challenge to find a better provision for [relative's name]." Relatives told us that they were able to contact the registered manager if they needed to. One person's relative told us, "It's never been a problem getting hold of someone." A person's advocate told us, "If it was a loved one of mine I would be happy."

We saw that processes for checking medicine systems were not followed. As a result we saw that some medicines had not been returned to the pharmacist when they should have and multiple bottles of liquid medicines had been opened and not used. We also saw that some records relating to people's safety had not been reviewed and as a result appropriate actions were not always taken. The registered manager did not have consistently effective systems for gathering information about the service. We saw that some processes for identifying areas of concern and analysing how to improve on quality to ensure the smooth running of the service and drive improvement were in place. For example, the registered manager conducted an audit of the service monthly. Once identified an area for attention, the appropriate people were tasked to address it and a time scale put in place for the work to be completed. We saw that checks were made to ensure that the work had been carried out.

The registered manager carried out monthly audits of the service and completed action plans as necessary. The provider employed a regional manager who reviewed the audits and actions as part of the provider's compliance process. The registered manager was required to feedback important pieces of information about the running of the service to the provider. The provider had demonstrated that they were committed to measuring and reviewing the delivery of care and effective quality assurance processes were in place.

Staff told us that they felt supported by the registered manager and senior staff. One staff member said, "[Registered manager] is very supportive. The manager is good." Another staff member told us, "[Senior staff member] is very good. If we have any problems we just ring her. Anything, she gets it sorted. We see her quite a lot."

Staff had access to policies and procedures and understood how to follow them. The provider had ensured all staff had received the employee hand book containing all the provider's policies when they started working for the service. This was to make sure that staff were clear on their role and the expectations of them. It included the staff code of conduct and the confidentiality policy. The registered manager and senior staff member told us that they felt they had been successful in encouraging the staff to work as a team and communicate effectively. Staff confirmed this.

The provider had systems in place to challenge the practice of staff and take action where concerns were raised. We saw that a concern about staff practice had been identified and fully investigated. As a result disciplinary action had been taken against the staff members. We saw on another occasion that when a concern had been identified a staff member had received further support and re-training in order to avoid

reoccurrences. This demonstrated that staff were required to take responsibility at all levels and that there was a drive for continuous improvement.

The registered manager kept themselves up to date with current best practice when delivering care and was part of a registered manager's network. This demonstrated a commitment to continued professional development. The registered manager was aware of their registration responsibilities with Care Quality Commission. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened where they had been identified. From the information provided we were able to see that appropriate actions had been taken.

The provider promoted a culture which was open and inclusive. People were involved in the recruitment and selection of new staff. The registered manager told us that prospective staff were required to complete a task with people who used the service at interview so that how they interacted with people could be assessed. When new staff had been successfully recruited they were introduced to the people that they would be supporting prior to them commencing work. This gave people the opportunity to meet with people and find out about them.