HF Trust Limited

# HF Trust - 117 a & b Hitchin Road

## Inspection report

117 A & B Hitchin Road
Shefford
Bedfordshire
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Date of inspection visit:
27 March 2019
29 April 2019

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24 May 2019

## 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? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service: HF Trust 117 a&b Hitchin Road is a residential care home that was providing personal care for 11 adults with learning disabilities and other complex needs at the time of the inspection.

People's experience of using this service:
People received very person-centred care and the service had a strong focus on promoting independence and equality.

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 told us they felt safe and thought that staff were kind and caring.

One person told us, "They [staff] treat me well and I feel safe. I can read my care plan and make choices. I can help myself to food and drinks, my favourite is fish and chips."

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

The registered manager had systems and processes in place ensuring risks were well managed and care was personalised and reviewed.

Staffing levels, skills and experience were suitable to meet the needs of people.

The provider implemented safe systems for the management of medicines which included staff training and assessments of staff competency. Staff encouraged people to self-medicate and be in control of their medicines where it was safe to do so.

Staff had a good understanding of preventing the spread of infection by using the protective equipment and good hand hygiene.

The registered manager shared lessons learnt with staff and managed complaints and concerns in an open and honest way.

Staff supported people with meals and drinks and to access specialised healthcare when needed.

People decorated their rooms in ways that they preferred and which met individual tastes.

The registered manager used systems such as training, policies and care plans to ensure that staff had the skills and knowledge to support people who might need end of life care in the future.

The registered manager and the staff team were clear about their roles and the impact of good care.

The registered manager showed ways that they are working with other agencies to improve the lives of people living at the home.

The service met the characteristics of good all areas. For more details, please see the full report which is on the CQC website at www.cqc.or.uk

Rating at last inspection: At the last inspection the service was rated Good. (Report published 05 May 2016.) Overall, since the last inspection, the service rating has remained the same.

Why we inspected: This was a planned inspection based on previous rating.

Follow up:  We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe

Details are in our Safe findings below.

**Is the service effective?**

Good

The service was effective

Details are in our Effective findings below.

**Is the service caring?**

Good

The service was caring

Details are in our Caring findings below.

**Is the service responsive?**

Good

The service was responsive

Details are in our Responsive findings below.

**Is the service well-led?**

Good

The service was well-led

Details are in our Well-Led findings below.

# HF Trust - 117 a & b Hitchin Road

**Detailed findings**

## Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
One inspector carried out this inspection. The inspector visited the home on 27 March 2019 and spoke with relatives and professionals involved in the service on 24 April 2019.

Service and service type:
HF Trust 117 a&b Hitchin Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Describe the care home's premises, for example:
HF Trust 117 a&b Hitchin Road accommodates up to 12 people in two houses. The houses have linked access internally from the upstairs of the building. The home provides a variety of communal spaces in each house including lounge, kitchen and dining room and gardens.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. 11 people were using the service. This is larger than current best practice guidance.

However. the size of the service having a negative impact on people was mitigated by the building design using two separately run houses and fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs to show it was a care home apart from being back

from the main row of houses and next door to a day centre.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We did not give any notice as this was an unannounced inspection.

What we did:
Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections and is called a Provider Information Return (PIR).

Before the inspection we:
• Reviewed information we received from the provider on the provider information return (PIR).
• Researched feedback received about the provider to CQC as well as online.
• Reviewed information about incidents that have occurred since the last inspection.
• Reviewed complaints and compliments received since the last inspection.
• Reviewed the providers own website.
• Looked at notifications we received from the service. Notifications are information about specific events the provide is legally required to tell us about.

During the inspection we:
• Spoke with three people, the registered manager, four staff members and one visiting health care professional.
• Gathered information from two care files which included all aspects of care and risk.
• Looked at two staff files including all aspects of recruitment, supervisions, and training records.
• Health and safety records.
• Records of accidents, incidents and complaints.
• Audits and surveys.
• Complaints and compliments.

After the inspection, we:
• Reviewed further evidence sent to us by the provider.
• Spoke with three relatives of people using the service

Good

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe.
• The staff received training on safeguarding adults and were aware how to keep people safe. One staff member said, "We need to look out for changes in people's behaviour, the way people are spoken to and of other signs of abuse. I would whistle blow if needed, speak to a manager or higher if not resolved."
• Staff confirmed any concerns raised previously had been quickly addressed and resolved. Staff had confidence in reporting any concerns about people's safety should they arise.

Assessing risk, safety monitoring and management
• The registered manager told us how they assessed risks to ensure people stayed safe when promoting independence such as travelling abroad on holiday or learning new skills.
• The registered manager wrote, reviewed and updated people's risk management plans. These plans were very detailed and covered all aspects of how to support peoples physical, medical, environmental and personal needs. They also recorded people's preferences.
• The registered manager communicated changes in people's care needs to staff to ensure staff understood these.

Staffing and recruitment
• The registered manager had recruitment policies and processes in place and followed these to ensure that staff were suitable for the role.
• The staffing levels were based on people's assessed needs and were safe.
• Staff had the right skills and experience for the role.
• Manager had built up the service from a staff team of just four and using agency staff to a staff team of 14 and no agency staff. Staff told us, "I know every single staff member here has a passion. It is the best team we have had in a long time, you never get gossiping, we focus on people."

Using medicines safely
• People told us what medicines they were prescribed and one person told us how their medicine helped them to relax. Medicines were kept securely in people's bedrooms and records were person centred and showed people's full involvement. One person said, "I just have cream on my hands. I do it myself and the staff sign it [medicine records chart] with me."
• The registered manager told us about how they followed a government initiative to stop the overuse of anti-psychotic medicines (STOMP) this is particularly prevalent for people with a learning disability. They gave an example of one person who staff supported with the guidance of medical professionals, to reduce the number of medicines they took and is now also administering their medicines themselves.
• The registered manager trained and assessed staff in medicine administration and theory and practice to

ensure competence.
• Staff could tell us about different time sensitive medicines and the potential side effects if not administered correctly.
• People's care plans had information about the medicines used to better inform staff.
• The provider had detailed systems in place for monitoring and auditing safe management of medicines.

Preventing and controlling infection
• Systems were in place to minimise the spread of infection such as thorough cleaning schedules and the use of personal protective equipment and suitable arrangements for the disposal of continence waste.
• Staff had access to personal protective equipment such as gloves and aprons. A staff member told us, "We use gloves and aprons and anti-bacterial cleaners. We are constantly prompting people to wash their hands."

Learning lessons when things go wrong
• The registered manager had a good understanding of processes for learning from when things go wrong and shared this information with the staff.
• The registered manager also researched the latest concerns and developments in the wider care environment and used these to shape the quality of care provided.
• For example, staff told us, "Lessons learnt are always shared, the registered manager told us about a serious event in another company that resulted in harm to a person due to their one to one hours not being used correctly. [The registered manager] came back and looked at our one to one hours and how they are being used and recorded and we all discussed it."

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The registered manager had very thorough systems in place for conducting initial assessments of people's needs. They used old information to create life stories for staff to understand people's past and how it might affect who they are presently.

Staff support: induction, training, skills and experience
• The provider used a good induction program for inexperienced staff which included shadowing a more experienced staff member and competency checks of skills.
• The registered manager gave staff training in all areas needed their role. This included regular supervision and annual appraisals which involved giving feedback about their performance. Staff told us, "I have already passed my health and social care level two diploma and I am on the list to start my level three. I am doing the pathway for senior training." Another member of staff said they had a level three qualification dementia awareness and the registered manager was a 'dementia friend champion.'

Supporting people to eat and drink enough to maintain a balanced diet
• Records clearly explained people's dietary preferences to better enable staff to meet people needs. One person told us, "I choose my food. I do get snacks myself if I want one."
• We saw some people eating lunch. There were no condiments, table cloths, napkins or flowers on the table. Staff supported people to wear aprons to protect their clothes and drinks were freely available. The atmosphere was relaxed and unrushed.
• Two people who were blind and partially sighted were offered the choice of listening to talking stories or the radio while they ate their food.
• One person needed their food to be blended due to choking risks. Staff clearly explained what the food options were and supported the person to eat independently by using a 'hand over hand' technique.
• Staff gave lots of choices and discussed options for eating for the person's new soft diet. The staff and a professional from the speech and language team (SALT) spoke with a new staff member and showed them how to support the person correctly and allowed to the new staff member to try with supervision.

Adapting service, design, decoration to meet people's needs
• The environment was very clean and well-kept and people's rooms were personalised.
• One person told us how they had decorated their bedroom in their favourite football colours.
• The environment had lots of pictures, photographs, cushions and other décor that gave it a homely feel and the use of spaces enabled people to choose types of activities and levels of noise they preferred.
• Everything was very personalised and completed with the person themselves. Staff explained how one person used a mood board to make choices about décor and now has a very calming room which had

helped reduce their levels of anxiety and associated behaviours.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• The registered manager acted as a liaison with health professionals to ensure that the correct assessments took place.
• People had access to health professionals as required and staff encouraged healthy eating plans and exercise routines to support good health. A relative told us, "There was an incident where my [family member] had a medical reaction that lasted over 20 hours. The staff stayed with them the entire time they were being treated."
• A staff member told us, "One thing that is most impressive is a person who, through an injury, was told they would never walk again. We worked with all kinds of different health professionals and the person is now able to walk with the support of a walker and is also swimming."

Ensuring consent to care and treatment in line with law and guidance
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• The MCA and DoLS require providers to submit applications to a 'supervisory body' for authority to do so. Applications under the DoLS had been authorised, and the appropriate legal authority and were being met.
• The provider has properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS.
• There were lots of information for support groups and advocacy groups available on noticeboards. People told us staff asked consent before proving any care.
• Staff told us, "I supported one person to have a major operation, we had to go through the MCA and Best Interest process as the person did not have the capacity to understand. We got an advocate to support them and we were all involved with the consultant and a specialist learning disability nurse. All went ok and the person is now well."
• Staff and the registered manager spoke about choices and consent for one person who was refusing to shower/bath at times due to confusion. The registered manager requested professional support to assess capacity and put plans in place to support decision making while maintaining the persons dignity and personal hygiene.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• Staff received training on equality and diversity. The registered manager tested staff knowledge periodically through supervision and spot checks of practice.
• People thought staff treated them well. One person told us, "The staff make me laugh, they are kind." Another person said, "They [registered manager] are a nice manager, if they have a problem they just talk to me."
• Staff told us, "One person we support has severe autism spectrum disorder and had a lot of anxiety about new people coming into the house. We started to ensure that any visitors go and introduce themselves and explain why they are there and make a point of saying goodbye so the person knows when the visitor has left. The person is now fine and accepting of visitors providing this process occurs."
• During our visit to the home this was one of the first things staff asked us to do and staff reminded us to say goodbye to this person before we left.

Supporting people to express their views and be involved in making decisions about their care
• People confirmed they were involved at all stages of care planning and made their own decisions about their care. People told us, "I like to go to the café on a Thursday. I like to go to the fake tribute band for David Bowie. I am going this weekend."
• Documents looked at showed evidence of people's involvement in assessments and reviews. Staff told us, "We have regular reviews. I write a summary of what the person has achieved all year and support them to participate in the review with the social worker and family."
• One person used talking buttons for yes or no to give them a voice.
• The registered manager sent out care plans to those families (involved at that level) and asked for comment and views that staff then incorporated into the persons care plan.

Respecting and promoting people's privacy, dignity and independence
• The provider was very proactive in promoting independence and using person centred active support to achieve it. One staff member told us about a technique for promoting people's confidence when developing new skills called 'backward chaining' where they encourage learning of just one new step at a time working backwards from the end goal to slowly support people to learn a new skill. This has resulted in one person now being able to make their own breakfast.
• One person told us, "I have two keyworkers and they help me go out to the cinema. I like chocolate M&M's and coke at the cinema."
• One relative told us, "I am pleased to say my [family member] comes out on holiday and I go with them and because of my own ill health staff come and support us and its extremely helpful to me that they can juggle resources to spare staff to do a week abroad to support with personal care…it's really helpful to me and a

very happy time for us both but I couldn't do it without the help of the staff."
• Staff received training on confidentially and information governance and the registered manager securely stored all paper and electronic records.

Good

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Care plans records showed people's preferences and wishes were at the core of the planning process. For example, detail about how staff should approach one person in the morning included, 'morning staff should enter and say, 'good morning [person's name]'. [Person's name] will respond, "back in five" and staff should leave and come back in five minutes to support them.
• We suggested including the same level of person centred detail in other areas such as preferred types of wine and beers and more detail on how to support certain behaviours.
• The registered manager used information about people's history to enable staff to have a better understanding of people, their interests and preferences.
• Staff updated relevant information in people's daily notes as they completed each activity. We suggested more personalised information such as, people's emotions, interactions and outcomes would further develop these records. There were some good examples of this but it was not consistent.
• The registered manager enabled a range of activities to meet peoples known and assessed needs and preferences such as, the pub, church, swimming, night clubs, theatre, horse riding, listening books, sensory gardening, foot spas, nail painting, gardening and bowling.
• Staff supported one person to learn how to manage their own medicines and prepare for a long flight prior to their holiday. The person told us, "Last year I went on my own to South Africa to see my sister. I had to learn how to take my tablets myself. My mum took me to the airport. I watched movies and slept. Staff at the airport here and at Johannesburg were so friendly."
• Some people used specialist chairs that reclined which they enjoyed but were unable to sit themselves back up. The registered manager explained staff stayed with people when they used the chairs so staff could respond and help people out of the chairs when they were ready to do so. This enabled people to use chairs they preferred.

Improving care quality in response to complaints or concerns
• The registered manager could show an open and honest approach to managing complaints should they occur. For example, implementing a newsletter to improve communication with families and devising an action plan for all complaints.
• A relative told us, "I am reasonably confident they would act on a complaint, in 23 years I can't say I have had an incident where I have been dissatisfied with the response to a problem."

End of life care and support
• The service was not currently supporting people with end of life care but had good systems in place to support people if required, such as training and policies.
• The registered manager and their staff team had supported each person to complete an end of life care plan so that wishes for illness were known. One relative told us, "When my [family member] was very ill, two

staff drove up with them to tell me about it rather than on the phone, we cried but I thought it was a very good way to tell me."

Good

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• The management team and care staff were all very passionate about ensuring they gave quality, person-centred care.
• The registered manager and staff team had a good understanding of the values and vision of the service using their company model called 'fusion' which focuses on person centred care and active support.
• Relatives told us, "When my [family member] was too ill to sleep upstairs, staff made them a bed downstairs and made sure they had all their comforts." Another relative said, "The staff are very responsive and the care is good, very good in fact. I would be probably be not alive if not for HFT as I wouldn't have been able to manage without their support."
• The registered manager showed an open and honest approach to care provision and used observation of practice to improve quality of service through feedback.
• The registered manager reported all incidents and accidents appropriately to the relevant professional bodies and shared lessons learnt with the staff team to aid understanding and develop improvements to reduce the likelihood of reoccurrence.
• Staff told us they felt valued and included and gave very positive feedback about the registered manager. One staff member said, "The registered manager is very supportive, they will always listen and likes to be 'in the know'. They make sure staff are aware of things."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager showed a good understanding of legislation. This included the requirements of the Health and Social Care Act and their responsibilities within their management role.
• The registered manager and staff team understood their roles and responsibilities and the impact of good care.
• The registered manager was aware of initiatives such as STOMP, making safeguarding personal, registering for the right support values, the accessible information standard and other legislation and best practice. They used quizzes to test staff knowledge.
• Suitable systems and processes were in place to ensure good governance and identify and manage any risks to quality. These included a variety of audits and checks, servicing and action plans.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Everyone gave positive feedback about the registered manager and care staff.

• The service holds residents meetings once a month to gain people's views and minutes were recorded in accessible formats with photographs.
• There were also regular staff meetings to seek staff views and the registered manager had regular contact with relatives via the telephone and email.
• The provider had developed an internal self-advocacy group called 'Voice to be heard'. Two of the staff have taken on the role of facilitators and for example last month covered the topics of bereavement with the group.
• Everyone in the region voted for a representative and one of the people living at the home won the vote. The person was very proud and the role had boosted their confidence. This meant they felt confident enough to ask for a pet rabbit which they received.
• The provider sent out surveys annually to all involved with the home and analysed the feedback. The registered manager then completed an action plan for improvements based on the outcomes and shared with all.
• Comments from the latest survey included, 'HFT provide a safe and caring environment for [name of family member]. They are happy at 117, their health and spirits are good, staff work well together and we very confident that they look after [family member].'

Continuous learning and improving care
• The registered manager used audits and feedback to develop and improve the service and relayed this to their staff team.
• One staff told us how they had encouraged an understanding of mental well-being when they realised not all people's behaviours linked to the person's learning disability. This had resulted in all staff completing a level two mental health course which had helped staff understanding of people's conditions for a person with bi-polar disorder and a person recently diagnosed with dementia.
• The registered manager also gave an example of when people's financial records were not adequate and so they split the cash and bank records and both are more detailed and now much improved which helped to safeguard people's money.

Working in partnership with others
• The registered manager explained how they worked with others and external health professionals to help improve the quality of life for people.
• We spoke with a visiting healthcare professional during the site visit who confirmed that the staff have been doing all they asked of them in relation to practice and recording outcomes and there were no problems.