

HF Trust Limited

# Hermitage Way - Telford

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 26 May 2015 and was announced. The registered manager was given short notice of the inspection because we needed to make sure they and the people who lived at the home were available to assist with the inspection.

Hermitage Way provides care and accommodation for up to seven people with a learning disability. There were seven people living in the home on the day of the inspection and 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.

People told us they felt safe living at the home. The staff had a clear awareness and understanding of potential abuse and knew how to protect people from the risk of harm. There were imaginative and innovative ways to

# Summary of findings

manage risk and to keep people safe, while making sure that they had a full and meaningful life. There were enough skilled and experienced staff to meet people's needs and to promote their independence.

People were supported by staff who knew them well. Staff were provided with effective training to keep people safe and meet their specific needs. People's health care needs were assessed, and support planned and delivered to meet those needs. People were supported and encouraged to maintain positive health and had access to a range of healthcare professionals to support their health needs and promote their well-being.

Staff were described as kind, caring and friendly. People were enabled to do things independently and were listened to and respected. Staff were aware of people's preferred communication styles and were aware of people's likes, needs and preferences. We saw people

had developed trusting relationships with staff. There was a good rapport between people and everyone looked happy and comfortable with staff and other people who shared their home.

People were involved in the planning and reviewing their care and support. They were encouraged to make their own choices and decisions about all aspects of life and were supported and enabled to lead the lifestyle they chose. People felt listened to and respected. They were supported to maintain relationships with their family and friends and knew who to speak with if they had concerns about the service or the support they received.

People felt the home was managed well and found the registered manager was open and approachable. People were involved in how the home was run and their views were sought about the quality of the service. Regular checks were carried out to monitor and improve the service that people received. There was a strong commitment to providing people with a good quality service.

# Summary of findings

## 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 safe.

People were protected from harm or potential abuse by staff that had received training and had a clear understanding of their responsibilities to report abuse and promote people's safety. There were enough staff to meet people's needs and provide them with the level of support they needed to enable them lead the lives they chose. People were encouraged and supported to administer their own prescribed medicines where possible.

Outstanding



### Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's specific needs and sought their consent to care and support. People had enough to eat and drink and accessed a range of healthcare facilities when they needed it.

Good



### Is the service caring?

The service was caring.

People were happy with and fully involved in their care and support. They were treated with dignity and respect by staff who were committed to enabling and promoting their independence and seeing and respecting them as individuals that mattered.

Good



### Is the service responsive?

The service was responsive.

People's care and support was flexible and planned and reviewed in partnership with them. Support plans were regularly reviewed to make sure they were up to date and reflected people's current needs and preferences. People were enabled to partake in their own interests and develop and maintain relationships with people important to them. People knew how to raise any complaints or concerns and were listened to.

Good



### Is the service well-led?

The service was well-led.

People were involved in how the home was run. There were systems in place to gain people's experiences and to continually monitor the quality of the service provided.

Good



# Hermitage Way - Telford

## 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 announced inspection took place on 26 May 2015. The inspection team included one inspector.

We reviewed the information we held about the home and looked at the information the provider had sent us. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about

important events which the provider is required to send us by law. We also sought information and views from the local authority that had an involvement with the home. We used this information to help us plan our inspection of the home.

During the inspection we met and spoke with all seven people who lived at the home to gain their views on the care and support they received. We also spoke with the registered manager, three support workers and four people's relatives. We looked in detail at the care two people received, carried out observations across the home and reviewed records relating to their care and support. We also looked at how medicine was managed, reviewed complaints, staff training and relating to the quality of the home.



# Is the service safe?

## Our findings

People told us that they felt safe living at the home. One person told us, "I feel safe here, the staff are very kind". Another person said, "They check on me and make sure I'm safe everyday". A relative told us, "I'm absolutely confident [name of family member] is kept safe". Another relative said, "[Name of family member] has been trained to be street wise".

Staff confirmed they had received training in reducing the risk of harm and abuse. One member of staff told us, "We have a zero tolerance on abuse and bullying". Staff were able to describe different types of abuse and provide examples of how they would identify abuse and the action they would take to protect the people they supported. Where a concern had been identified the registered manager had taken appropriate action and liaised with the local authority who lead on such matters. Staff told us they were confident in approaching managers with any concerns about individuals and felt that appropriate action would be taken. They were able to describe the organisation's procedures in the event of observing poor staff practice and said they would use these if needed. One member of staff told us, "I wouldn't think twice about challenging poor practice".

We saw there was a transparent and open culture that encouraged creative thinking in relation to people's safety. Staff used imaginative and innovative ways to manage risk and keep people safe, while making sure that they had a full and meaningful life. For example, each person had their own mobile telephone they had been trained to use to alert staff when they arrived at a particular location or for staff to contact them to check they were safe. We also saw there was a 'people at home board' held in the reception area of the home that was used to display photographs of the people that were at home. If people went out they had to place their photograph in a box to show they were out of the home. A person told us staff had trained them in road safety and the use of public transport to include the bus, train and taxi so that they were able to visit their family independently. Another person showed us a sign that staff had put on their wall to remind them to take their mobile telephone with them when they went out and to set their alarm.

Discussions held with staff showed they had an enabling attitude that encouraged people to challenge themselves,

while recognising and respecting people's lifestyle choices. We saw people had developed skills to remain safe in their own home and in the community. We saw risks to individuals had been identified, assessed and recorded in people's care plans to support people's freedom and choice. These ensured people's independence was promoted while minimising risk. For example, risks for tasks undertaken in the home, being home alone and activities in the community to include using public transport. People knew they were not to use the cooker if they were alone in the home without staff supervision. A relative told us their family member was "more than confident to be left alone" in the home.

People told us there were enough staff to support them when they needed any assistance. One person said, "There's enough staff. If there are staff shortages they get staff from [names of other homes managed by the provider]. A relative said, "They've got enough staff to make [name of family member's] life very secure, safe and pleasant". The registered manager told us staffing levels were based on people's assessed needs and staffing was flexible according to people's requirements. They told us a member of staff had recently transferred from another of the provider's services to provide the senior member of staff designated time to undertake administrative duties. There were also bank staff employed that were familiar with people's individual needs, as we observed during the inspection. Most of the time people were supported by one member of staff. There was an additional member of staff on duty during evenings to support one person. A member of staff said, "We've got enough staff now to meet people's needs. It can be hard going at times but we are a nice team and help each other out".

One person said they helped interview new staff for the home and, "really enjoyed it". The registered manager told us people volunteered to assist with the recruitment of new staff at assessment days undertaken. They explained the recruitment and selection process and said, "New staff can't step a foot through the door until all checks have been received on them and then they have to shadow existing staff". This was confirmed by staff we spoke with.

People told us they were supported to administer their own medicine. One person said, "I get my tablets and keep them in the cabinet in my room". They took us into their room and showed us how they managed their medicines. We saw they signed their own medication administration



## Is the service safe?

record after they had taken their medicine. They said, “Staff check to make sure I’ve taken my tablets”. Another person said, “The staff do my eye drops for me. I’m happy about that”. The registered manager told us about how people were supported to manage their own medicines and the procedures in place to ensure people received their medicines as prescribed. They told us people who required medicine were supported to administer it themselves based on a risk assessment. We found risk assessments supporting this process available in the care files that we

reviewed. We saw people had guidance on their files about their medicines. This included what each medicine was for, what it looked like, the reason they took it and how it helped them. We saw people had signed this guidance. Staff told us that they had received medicine training and also had regular competency assessments to ensure that their skills were kept up to date. The registered manager told us they were, “happy” with the procedures in place and that these “absolutely safeguarded people”.

# Is the service effective?

## Our findings

One person told us, “The staff are great, they know me really well”. Another person told us, “My keyworker is [name]; she knows everything about me and keeps an eye on me”. A relative told us, “They choose their staff well. I’m very impressed with the calibre of staff”. Another relative told us, “Staff are absolutely knowledgeable. All the staff know what [name of family member’s] support needs are”.

Staff reported that they had regular one-to-one meetings with a manager and felt they were always able to access support when needed. The registered manager told us, “The training provided is absolutely amazing. HFT [name of provider] have something for everything”. They said staff were “definitely” equipped with the skills and knowledge to meet people’s needs”. This was confirmed in discussions held with staff. Staff we spoke with considered the training provided was “very good” and they told us about the range of courses they had attended. They also told us they were supported to gain professional qualifications appropriate to their role. We saw new staff were provided with a thorough introduction to their work that was mapped to the new care certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life. It equips new staff with the knowledge and behaviours to provide high quality care and support.

People told us that staff took time to explain things to them. The staff we spoke with understood and had a good working knowledge of the Mental Capacity Act 2005 (MCA) in protecting people and the importance of involving people in making decisions. They told us they had received training in the principles of the Act. We saw people who lived at the home had access to information about the Act in an easy read format. Discussions held with people and care records we reviewed showed people were fully involved in making decisions about their care and support. All of the people who lived at the home were able to clearly communicate their wishes. People were encouraged to speak up on a daily basis and in their meetings and reviews held and had signed their care records. The registered manager told us, “This is people’s homes and working in people’s best interests is all part of the culture here”. We were told people who lived at the home all had capacity to make decisions and that their families had an active

involvement in their care and support. Staff were aware of what action to take in the event of this changing. At the time of inspection there were no restrictions in place people and no one living in the home was subject to a Deprivation of Liberties Safeguards (DoLS) authorisation.

People told us they liked the food and spoke positively about planning their menus and taking it in turns to cook the evening meal. One person told us, “We choose what we want to cook and go food shopping”. They showed us the cook books they used to help plan and choose their meals. Another person shared their healthy eating plan with us and was clearly proud of their weight loss. We saw the strong emphasis on the importance of eating and drinking well. When we arrived at the home we saw some people were busy choosing and preparing their own breakfast. During the evening we saw a person being supported by a member of staff to prepare and cook the meal for everyone that lived at the home. The meal looked appetising and nutritious and was clearly enjoyed by all. During the inspection people asked for our choice and provided us with refreshments that they had made themselves. A relative told us they were always provided with a choice of drinks when they visited their family member. Staff provided examples of how ensured a person’s specific dietary needs were catered for. One relative told us, “[Name of family member] knows lots about what is good for him and what isn’t”. Another relative told us, “[Name of family member] knows what’s recommended as a good diet”.

People told us they went to the doctors, dentists and saw other health and social care professionals on their own or with staff support. We saw outcomes of appointments were recorded on people’s care records. One person shared their health file with us. We saw staff had placed a pictorial symbol of a heart on the front of their file so the person knew that information about their health was stored in that particular file. They had also sectioned the file with different pictorial symbols to include a picture of teeth to represent the dentist and glasses for the optician. The person told us, “This is so I can find my own file for myself”. We saw people attended regular health checks in addition to an annual health review. We saw each person had a NHS Passport in the event of having to go into hospital. These provided important information for hospital staff about the person, their medical history, any allergies, medicines and how they communicated.

# Is the service caring?

## Our findings

People told us they liked the staff. They described them as kind and friendly and felt staff knew them well. One person said, “I get on well with the staff”. Another person told us, “The staff are very supportive”. A relative said, “The staff are very respectful. It’s very much the people’s home”. Another relative said, “The staff are very caring and do the right thing. People are enabled to do things independently and are listened to and respected”. All of the people and relatives we spoke with told us they were very satisfied with the care and support provided. One relative told us, “I have nothing but praise for the staff”.

A member of staff told us, “We support people to do things themselves; we don’t do it for them”. Another member of staff said, “We take pride in seeing people happy. I would be happy for one of my relative’s to live here”.

We observed positive interactions between people who lived at the home and the staff supporting them. Staff were aware of people’s preferred communication styles and were aware of people’s likes, needs and preferences. A member of staff said, “We give them all the tools they need to make informed decisions and we help facilitate that”. One person said, “I choose when I get up and go to bed and what I do”. A person told us how they had been supported to shop and purchase their own furniture and furnishings. They said they had also chosen the colour paint they wanted for their room.

People told us they were involved in making lots of decisions about what they wanted to do, how they wished to spend their time and decisions about their care and support. These included meetings held to review their care and support and residents’ meetings held. We saw people’s care records included their personal preferences and records showed the information was proactively used to support people. Staff were able to describe how they listened to people’s preferences and acted upon these.

We saw staff were exceptional in enabling people to remain independent and had equipped people with the skills to lead independent lifestyles. For example, providing people with road safety skills and skills that enabled them to use public transport so they were able to visit friends and family independently. One person said, “I like to be independent and do my own things”. We saw people were encouraged to develop and maintain life skills to include shopping, cleaning and cooking. People chose how they spent their time and who they spent their time with. When we arrived at the home people were busy carrying out designated household tasks and some people were preparing their own breakfast.

Throughout the inspection we saw staff provided an enabling role rather than a caring role and this was also evidenced in discussions held with relatives we spoke with. One relative told us, [Name of family member] has very much developed their independence in cooking and skills around the house and gets the support they need to do it”. Another relative said, “Staff are led by the residents in what they do”. A member of staff spoke positively about how a person’s achievement made them feel. They said, “It makes me feel good. We are a supportive, caring and understanding team”.

People told us staff respected their privacy and dignity. One person said, “The staff knock on my door”. We observed this in practice during the inspection. We saw people had developed trusting relationships with staff. There was a good rapport between people and everyone looked happy and comfortable with staff and other people who shared their home. Staff shared examples of how they promoted people’s privacy and dignity. One member of staff told us, “I never enter people’s rooms without knocking or treat anyone differently to how I like to be treated”.



# Is the service responsive?

## Our findings

People told us that they were involved in planning the support they needed. They said they had regular meetings with their key (named) workers in addition to care reviews and invited the people they wanted. One person said, “My keyworker is very good. They listen to me and help me”. The registered manager told us, “Keyworkers have responsibility for getting to know people well and can delegate tasks to other workers. The staff know what’s going on and what people are thinking and feeling. They treat people as individuals”.

We found people received consistent personalised support that was based on their individual needs. The support plans we looked at were detailed and identified people’s needs and how these should be met. One person showed us their care records and told us they were able to look through these when they wanted. They were clearly proud of their records and we saw these clearly mattered to them. We saw support plans included people’s likes, dislikes, preferred routines, their communication support needs and maintenance and promotion of their health. Support workers told us people’s records were sufficiently detailed so they were able to provide effective and consistent support. We found people had the information they needed to help plan their review including their hopes and dreams for the future and what was important to them now and in the future. We saw people were encouraged to think about questions they wanted to discuss during their meetings and who they wanted to attend.

We saw people had choice, independence and control in how they led their lives. The registered manager told us that people were seen, treated and respected as individuals and were always at the centre of their own care and support. They told us that people’s rights were promoted by the staff team and that people were encouraged to speak up on a daily basis and in their meetings. They shared an example of the action they had taken to advocate for a person’s rights when challenged by a member of the community. They told us, “[Name of person] had every right to be treated the same. It’s always about what’s best for the people. The staff are very committed and supportive and here for the people we support”.

People were supported and enabled to lead fulfilling and independent lifestyles. One member of staff told us, “We

really do encourage people to develop their independence here. Everyone has their own way of doing things, we don’t do it for them but find a way of giving them the skills and confidence to do it for themselves. We encourage people to go for it!”. We saw people chose when they wanted to get up and how they wanted to spend their day. One person said, “I get up myself. I have an alarm clock”. People had freedom of movement around their home and choose how and where they wanted to spend their time. For example, one person showed us their own living accommodation that was connected to the main home. They made us a drink in their own kitchen and told us when they wanted some new furniture and furnishings, staff had supported them to purchase these so they could equip their own space the way they wanted. They showed us the colour paint they had chosen for their walls in their lounge. They told us they chose their own clothes and said, “Sometimes I can get it wrong and the colours clash, so staff help by putting outfits together with me so that they match”.

We saw people were encouraged to and enabled to partake in a range of activities and maintain hobbies and interests. These included flexible day support opportunities at the provider’s main campus, college courses, art and crafts, dance, cricket, drama club, gym, paid and voluntary work. One person told us they had an allotment and grew their own vegetables which people at the home enjoyed eating. One person shared their tapestry work and glass paintings they had made and told us about the voluntary work they undertook at a local charity shop. Another person told us they sold their own art work at national exhibitions and shared some of their art work with us. Their relative told us staff had supported their family member to attend the local college to do art and they had received lovely reports from the art tutors and were very proud of their family member’s achievement. We saw people were supported to develop and maintain friendships with people close to them. People told us they regularly saw their friends and family. A relative told us they were always made welcome when they visited the home and provided with refreshments. We saw activities were discussed during residents’ meetings and people were encouraged to say what they wanted to do. A member of staff told us, “People are provided with lots of opportunities to do things and their views are taken seriously. There’s lots of achievable goal setting”. One

## Is the service responsive?

person told us they had enjoyed voting at the recent general election. They said, "Staff asked us if we wanted to go and vote. They told us it was our choice and if we didn't want to vote, that was fine".

People knew what to do if they had any concerns. They told us that they would speak to their keyworker or the registered manager. People did not raise any complaints or concerns about the care and support they or their relative received. We saw people had access to the provider's

complaints procedure in an easy read format. The home had not received any formal complaints since the last inspection although the registered manager and staff knew what to do in the event of receiving a complaint. People had been supported to write a letter of complaint to the provider in relation to a replacement kitchen for their home that they had been promised for some time. This has since been resolved and a new kitchen in place in addition to refurbished bathrooms.

# Is the service well-led?

## Our findings

People told us they felt involved in how the home was run. They said they felt listened to and their views were heard and acted on. We saw people were actively encouraged to give feedback about the service they or their relative received. One person told us, “We have resident meetings where we talk about things and what we want to do”. They showed us the file where the minutes of the meetings were kept. We saw various topics were discussed including restructuring of the management team, activities, health and safety, menus and dignity and respect. We saw people were also given the opportunity to say what they were happy about and what they were not happy about.

The home had a registered manager in place who understood their role and responsibilities. People were familiar with who managed the home and told us they were approachable. One member of staff described the registered manager as, “patient and fair”. They told us, “[Name of registered manager] is one of the best managers I’ve ever had. I’ve never not wanted to come to work. The service runs really well and the provider is good to work for”. A relative told us, “Since [name of registered manager] took over [name of family member] has increased in their confidence and own abilities”.

The registered manager told us the provider had a clear vision and set of values that the service worked towards and shared these with us. A relative told us, “The ethos of the organisation has changed” and spoke positively about these changes and told us the home was “resident led”. Staff attended regular meetings including a recent team away day to ensure they were provided with an opportunity to give their views on how the service was run and offer suggestions for improvement. One member of staff told us, “If we make any suggestions for improvement the manager immediately puts it in place”. The registered manager told us the provider had supported people through the restructure of its services.

We saw people were confident and comfortable with approaching their support staff and the registered

manager. There was an open and inclusive atmosphere between people. All staff spoke of a strong commitment to providing a good quality service. People looked happy and relaxed and staff knew what was expected of them and were motivated in their work. Staff told us there were arrangements in place to support them, such as regular one-to-one and team meetings. The registered manager told us, “I lead by example. The staff know me well and I operate an open door policy”. They were able to share the strengths of the service, areas requiring improvement and where they had learnt from incidents and shared an example with us and how this had been communicated to the staff team. They told us the home was well supported by the provider and the area manager visited the home regularly to check quality.

People and their relatives told us they had also been asked to complete a satisfaction survey to share their views about the service. The registered manager told us that satisfaction surveys were organised by the provider’s head office and had been issued but the findings of the most recent survey had not yet been analysed. We saw surveys were developed in an easy read pictorial format and asked for feedback on a range of areas. We found internal audits were completed to drive improvement. These included monthly service monitoring reports completed by keyworkers that gave an overview of each person. These included their goals, risk assessments, finance, health and their feedback about the service. These reports were commented on and signed by the person and their keyworker. We saw the registered manager completed monthly service reports that were sent to the area manager and included details of any accidents, incidents, safeguarding, health and safety, staffing and good news stories. A self-assessment that mapped to our standards had also been undertaken. This identified if the service required immediate action, was meeting the standards or improving. Relatives told us they attended family forum meetings that were held quarterly and that their views were listened to and acted on in relation to this service.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.