

HF Trust Limited

HF Trust - Thetford Road

Inspection report

Thetford Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

HF Trust - Thetford Road is a residential care home providing personal care to up to 8 people. The service supported people with learning disabilities and autism. At the time of our inspection there were 8 people using the service.

People's experience of using this service and what we found

Right Support: Model of Care and setting that maximises people's choice, control and independence. There were safe staff recruitment procedures in place and staff had the necessary training on how to safely support people using the service. People's medicines were managed in line with current best practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, mental capacity assessments completed by the provider had not always included all the necessary information. Actions taken by the provider to address this gap will be reviewed at our next planned inspection.

Right Care: Care is person-centred and promotes people's dignity, privacy, and human rights. People were encouraged to access community independently and be active participants in the society. People's care and support needs were assessed, and staff did their best to meet them. People's care records were person-centred and up to date. However, risk assessments required reviewing making sure staff were provided with information in relation to the impact the identified risks had on people.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive, and empowered lives. There was a good leadership at the service. Staff knew people well and empowered people to make decisions about their care. However, communication with the healthcare professionals and the family members required improving to ensure good information sharing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 April 2019). You can read the report from our last

comprehensive inspection, by selecting the 'all reports' link for HF Trust - Thetford Road on our website at www.cqc.org.uk.

Why we inspected

This was a planned inspection based on when the service was previously inspected.

This was a focused inspection and the report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

HF Trust - Thetford 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

HF Trust - Thetford Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. HF Trust - Thetford Road is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection site visit because we needed to be sure that the management team would be available to support the inspection when we visited.

What we did before the inspection

We reviewed the information we held about the service including the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us

about by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 5 family members. We also spoke with the registered manager and 2 staff members who provided care to people. We contacted 3 healthcare professionals to find out their experiences of working with this provider.

We reviewed a range of records. This included people's care plans and risk assessments, medicines management procedures and staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people continued to be kept safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse.
- Family members told us that people were looked after well by the staff team. Comments included, "I trust the staff and I have faith in them" and "The staff are good at picking things up. They spotted that [my relative] was unwell."
- Staff were aware of the safeguarding procedure and the actions they had to take to keep people safe from avoidable harm. Comments included, "We make sure that residents and workers are safe and that everything is ok. If something is not ok, I would go straight to the [registered manager] to let know what is going on. I would go to the other managers or other organisations could be contacted, like police if the [registered manager] is not acting appropriately."
- There were no safeguarding concerns raised regarding the service in the last 12 months.

Assessing risk, safety monitoring and management

- People's freedom was not restricted because staff knew how to support them when people experienced emotional distress.
- Staff were knowledgeable about people's care and support needs and were able to recognise signs when people were feeling anxious about the changes in their routines.
- People had a range of risk assessments in place to guide staff on how to support people safely. Risks were identified and management plan was in place in relation to people's nutrition, activities, manual handling and health needs. However, people's risk assessments did not indicate the likelihood of the identified risks and the level of risks to people was determined considering the risk management plan in place. This meant that staff were not provided with information in relation to the impact the identified risks had on people.
- This was discussed with the management team who told us the electronic system would be looked into by the provider making sure all the information was recorded as necessary. We will check their progress at our next planned inspection.
- Risks were identified and managed in relation to people's environment and fire safety at the service making sure people were kept safe.

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 MCA 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 when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- MCA principles were followed where people didn't have capacity to understand and make decisions about safety risks. Staff used visual resources and the necessary time to help people with understanding, weighing up and remembering information. Best interest meetings took place where people were assessed as lacking capacity to make decisions in relation to their medicines and finances management.
- However, mental capacity assessments needed to be more specific including information on how the decisions were reached. The registered manager told us they were in the process adapting a new mental capacity assessment form which will be used to capture the missing information. We will check their progress at our next planned inspection.
- Staff followed the MCA principles when supporting people to make day to day decisions. Staff's comments included, "Everyone around here can make decisions it's just they need the right support" and "We will give [people] as much information as possible to choose from and ask professionals to help if needed." A family member told us, "The staff do an amazing job. [My relative] communicates his choices and staff understand [my relative]."

Staffing and recruitment

- The service had enough staff to support people safely.
- Although some family members noticed permanent staffing levels being decreased recently, there were no concerns raised in relation to people's safety. Family members comments included, "Great quality of life and good balance of activities" and "Quality of life, I cannot fault them, [name of the relative] loves the staff." Some people continued receiving 1 to 1 support to attend activities of their choosing.
- The service was in the process recruiting staff and they used regular agency staff who knew people well to cover shifts as necessary.
- Appropriate recruitment checks were carried out by the provider to ensure staff were safe to work with people. This included obtaining references, eligibility to work in the UK and Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely.
- People were supported to self-manage their medicines where they were assessed as being able to do so. A family member told us, "No problems with medication administration. Staff are good and keep to times specified for medication."
- Medicines administration records were appropriately completed, and staff were up to date with the medicines training. A staff member told us, "We make sure we wash hands, wear gloves and give the right medication, to the right person and the correct day. It is always two people that are giving the medication. The medication is always locked."

Preventing and controlling infection

- Staff followed good hygiene practices.
- Personal Protective Equipment (PPE) was used effectively and safely. A staff member told us, "When I give personal care and change pads I use PPE such as apron and gloves."
- The service had good arrangements in place for keeping premises clean and hygienic.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Appropriate actions were taken to address people's changing needs. This included a person being provided with travel training to ensure their safety in the community.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Staff protected people's rights and provided good quality care.
- Family members told us that staff were caring and kind towards the people they supported. Comments included, "The staff really care and are affectionate. The personal care is excellent for [my relative]" and "The staff are attentive [to the care needs of my relative]." A staff member said, "We treat people as family members and equally."
- Records included the support people required to plan and celebrate any cultural and religion activities that were important to them.
- People's independence was promoted to assist and improve the quality of their lives. People were accessing community independently and where they required some support, this was arranged for them. Staff were led by daily routines chosen by people, including when they wanted to get up or go to sleep at night.
- People received support to attend activities of their choosing and engage in working opportunities where they showed an interest.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The management team had a clear understanding of people's needs and oversight of the service they managed.
- The registered manager put people's needs and wishes first at everything they did. They said, "Our emphasis is that it's [people's] home and they do what they want. [People] have their own culture how they want to do this as they had been living together for some time now and they know each other well. They see it as their home."
- Staff felt well supported and listened by the management team. One staff member told us, "It is great, everyone is just amazing. The manager is good, understandable. It doesn't seem to be any problems here."
- The provider was in the process reviewing some of their out-of-date policies and procedures. We will review their progress at our next planned inspection.
- Feedback received from the healthcare professionals included that staff understood and knew people well. However, some healthcare professionals told us they sometimes had difficulties getting the management team to respond to their request for information promptly and changes to people's care needs were not always communicated to them in a timely way. Some family members had also noted communication gaps with the service. Comments included, "We do not get to know the new joiners" and "There is a lack of regular updates."

- This was discussed with the management team who told us they were aware about these concerns and already had an action plan in place to address this. This included having a newly employed deputy manager and key workers being more involved in communication with the healthcare professionals and family members. We will check their progress at our next planned inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff encouraged people to be involved in the development of the service.
- Regular residents meetings took place to discuss upcoming event and employment matters.
- People were encouraged to join and actively participate in the external provider's meetings aimed at discussing issues requiring actioning by the provider.

Continuous learning and improving care; Duty of Candour

- The provider had a clear vision for the direction of the service which demonstrated desire for people to achieve the best outcomes possible.
- Quality assurance processes were in place to monitor the care delivery. Regular checks were carried out at the staff and management levels to drive improvements in relation to health and safety and infection control at the service.
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. Records showed the service had notified and liaised with the local authority and CQC where there were concerns about people's safety.