HF Trust Limited

HF Trust - Hollycroft

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 31 December 2014 and 7 January 2015 and was unannounced.

The home provides personal care and support for up to eight people with learning disabilities and at the time of the inspection, there were seven people living at the home, although three people were away from the home visiting their relatives.

At our previous inspection in April 2014 we found that appropriate standards of cleanliness had not been maintained in some areas of the home. During this inspection we found that the provider had made the required improvements and all areas of the home were clean.

The service had been without a registered manager since October 2014. 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

Summary of findings

Act 2008 and associated Regulations about how the service is run. The home was being managed by an experienced, interim manager while the provider was in the process of re-structuring their management positions.

People were safe and were able to raise any concerns they had with the staff or the manager. There were effective processes in place to protect people and accidents and incidents were managed well to enable preventative action to be taken. People's medicines were managed appropriately.

There were sufficient, skilled staff to support people at all times and there were robust recruitment processes in place.

Staff were well trained and used their training effectively to support people. The staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards.

People were supported to eat well and were encouraged to choose healthier food options to maintain their health and well-being.

Staff were caring and respected people's privacy and dignity. People had access to advocacy and befriender services.

People were aware of the provider's complaints system and information about this was available in easy read format.

The manager was approachable. Staff knew and understood the provider's vision and values which were embedded into everything they did to support people. Staff were supported by the manager, were aware of their roles and responsibilities and accepted accountability for their actions.

The provider had introduced a self-assessment programme to review the quality of care provided at the home and this was regularly checked by the provider's Regional Manager.

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.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

People were involved in deciding the level of risk to which they were exposed.

Emergency plans were in place.

Good

Is the service effective?
The service was effective.

Staff were able to explain how training impacted on how support was delivered.

Consent was obtained before support was provided.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

Good

Is the service caring?
The service was caring.

Staff interaction with people was caring.

People's privacy and dignity were protected.

Both advocacy and befriender services were available to people when required.

Good

Is the service responsive?
The service was responsive.

People were involved in assessing their support needs and staff respected their choices.

People were supported to follow their interests.

Information about the provider's complaints system was available in an easy read format.

Good

Is the service well-led?
The service was not always well-led.

An interim manager was managing the service as management positions were to be re-structured across the provider's organisation.

The provider had an effective system for monitoring the quality of the service they provided.

Requires Improvement

Summary of findings

Staff were aware of the provider's vision and values which were embedded in their practices.	

HF Trust - Hollycroft

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 inspection took place on 31 December 2014 and 7 January 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information available to us about the home, such as notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who lived at the home, three support workers and the interim manager. We reviewed the care records of two people and risk assessments for the seven people who lived at the home. We checked medicines administration records and reviewed how complaints were managed. We looked at two staff supervision and training records. We also reviewed information on how the quality of the service was monitored and managed.

Following the inspection we spoke with a care manager from the local authority and an advocate for one of the people who lived at the home. We obtained information from the provider's Regional Manager.

Good

Is the service safe?

Our findings

At our previous inspection in April 2014 we found that appropriate standards of cleanliness had not been maintained in some areas of the home. During this inspection we found that the provider had made the required improvements and all areas of the home were clean. We saw that people were encouraged and supported by the staff to maintain the cleanliness of their rooms and the communal areas. We noted that each person had a designated day of the week on which they are supported to clean their room and change their bedding. One person told us, "I have to tidy. The staff do the washing, they just do it." We observed that a member of staff supported the person as they cleaned the hallway and staircase and pointed to areas they had missed that required cleaning. The manager told us, and we saw that carpets and toilet fittings previously identified as not being clean had been replaced.

All the people we spoke with told us that they felt safe at the home. One person told us that, "It feels safe." Another person told us they felt safe as they were able to keep their belongings, such as their laptop, safe in their room when they were not using them. They said that they would raise any concerns they had with the staff or the manager. One person said, "I would tell them what they've done wrong." Another person said, "I would talk to staff if I was not happy about something."

Staff we spoke with told us that they had received training on safeguarding people and were able to demonstrate that they had a good understanding of what constituted abuse. One staff member told us that the training that they had received had enabled them to identify neglect that one of the people who lived at the home had encountered when they were taken to hospital. The staff member told us they had immediately raised a safeguarding concern to the local authority about this. We saw that information for staff on how to raise concerns, and the contact details for them to do so was displayed on the staff notice board.

People told us that they were involved in decisions about the level of risk that they are exposed to. One person told us that they had been encouraged to manage their money and do their banking themselves. They said, "Banking I do myself. [Manager] set me a target. I feel happy doing it myself." They told us that the manager had explained the risks to them and had allowed them to decide whether they were confident to handle it themselves. They said that they were also involved in deciding whether they were confident enough to travel to college and visit the hairdresser on their own. They said, "I can go on the bus and I get on the bus to go to the day centre. I go to the hairdresser on my own too." They told us that the staff had previously accompanied them until the risk of getting lost had been reduced and they were happy to travel on their own.

We saw that there were personalised risk assessments for each person who lived at the home, which included areas such as finance, crossing the road and access to local shopping areas. Each assessment identified the people at risk, the steps in place to minimise the risk and the steps staff should take should an incident occur. We saw that where people demonstrated behaviour that had a negative impact on others or put others at risk, the assessment included information on what might trigger such behaviour and steps that staff should take to defuse the situation and keep people safe. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Staff we spoke with told us that they were made aware of the identified risks for each person and how these should be managed. These had included looking at people's support plans, reading and writing on the support planning, assessment and recording system (SPARS), the daily electronic reporting system used by the provider, and talking about people's experiences, moods and behaviour at shift handovers. This provided staff with up to date information and enabled them to protect people from the risk of harm.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment. These had included looped cords and chains on window blinds and the use of personal technology.

Accidents and incidents were reported to senior staff. We saw that the manager kept a record of all incidents, and where required, people's care plans and risk assessments were updated. Where incidents occurred when people had demonstrated behaviour that had a negative impact on others or put others at risk, we saw that the person's behaviour immediately before the incident was recorded. Staff told us that this enabled them to look for patterns and reduce the risk of incidents reoccurring by offering

Good

Is the service safe?

distractions for the person. We also saw that family members were kept informed of any incidents concerning their relative. The manager showed us that records of incidents and accidents were kept on the provider's centralised computer system. This enabled manager's to look at incidents over a period of time and identify any trends so that action could be taken to reduce them. There were few incidents recorded for the home and no pattern or trend had been identified.

We saw that there were plans in place for responding to emergencies. The noticeboard for staff, which was accessible to people who lived at the home, detailed the locations of items in the home that may be needed in an emergency, such as the water stop cock, the gas tap and electric trip switches. These were provided in an easy read format, as well as the provider's maintenance help desk telephone number. Staff had been trained in how to respond to emergencies outside of the home environment. One staff member described the appropriate action they had taken when a person they had been accompanying had collapsed in a supermarket. We noted that the missing person's procedure was displayed on the staff notice board to enable staff to act quickly should the necessity arise.

People we spoke with told us that there were always enough staff, who knew their needs, to support them. The senior support worker told us that the number of staff varied with either one or two support workers on duty depending on the needs of the people at the home. Duty times were flexible to take account of people's support needs. Most people were out during the day on activities, in college or at the day centre. At the time of our inspection some people were away visiting their relatives. We saw that an additional support worker had been included in that day's rota to meet one person from the local bus station as they were returning from visiting their relatives. The senior support worker told us that either the provider's relief support workers or agency staff were used when an additional staff was required, such as when people who required one to one support were admitted for respite care. A relief support worker had been added to the rota to support another person to visit the optician and a local shopping centre during our inspection. Staff told us that they felt that there were always enough staff to support people's needs and our observations confirmed this.

The provider carries out all recruitment centrally. We saw that there was an advertisement displayed on the staff noticeboard for the recruitment of support workers. The advertisement advised potential applicants that they would be required to supply satisfactory evidence of their identity and right to work in this country. They would also be required to undergo checks with the Disclosure and Barring Service (DBS) and provide references from previous employers to support their application should they be successful at the interview stage of the recruitment process. The recruitment process and these checks would enable the provider to determine the suitability of the applicant for the post. The manager told us that appropriate action was taken when staff's behaviour fell short of that expected of them and we saw evidence of this in the staff records we looked at.

People's medicines were administered safely and as prescribed. The medicines were stored in locked cabinets in people's rooms and were accessible only by trained staff. We saw that some people administered their medicines themselves, but were observed by a member of staff when they did so. Both the person and the observer signed the medicines administration record (MAR) after the person had taken their medicine. We saw that medicines were signed out when people left the home, such as on admission to hospital or on a visit to their relatives. We checked the MAR for two people and found no discrepancies in the way medicines were administered and recorded.

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Good

Is the service effective?

Our findings

People told us that they were supported well by staff. We saw that the provider had a comprehensive induction programme, which included areas such as infection control, health and safety and safeguarding, as well as an ongoing training programme to provide staff with the skills needed to support people who lived at the home. Training was provided by a mixture of computer learning, face to face training and shadowing experienced staff. One member of staff told us about the Person Centred Active Support training that they had attended. They told us that this training had made them look at supporting people differently, such as trying different ways of asking the same question until people understood what they wanted. They told us that when a person's level of understanding was limited, the training had taught them to improve communication by using alternative methods, such as using sign language and picture cards.

The manager showed us that staff training was managed using a computer system. Staff received reminders by email when their training was nearly due and continued to receive reminders until the training had been completed. Staff told us that they received regular supervision at which they could identify any training and development that they wanted to undertake. One member of staff told us that they had been supported by the provider to achieve their National Vocational Qualifications (NVQ) at levels two and three in social care. They had asked for the provider to support them to complete the next step which was level five in social care in the Qualifications and Credit Framework (QCF), although no decision had yet been made. Staff told us that supervisions were also used to remind staff of any outstanding training and arrange for its completion. They were also able to discuss any concerns or issues they had as well as their job role, health and well-being.

People told us that staff asked them whether they wanted support before it was provided. One person told us that sometimes they like to wash their hair themselves but other times they would want staff to assist them. They said that staff always asked them if they wanted their help before they provided assistance. One member of staff told us, "If they don't want to do anything you can't make them. Sometimes it helps if you word it differently to make sure people understand what you are telling them."

Staff told us that they had received training on the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They told us that all the people at the home were deemed to have capacity to make decisions about their care. However they were able to explain how decisions would be made in people's best interests if they lacked the capacity to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs are met.

Staff told us, and we saw records that showed that DoLS applications had been made to local authorities for some people as they were not allowed to leave the home unless supervised by the staff. However no decisions had yet been made on the applications. A doctor visited the home to complete an assessment of one person for during our inspection. This demonstrated that the provider understood and was fulfilling the requirements of DoLS.

People told us that they chose what they had to eat each week. They went shopping with the staff to buy the food. One person told us, "I get to choose what I want. We have a meeting to decide what to eat. My favourite is Chinese. I get it often." They went on to say, "If I want something to eat or drink I go and help myself." Another person told us, "I like shepherd's pie. We have it often." They also told us, "I can make drinks and snacks myself. It is just using the hob I have problems with. Staff help me when I use the hob." A third person told us, "I like meat pies. I buy pies when I go food shopping." A fourth person described their food as, "Nice."

Staff told us that people were encouraged to eat a balanced diet and we saw that fresh fruit and vegetables were included on the menus. People were encouraged not to have fizzy drinks and although biscuits, crisps and cereal bars were available for snacks, as were yoghurts and fruits, and people were encouraged to choose the healthier options. People accompanied staff to local shops to buy the food for the meals that they had chosen for the week and assisted staff to prepare their evening meal. Where able, people prepared their own lunch when at the home. Staff told us that there were processes in place to manage any concerns about people's dietary needs and referrals to be made to dieticians if this was required.

Good

Is the service effective?

We saw that people did not normally require assistance to eat, but when one person was struggling to eat their breakfast they were supported in a caring, dignified way until they had finished their meal.

Records showed that people were supported to maintain their health and well-being. Staff told us that they made appointments for people to attend healthcare services, such as GPs, dentists and opticians, and they always arranged for a member of staff to accompany people to their appointments. People's care plans identified any health issues that a person may have that may require particular vigilance by staff to maintain the person's health and well-being. One person had recently been discharged from hospital and staff carried out regular checks with them during the day to see how they were feeling and to monitor their recovery. On the day of our inspection one person had been supported by a member of staff on a visit to their optician. Staff also accompanied people to their hospital appointments and went with them when people were taken ill and were admitted to hospital.

Good

Is the service caring?

Our findings

People told us that the staff were caring. One person told us it was, "…like a family." They went on to say, "I like living here and the staff are nice." Another person said, "I love it here actually." A third person said, "The staff are lovely."

We observed staff interact with people in a caring way. We saw that they always spoke with people as they passed them and asked if they were alright or wanted anything. They clearly knew people's likes and dislikes and there was a very homely atmosphere. Staff were able to tell us of people's personal histories and the people and things that were important to each person they supported. They spoke with people appropriately, using their preferred names and re-enforced their spoken words with non- verbal communication methods when necessary. One member of staff told us, "Everyone deserves to be treated the best." They went on to say, "I take time to talk to people. It's important."

Staff took time to support people in the way in which they wanted to be supported. The relief support worker told us they had taken one person to a café in town for a second cup of coffee following an optician's appointment because the person enjoyed the experience of going to a café and wanted to repeat it, even though they were expected to return directly to the home. This showed that the support provided was determined by what people wanted rather than the task being undertaken.

People told us that staff always respected their privacy and dignity. They told us that staff always knocked on their doors and waited to be invited in. Staff were able to describe ways in which they protected people's privacy, such as ensuring that if someone is having a shower the door to the bathroom is kept closed, or if someone is getting dressed, the curtains in their room are drawn. They also went on to say that staff must protect people's personal information.

Information about the home and services available to people was accessible to them in an easy read format. People had access to an advocacy service and also a befriender service. One person's befriender visited them on a regular basis, whilst another person had an advocate, even though their relatives were actively involved in making decisions about their care and support needs. Staff told us that relatives and friends were able to visit at any time, but people who lived at the home tended to go out and visit their relatives.

Good

Is the service responsive?

Our findings

People told us that they were involved in assessing their support needs and staff respected their choices. One person told us, "We had a review meeting to discuss my care. My family, befriender and key worker comes." Another person said, "I decide what time I get up myself."

We saw that support records included personal information and reflected people's wishes. The plans included information on people's communication, behavioural and care needs and detailed how people wished to be supported in these. One person told us, "I chose to do drama. I go to college all day to do drama. It's an external course." Their support plans reflected their choice and identified the support that was needed to enable them to complete their chosen course. The records showed that people's support needs were reviewed regularly. People had regular meetings with their key workers at which goals to maintain and improve their independence were agreed and support plans amended accordingly.

People told us that they were supported to follow their interests and had meetings on a weekly basis at which they discussed the activities that they wanted to do. One person told us, "I go pony riding." Another said that they were going sailing. One person had just returned from a supported holiday as they had been unable to visit relatives over the holiday period. Another person told us that they loved colouring and showed us some of the pictures they had completed. People told us that they attended two clubs run by the provider on a regular basis. However, one person told us, "I did try [club night] but it was not for me. I am happy to stay in and go on my lap top. I go on [a video calling system], as it is better than being on the phone, with my family and befriender."

We saw that the menu for the week was displayed in picture form on a noticeboard in the kitchen. Staff told us that the pictures were used so that all people who lived at the home were aware of the choices available to them during the meetings when meals for the week were decided.

People attended college and also the provider's day centre where varied activities were available to them most days of the week. They also attended gatherings and parties in other homes run by the provider. This enabled them to increase their social contacts and reduce the risk of social isolation.

People told us that they could speak to staff or the manager about any issues at any time and also during the weekly meetings, at which people were given the opportunity to raise anything they wanted to. One person told us that the provider had agreed to their request for the refurbishment of their room as they had grown bored with the current colour and wanted it to be changed. The manager told us that the provider also held a meeting every two months, which they chaired and where representatives from each of their homes discussed matters that affected them all.

People were aware of the provider's complaints system and we saw that information about this was available in easy read format, as was a booklet that asked people if they were getting what they should from the provider. People said that they could discuss any issues with their key worker at their weekly meetings. One person told us that they had made a complaint once and were happy with the way in which it was managed. Staff we spoke with told us that they would assist people to make a formal complaint if they wanted to and one person had an advocate who would provide support if it was required. The manager showed us that complaints were recorded on the provider's centralised computer system and were managed through this with reminders being set automatically to ensure that the complaints were followed through. There had been no recent complaints recorded in respect of the home. The electronic system allowed the provider to analyse causes and trends for complaints if this was needed.

Requires Improvement

Is the service well-led?

Our findings

People told us that they had regular weekly meetings with the manager at which they discussed activities and menus. They were also able to talk about anything to do with the home and the staff. In addition the provider held bi-monthly 'Voices to be Heard' meetings with representatives from all their homes in the area at which people were able to discuss the provider's plans for the services. Two people from Hollycroft represented the people who lived at the home at these meetings.

The manager told us that the provider sent satisfaction surveys to relatives of people who lived at their homes. The results from these were collated centrally and feedback from them was used to inform future improvements.

The registered manager of the home left in October 2014. The provider was in the process of re-structuring their management positions and an experienced manager from another of the provider's homes was in post as interim manager of the home at the time of our inspection. People told us that they found the interim manager to be approachable. During our inspection we noted that the interim manager and senior support worker were approached by people on a number of occasions, which demonstrated that people had found them to be approachable and they had listened to them.

Staff told us that they were supported by the interim manager. They were aware of their roles and responsibilities and accepted accountability for their actions. The support provided by the staff to each person who lived at the home was recorded on the provider's computer records on a daily basis and could be accessed only by people authorised to do so. This meant that people's information was stored securely.

The senior support worker told us that the provider's visions and values were included in all staff's induction training. They were also discussed at staff meetings and reinforced through supervisions and other training such as, the Person Centred Active Support training they had completed. Staff we spoke with were aware of the provider's vision and values and told us that these were embedded into the way everything was done at the home. One staff member told us that the values were about, "…the empowerment of people" and "…their right to be fulfilled with what they want to do."

Minutes from staff meetings showed that these were also used to discuss ways in which services could be improved and learning from incidents that had occurred. Staff were encouraged to participate in the discussions and make suggestions for improvements. The meetings were also used to update staff on changes to the provider's processes and areas of best practice.

The manager told us that from November 2014, the provider had introduced a system for assessing and monitoring the quality of the service provided in which the manager completed an on-line self-assessment of systems within the home. This self-assessment included aspects of safety, effectiveness of the service including training, protection of people's dignity and privacy, communications with people and responding to concerns and management. The Regional Manager confirmed that the results of the self-assessment were discussed as part of the manager's supervision and appraisal meetings. The Regional Manager checked if the manager's self-assessment report reflected the standards within the service by completing an unannounced check of some of the areas audited. The Regional Manager confirmed that they also ensured action plans of any required improvement were written and followed. We saw the action plan produced following the November self-assessment.