

HF Trust Limited

HF Trust - Warwickshire DCA

Inspection report

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13 July 2016

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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?

Good ●

Summary of findings

Overall summary

This inspection took place on 12 and 13 July 2016. The inspection was announced 72 hours before to establish if staff and people using the service would be available to talk with us.

HF Trust - Warwickshire DCA is registered to provide personal care to people with a learning disability or autistic spectrum disorder. There were six people using the service at the time of our inspection.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager at the service.

People received support from a consistent staff team who understood their care needs. People knew the staff well and which staff member was going to support them at each scheduled visit. The support people received was from staff who cared and took time to understand them.

Staff we spoke with had received training in protecting people from abuse and understood their responsibilities to keep people safe and protect them from harm. Staff felt confident about reporting any concerns or poor practice to their managers.

Care plans included risk assessments for people's health and welfare. The plans were written with guidance for staff on how to manage identified risks, and were focussed on supporting people to take risks if they wanted to. Staff understood people's needs and abilities because they read the care plans and shadowed experienced staff until they knew people well.

Staff had completed training to support them in meeting people's needs effectively. This included training in medicines management so people could be assured they received their medicine from staff who had been assessed as competent to give medicines safely.

Staff understood and worked within the principles of the Mental Capacity Act 2005. Staff understood they had to respect the decisions people made if they had capacity. Relatives confirmed that staff supported people to make their own decisions, but were confident staff would also act in people's best interests if a need arose.

People were involved in deciding and planning what they had to eat, but staff encouraged people to follow a healthy eating plan. People were supported to access support and advice from health professionals on a routine basis as well as when sudden or unexpected changes in their health occurred.

Staff understood the ethos of the service was to provide support that enabled people to live as

independently as possible. Care plans included guidance for how staff should support people to maintain their dignity, choice, independence and relationships with others. People were supported to engage in activities and interests that were meaningful to them.

The management team provided good leadership and people who used the service found them approachable and responsive. Staff said they received good support from the management team. There were processes to monitor the quality of the service provided and understand the experiences of people who used the service.

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.

People received support from staff who understood their responsibilities to protect people from harm and cared about keeping people safe. People received care from a consistent staff team who knew them well. Care plans were written with guidance for staff on how to manage identified risks, and were focussed on supporting people to take risks if they wanted to. People received their medicines from staff who had been trained and assessed to give medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received appropriate training to help them undertake their work effectively. New staff received a comprehensive induction programme. Staff supported people to make their own choices and respected the decisions they made. People were supported to access a variety of healthcare services to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People received support from staff who cared and took time with them. Observations of staff assured the provider that staff were patient, caring and supportive in their interactions with people. Staff supported people to live as independently as possible. Staff ensured people had privacy and treated them with respect.

Is the service responsive?

Good ●

The service was responsive.

People had care plans which detailed the care and the support they needed and in a way they preferred. People were supported to engage in activities that were meaningful to them. Staff supported people to make complaints to ensure their concerns were listened to.

Is the service well-led?

Good 

The service was well-led.

People were satisfied with the service they received. Staff valued their role in supporting people to live as independently as possible and understood their responsibilities. Staff had regular meetings and felt confident to make suggestions about how the support people received could be improved. There were procedures to monitor and improve the quality of the service.

HF Trust - Warwickshire DCA

Detailed findings

Background to this inspection

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

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

The visit took place on 12 and 13 July 2016 and was announced. We gave the provider 72 hours notice we would be coming so they could make sure they and care workers would be available to speak with us. The inspection was conducted by one inspector.

Before the visit we sent surveys to people who used the service and staff. Surveys were returned from two people and eight staff.

During our visit we spoke with the registered manager and four care workers. We also spoke with four people who used the service and two relatives.

We reviewed two people's care plans to see how their care and support was planned and delivered. We checked whether staff had been trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with were confident the support delivered was safe and staff cared about people's safety. When we asked one relative if they thought their family member received safe care they responded, "Yes, because [person] would tell me if she wasn't and the staff are very good. They really chase it up that she is safe.I feel very secure in the knowledge that [person] is there." We observed three people interacting with staff. They had a good rapport with them and the interaction was relaxed and friendly.

People were protected from harm and abuse. Staff we spoke with had received training in protecting people from abuse and understood their responsibilities to keep people safe and protect them from harm. They also understood how to look out for signs that might be cause for concern. One staff member told us, "If you get to know people you notice any changes in their behaviour or demeanour. Most will tell you about any concerns they have." There were policies and procedures for staff to follow should they be concerned that abuse had happened. One staff member told us, "You would talk to your manager" and another said, "I would report it straightaway, even the smallest thing." The registered manager was aware of the safeguarding procedures and knew what action to take and how to make referrals in the event of any allegations being received.

The provider had a whistleblowing policy which staff could follow if they had any concerns about poor practice in the home. Staff were confident to follow the policy if a need arose. All the staff who responded to our questionnaire said they would feel confident about reporting any concerns or poor practice to their managers.

There were enough staff to meet people's needs, and ensure they received support from a consistent staff team who knew them well. One staff member told us, "It is the same staff circle going in." One person told us, "[Staff member's name] comes out on Monday." A relative explained, "There is a set of staff and they work on a rota. On a weekend [person] often has [staff member's name] with her and they go into town and she has a really good relationship with her." There was a vacancy in the staff team which the provider was recruiting to fill. The registered manager explained that they were recruiting above the hours required so there would be flexibility to cover any sickness and annual leave. In the meantime permanent staff were picking up extra shifts so the use of agency staff was not required.

As staff frequently worked alone, there was a lone workers policy and procedure to ensure the safety of the staff member and the people for whom they provided support. There was also 24 hour management support should staff have any queries or concerns. Some people also had a pre-programmed telephone in their home with large buttons and a 'care line' that they could use in the event of any emergency that occurred outside their scheduled visit times.

The provider had a recruitment policy that ensured all the necessary checks were completed before new staff started working for the service. This included Disclosure and Barring Service (DBS) checks and obtaining references to ensure staff were suitable to work with the people who used the service. The DBS is a national agency that keeps records of criminal convictions. A newly recruited member of staff confirmed

they had to wait for the checks to be completed before they were able to start work. The provider renewed DBS checks for all staff every three years.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written with guidance for staff on how to manage these risks, and were focussed on supporting people to take risks if they wanted to, rather than to remove them entirely. Risk assessments were also focussed on encouraging people to take responsibility for managing risk themselves. For example, although one person was able to travel on some journeys independently, there were plans in place to support them to manage their independence safely. One staff member explained, "We go to a place with [person] lots of times and then follow them before they can do the journey alone. They all know about the stranger danger situations." A relative told us, "They do so many risk assessments before they take any new experiences on."

The registered manager told us that staff and people were also protected from risks associated with the environment. This was because there was an independent risk assessment carried out to make sure the homes where people lived were safe.

We looked at how medicines were managed by the service. Staff supported most people to manage their medicines. Staff told us, and records confirmed they had received training to administer medicines safely which included checks on their competence. Care workers recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MARs were checked by care workers during visits and by the management team during spot checks for any gaps or errors.

Where people took medicines on an 'as required' (PRN) basis, for example for anxiety or agitation, plans were in place for staff to follow so that safe dosages of medicines were not exceeded and people were not given medicines when they might not be needed.

Is the service effective?

Our findings

People and their relatives were happy that staff understood people's needs and met them effectively. One person told us, "I like the staff we have got. They are very good and I'm happy about that." Another said, "They (staff) have to be trained to help us." A relative told us, "I think they look after [person] very well. it is a relief to us that they do manage [person] well." Another relative said, "On the whole they do seem a really caring, capable bunch of people."

New staff completed an induction when they first started working at the home. This included training and working alongside experienced staff. A staff member who had just completed their induction said, "I thought it was the best induction of any company I have worked for. I did shadow shifts which actually lasted three or four weeks. I also did different shifts at least two or three times before I was on my own." A relative told us, "When a new member of staff starts they always shadow someone else and they try and explain [person's] quirky ways so they can understand her better." The induction training was linked to the 'Care Certificate.' The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff told us they felt confident and suitably trained to effectively support people. One member of staff described the training as "quite rigorous" and went on to say, "We go on certain day courses and we do a lot of e-learning as well." Records showed that staff had completed training in areas specific to the needs of the people who used the service such as nutrition and hydration, enabling positive risk taking, positive behaviour support and choice versus duty of care. In responding to our questionnaire one staff member wrote, "We have access to outside training from our local college as well as having our own organisation courses to better our knowledge and skills to enable us to give the service we provide."

Staff received support from the management team through supervision and annual appraisals. Supervision is a meeting for staff to discuss and improve their practice, raise issues and access the support required to fulfil their role in a formal meeting. An appraisal is an annual meeting where objectives for the year are discussed and performance for the previous year is reviewed. At the time of our visit appraisals were due and the registered manager assured us these would be completed as soon as possible. Observations of trained staff supplemented the formal supervision process. The provider followed a model of 'Person Centred Active Support' (PCAS) which is a way of supporting people so they are engaged in meaningful activity and relationships. Periodic observations of staff ensured they continued to follow the PCAS model to add value to their everyday practice.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood and worked within the principles of the MCA. One member of staff explained, "They [people] can make decisions. They sometimes need guidance and to have things explained to them. You need to simplify it so they do understand it at all times." Staff understood they had to respect the decisions people made if they had capacity. They told us, "It is their right to choose. You can advise them, but you can't impose your views on them," and "It is making sure they know the ins and outs of the decision they are going to make without influencing them." When responding to our questionnaire one member of staff had recorded, "I feel that the people who use this service are well looked after, listened to and supported to make their own choices whenever possible." One person confirmed, "We make our own decisions about what we want to do."

Relatives confirmed that staff supported people to make their own decisions, but were confident staff would also act in people's best interests if a need arose. One relative said, "I don't think they would let [person] make a decision that was seriously not in their best interests." The registered manager told us if a person did not have the capacity to make a particular decision, it would be made in their best interests with the involvement of all the people involved in that person's care. They also understood that where any deprivations of people's liberty were identified, applications should be submitted to the Court of Protection. Nobody using the service had any restrictions on their liberty at the time of our visit.

People were able to prepare some of their meals independently such as breakfast and their packed lunches, however required assistance from staff in preparing their evening meals. People were involved in deciding and planning what they had to eat, but staff encouraged people to follow a healthy eating plan. For example, staff had helped one person to devise a pictorial prompt of healthy items to be included in their lunch box. One person had specific dietary needs. All the staff we spoke with understood what foods this person needed to avoid or eat sparingly to maintain their health. A relative told us, "[Person] has quite a complicated diet and they are very good on that."

People were supported to access support and advice from health professionals on a routine basis as well as when sudden or unexpected changes in their health occurred. One person was due to see a consultant and the registered manager spent some time reassuring them about the procedures to be undertaken prior to the visit.

Is the service caring?

Our findings

People told us the support they or their family members received was from staff who cared and took time with them. One person told us, "They are nice staff, very friendly." One person told us they liked the staff because, "I like people to talk to." When we asked whether staff listened to what they said, they responded, "Yes they do." A relative explained, "They (staff) just seem to understand [person] and her difficulties in understanding some things. They will try and explain in a way she will understand."

Staff were confident that people were seen as individuals and the service they received was caring. One staff member told us, "You have to take each person as an individual. They are all totally different." Another said, "I know the people I work with and every single one of us does care."

The registered manager and senior support worker regularly observed staff to make sure they were providing support that met people's needs. Records demonstrated that staff's interaction with people was an integral part of the observations. Comments included: "[Staff member] waited for responses, listened to what [person] was saying and gave choices. Very respectful at all times" and "[Staff member] listened and gave advice when asked....supported them to budget....gave them materials to help them to make choices." These observations assured the provider that staff were patient, caring and supportive in their interactions with people.

Staff understood the ethos of the service was to provide support that enabled people to live as independently as possible. In responding to our questionnaire, one staff member wrote, "The people we support are supported to be as independent as they possibly can and have a consistent staff team who knows the individuals really well." Another member of staff told us, "I've worked in this type of job for a long time and here they have freedom to make their own choices. They have as normal a life as you can possibly give them."

One person invited us into their home. They told us they were having a 'home day' which meant they were doing their washing and tidying their room. They made us a cup of coffee and with the support of the registered manager told us about some of the things they were able to do for themselves and where they needed guidance or support from staff. They showed us a copy of the staff rota and confirmed they knew which member of staff was coming to support them at each scheduled visit. Other people we spoke with were all able to tell us the names of the staff who assisted them which indicated that they knew them well.

All the people and staff who responded to our questionnaire confirmed that staff were introduced to people before they worked unsupervised with them. This ensured people's dignity was maintained.

Care plans included guidance for how staff should support people to maintain their dignity, choice, independence and relationships with others. For example, care plans were clear what people were able to do for themselves, where they needed prompting or reminding and where they needed the support of staff in a way that suited their preferences.

One person confirmed that staff were always polite and respectful. They said, "They talk to me nicely. They ask, would you like to get your files and they ask very politely." During our visit we saw people were treated with dignity and their privacy was respected. For example we saw that staff knocked before entering people's homes and asked people for permission before going into their bedrooms.

Is the service responsive?

Our findings

The service was responsive to people's social needs. Staff supported people to follow their interests and participate in activities of their choice. People we spoke with took pleasure in telling us about their busy days and their plans for the coming weeks.

Each person had chosen goals they would like to achieve such as going on holiday, visiting the theatre or going horse riding. People kept their own files where they were able to record their achievements. One person told us how staff supported them to go to a day centre and attend various groups they were a member of. They also went swimming regularly and had been taken to see a musical show at the theatre. Another person told us they were planning to have a tea party and were going to ask staff to help them make a chocolate cake. Another person told us, "I like going shopping, discos, fun fairs and to the pub." People also told us about their plans to go on holiday with staff support and how much they had enjoyed previous holidays. From what people told us it was clear they were supported to engage in activities that were meaningful to them.

Each person had a care plan which detailed the care and support they required and how they preferred to receive that care and support. The care plans were updated as people's needs changed. Staff we spoke with had a good understanding of people's personal preferences and individual needs. They told us that because they worked with people regularly they knew how people liked their care provided. Relatives confirmed that staff had a good understanding of their family member's emotional and physical needs.

Each day staff recorded handover logs for staff coming on duty which detailed people's personal care, activities, trips out, medical appointments and unusual moods or behaviours. The Provider Information Return told us, "Staff access the handover logs to ensure effective communication." Staff confirmed they read the logs so they could respond to people's needs effectively. One staff member told us, "I read the handover logs and communication book every time I come in."

Staff we spoke with told us they would take any concerns of people who lived in the home seriously and would ensure they were dealt with. One staff member told us, "I would give them a complaint form and help them fill it in if they needed help." One person had been unhappy about an issue involving another person. They told us the registered manager had helped them to make a formal complaint. We looked at the complaints log and saw that was the only complaint the service had received in the last 12 months and had been managed appropriately.

Relatives told us they were aware of the complaints procedure but had not had any cause to make a complaint.

Is the service well-led?

Our findings

People we spoke with were positive about the service they received from the managers and staff at Warwickshire DCA. One person told us, "HFT, they are very good, very nice, very friendly and very polite. I've no problems with that." One relative told us, "I'm extremely pleased with it. I feel very lucky." They went on to say, "I feel privileged to be part of HFT."

There was a stable management team with the registered manager supported by a senior support worker. We observed some warm interactions between people and the registered manager and senior support worker. A relative told us, "[Person] likes her [registered manager] and is always pleased to see her." This relative told us the registered manager had been particularly supportive when there had been some changes in the funding of their relative's care. They said, "[Registered manager] was excellent. She negotiated it brilliantly."

Staff valued their role in supporting people to live as independently as possible. When responding to our questionnaire one staff member responded, "This facility is run for the benefit of the people supported. The people we support are treated with respect and dignity. We are here to support independent living. That is what we do. Coming into this profession [number] years ago, I was surprised at the quality of care provision." Staff understood their responsibilities and felt competent in their roles.

Staff felt supported by the registered manager. One staff member wrote in our questionnaire, "I have worked for the organisation for many years and I feel valued and appreciated by my manager." However, staff acknowledged that since the registered manager had taken over the management of another home, her workload had increased and she was not at the service so often. One staff member said, "She is approachable and I could contact her where she is, but she is very busy." Another said, "I would like to see more of the manager, but it is not her fault." The PIR told us, "Appropriate delegation is actioned by the manager to overcome potential time constraints and empower staff." Staff confirmed the senior support worker was supportive of their work.

Staff had regular meetings and felt confident to make suggestions which they said the registered manager listened to. The minutes of meetings showed that discussions were focused on meeting the needs of people who used the service and that staff were involved in discussing actions that could improve the support people received. One staff member told us, "It is good because we can air things. Some people I work with, I am hardly ever on shift with so it is good to hear what they have got to say."

The provider had processes in place to recognise and celebrate the personal achievements of staff. Staff were rewarded for attaining higher qualifications in care and for length of service. One member of staff had recently attended the provider's annual awards evening in recognition of their personal development and outstanding practice. Another had been nominated for an award for the work they had done to obtain funding for a person who used the service to attend an art course and showcase their work.

The provider was a member of many nationally recognised groups and organisations for learning

disabilities. The PIR told us, "The home benefits from these connections as HF Trust disseminates best practice or research to managers." Locally the registered manager attended forums with managers of similar services in the locality. The service also had links with other providers within the area to enable people to access different groups or activities if they wished to.

Relatives and visiting healthcare professionals were asked their opinions about the service through questionnaires. These had just been sent out and one relative confirmed, "I have just done one." The responses to the last questionnaire were positive with comments such as: "We are happy with the care provided to our daughter" and "The staff support [person] well and are aware of her needs." The registered manager explained that questionnaires had not yet been sent to the people who used the service because they were working on a format that would be suitable for everyone. However, when asked if they had ever been asked their views of the service, one person confirmed, "They have in the past and I said it was all good."

The registered manager regularly checked the service people were provided to assure themselves it was of good quality. Each month an audit of the service was submitted to the provider. The responses from these audits assisted managers and staff to make improvements in the service and the support given to people.