

HF Trust Limited

HF Trust - Gloucestershire DCA

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection was announced and carried out on 23 and 26 June 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service.

HF Trust Gloucestershire DCA provides personal care and support to people with a learning disability and/or mental health needs to live in their own homes either on their own or sharing with others in supported living services. A supported living service is one where people receive care and support to enable them to live independently. People have tenancy agreements with housing providers and receive their care and support from HF Trust Gloucestershire DCA. At the time of our inspection 12 people were receiving support with their personal care.

The service was last inspected on 29 July 2014. At the previous inspection the service was rated as Good and there were no breaches of regulation.

There was a registered manager in post at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was caring and people and their relatives spoke extremely positively about the outstanding care they received. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and were able to describe what they liked to do and how they wanted to be supported. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence. People were supported to undertake meaningful activities, which reflected their interests.

The service was extremely responsive to people's needs. Support plans were person centred to provide consistent, high quality care and support. People using the service and their relatives were able to raise concerns and were listened to. Management and care staff had a good understanding of people's needs and wishes and consistently went the extra mile to communicate and support them effectively. Where it was clear people's needs had changed, the registered manager and care staff worked with the person and their family to check if the package of care needed changing to accommodate their additional care needs. Staff said the service was very responsive to their feedback.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment.

The service was not always responsible for people's accommodation; however we found they had ensured people's homes were safe and comfortable, through liaison with landlords and other relevant agencies. The

Care Quality Commission's role in these settings was to focus on the regulated activity of personal care and had no regulatory responsibility to inspect the accommodation. We saw that the provider had environmental risk assessments and a log of all maintenance records that had, or were due to be completed.

People were receiving effective care and support. Staff received training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA).

Staff told us there was an open culture and the environment was an enjoyable place to work. Staff were extremely passionate about their job roles and felt integral to the process of providing effective care to people.

Management and care staff had a good understanding of people's needs and wishes and communicated effectively to support them. Where it was clear people's needs had changed, the registered manager worked with the person, their family and health and social care professionals to check if the support needed changing to accommodate any additional care needs or reduced support. Staff said the service was very responsive to feedback.

The service was well led. Quality checks were occurring regularly and identified actions to improve the service. Staff, relatives and other professionals spoke positively about the registered manager. People's views were sought through care records, reviews, meetings and surveys. Systems were in place to regularly review and update records. People were actively involved in striving to improve the service and support provided.

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.

Medicine administration, recording and storage were safe.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

People felt safe and secure in the hands of their care staff.

People were kept safe as risks had been identified and were well managed in a way which promoted independence.

There were sufficient staff with the time, skills and knowledge to meet the needs of people. There were robust recruitment procedures in place.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and on-going support through regular meetings on a one to one basis with the senior support worker or registered manager.

People received good support to meet their healthcare needs.

People were supported with a varied and healthy menu and food and drink that met their individual requirements.

People made decisions and choices about their care. Staff were confident when supporting people who were unable to make choices themselves, to make decisions and best interests in line with the Mental Capacity Act 2005.

Is the service caring?

Outstanding ☆

The service was exceptionally caring and remains outstanding.

People were treated with dignity and respect. People expressed

great satisfaction with the care they received which was consistent and matched their needs. People and their relatives told us the care staff were dedicated and enabled them to live a fulfilling life.

People were supported to access the community and were encouraged to be as independent as possible. People were supported to maintain contact with family and friends.

We received very positive feedback about the support provided from people, their relatives and health professionals.

Is the service responsive?

The service was extremely responsive.

Staff delivered care in a person centred way and were clearly responsive to people's needs. People's care was kept under continual review and the service was flexible and responded to changing needs. People and their relatives were consulted regularly and heavily involved in the planning and delivery of care.

People were supported to follow their preferred routines and take part in meaningful activities. People were supported to further develop their skills so that their independence increased. Specific focus was given to getting to know each person as an individual. There was emphasis on each person's identity and what was important to them.

People and their relatives were encouraged to give their views and raise any concerns through a range of feedback implemented by the provider.

Outstanding 

Is the service well-led?

The service was well-led.

People and staff benefitted from clear, supportive leadership from the registered manager and provider.

A comprehensive range of audits monitored the quality of the service and the registered manager focussed on continual improvement and was never complacent about their successes.

There was a strong commitment to deliver a high standard of personalised care and continued improvement. The service was continually striving to improve, whilst always putting people at

Good 

the heart of the service.

HF Trust - Gloucestershire 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.

Prior to the inspection we looked at information about the service including notifications and any other information received from relevant agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection was completed on 23 and 26 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service. The inspection was completed by one adult social care inspector. The previous inspection was completed on 29 July 2014 and there were no breaches of regulation at that time and the service was rated as 'Good'.

During the inspection we looked at five people's care records and those relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision records and training information for staff.

We spoke with the registered manager of the service and seven members of care staff. We spoke to and visited 10 people who receive support in their homes. Not every person was able to express their views verbally or wished to engage with us. We therefore spent time observing care and the interactions between people and staff. This helped us understand the experience of people who could not tell us about their life in HF Trust Gloucestershire DCA or the support they received in their own home.

After the inspection we sought the views of four health and social care professionals and received feedback from three. We spoke to six relatives by telephone and emailed eight relatives and received two replies. These were all positive and gave us good feedback on how people were cared for at the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am really safe. I love living where I do". One staff member said, "People are 100% safe. In any situation if I needed to, I would contact a manager" and one relative said, "I feel relieved and relaxed that [The person] is well cared for and safe". People were asked regularly in discussions and through surveys if they felt safe. There had been no negative comments and people all said they felt safe. People, who were not able to communicate with us verbally, were comfortable and confident with staff. We observed people laughing and smiling with staff and other people using the service.

People's medicines were safely managed. People's medicines were stored safely and their medicines were given as prescribed. People were supported to take their medicines as they wished. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated people's medicines were being managed safely. One person had a protocol for support with their medication. This gave staff guidance on how to specifically support this person with their medicines. Staff were to prompt the person to put in a monthly prescription to the chemist and a prompt to collect when ready. Staff received training, observed other staff and completed a full and comprehensive competency assessment before being able to give medication.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed staff had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for six staff which evidenced they had been recruited safely.

Staff had been provided with training on how to recognise abuse and how to report allegations and potential incidents of abuse. Policies and procedures were available to everyone who used the service. An easy read safeguarding policy was available for people living in the service. Staff confirmed they attended safeguarding training updates. The registered and senior support worker had completed a more advanced safeguarding course with Gloucestershire County Council. The registered manager and staff recognised their responsibilities and, duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

The number of staff needed for each shift was calculated using the hours contracted by the local authority. People, staff and rotas confirmed there were sufficient numbers of staff supporting people. Some people needed additional one to one support either in their home or to access the community. Where this was the case this was provided for them outside the normal staffing levels. There was a system in place to ensure people would receive support in an emergency through a 24 hour on-call rota covered by senior managers. The registered manager and senior support worker would cover shifts in the event of staff sickness or annual leave.

Staff completed a six month probationary period where the provider checked if they were performing to a suitable standard. Shadow shifts were undertaken for newer members of staff so they could observe and

learn from more experienced members of the team. This process enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment.

People were supported to take risks to retain their independence and maintain their freedom. Risks were assessed, discussed and people were supported to manage these. We saw individual risk assessments in people's support plans such as; travelling alone, community access and using household appliances. The risk assessments we saw had been regularly reviewed and kept up to date. Each risk assessment gave a description of the risk, measures in place to minimise risk, required measures to lower the risk and a nominated person who would manage the risk. Staff told us they had access to people's risk assessments and ensured they followed the guidance in them.

Every person living at HF Trust Gloucestershire DCA had monthly fire checks in their own homes as well as watching a fire safety awareness DVD during tenants meetings every six months. The service also took part in fire safety awareness training which were 'fun days' provided by the local fire college. People had been provided with free home Fire Safety checks following recommendations from the last local authority quality audit. All staff had received fire safety training.

Is the service effective?

Our findings

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as; safeguarding adults, health and safety, first aid, food hygiene and fire safety. Other training courses were available to staff and included for example, dementia care, managing diabetes, infection control and mental health awareness. The registered manager showed us a system that was in place to show when staff required an update on specific training. One care staff member said, "I feel we have plenty of interesting and on-going training to keep us fully up to date with anything needed to do our job correctly".

All care staff completed an induction programme at the start of their employment. This included information on the aims and objectives of the company, policies and procedures, health and safety and how to support individuals effectively. A checklist was designed to support both the management team and the staff member. The registered manager told us all new staff were required to complete the Care Certificate. This is a nationally recognised qualification taken from the Care Act 2014 and is based upon 15 standards which health and social care workers needed to demonstrate competency in. A probationary review of newer members of staff was completed after six months of employment. We spoke to a newer member of staff at one person's home. They told us they were being shown the ropes by senior members of staff and were still learning. The staff member had started the care certificate and felt confident in supporting people.

Staff received supervision and an annual appraisal which enabled the registered manager to formally monitor staff performance and provide staff with support to develop their skills and knowledge. Supervisions are one to one meetings care staff have with their line manager. This was to ensure people continued to receive high standards of care from staff that were well trained. Staff had a formal supervision every few months and records showed that these had all been completed. One staff member said "I feel fully supported and we have regular supervisions in which any issues can be addressed". The registered manager stated that the service had an 'open-door policy' and staff were able to discuss any issues or concerns on a daily basis with the registered manager.

Care staff had received training on the Mental Capacity Act (2005) which enabled them to feel confident when assessing the mental capacity of people to consent to care and treatment. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. A best interest meeting with relatives and health professionals had been held in 2016 for one person whose needs had changed and, who was going to be moved into a different care setting. The outcome for the person was that they were supported in a different but familiar environment, surrounded by people and places they knew well in the short term until further assessments had been completed. One relative said, "The registered manager was so helpful in supporting this decision and we had meetings to discuss [The person's] future". Care workers demonstrated an understanding of the MCA and how it applied to their practice.

People's care records showed relevant health and social care professionals were involved with their care; such as GPs, dentists and opticians. We saw people's changing needs were monitored and health needs were responded to promptly. In each care and support plan, guidance for staff was clearly recorded for staff to follow with regard to supporting people to attend appointments and other specific information for keeping people healthy. One person said, "The staff will take me to appointments if I ask them too, I make my own appointments and they are really helpful". One member of the care staff said "One person can experience a rapid deterioration in their health and has had urinary tract infections in the past and two hospital admissions. To prevent this from happening again we routinely take a urine sample to be tested which has meant any issues can be treated and resolved quickly, avoiding further hospital admissions".

People were happy with the support they had to eat and drink. This support varied depending on people's individual circumstances and contract arrangements. Some people prepared their own meals and others had support from care staff to do this. People and relatives gave positive feedback about staff supporting them to eat a healthy and well balanced diet. One person said, "The staff will make me my food and I just let them know what I would like". One person had a menu plan on their fridge with a preferred routine of how the person liked to have their meal. [The person] was supported to put their meal on a plate and put it into the microwave and care staff would then set the timer correctly.

Is the service caring?

Our findings

People and relatives gave us positive feedback about the staff employed by HF Trust Gloucestershire DCA. One person said, "The staff are really friendly and helpful. They support me to look after my rabbit by making sure I buy what he needs and remember to feed and clean him". Another person said, "I've got a good quality of life and I have a car now so I can go places". One relative said, "The staff are brilliant, I'm so happy. Before, [The person] went to live there they weren't able to go out but now they are part of the community and staff are always there". Care staff spoke highly about the service provided. One said, "I have worked here over six years. I find the job to be varied, rewarding and fulfilling. We enable people to lead a life that we ourselves would like to live, including jobs, running of a home and a good relationship with the community". The registered manager said, "Here in Moreton I would not be able to deliver such a fab service, without a long standing and dedicated senior support worker to support and work alongside me, as well as a committed team of support workers who are very much the people that provide the actual 'hands on support'. I feel so lucky to have a knowledgeable, assertive, flexible and caring team of staff".

The HF Trust Gloucestershire DCA office is based in the centre of Moreton in Marsh within the tourist information building. The office was welcoming and friendly and was a hub for people and care staff to have a coffee and socialise. During our inspection four people who received support dropped into the office for a coffee, chat and to help with tasks such as; shredding and delivering rota's to people's homes which they told us they really enjoyed. One person who did the shredding said, "I come in every week and shred paper as I really like doing it. I can talk to care staff and I don't want to stop". Another person who delivered rota's to people homes on a weekly basis said, "It keeps me busy and I really enjoy it. I pick up the rotas from the office and it makes people happy and it's helpful". The registered manager said "These tasks give people a sense of purpose and they enjoy feeling part of our team. The office is a place for people, relatives and care staff to pop in and discuss any issues or just have a coffee and some company if they like".

Staff knew and responded to each person's cultural, gender and spiritual needs in a caring way. One person had been supported to attend the local Cotswold gay pride event with care staff that they trusted and wanted to join them. The same person was supported to attend another LGBT (Lesbian, Gay, Bisexual and Transgender) group. This gave the person the opportunity to take part in activities such as; camping, picnics, treasure hunts, canoeing and climbing with like-minded people and build relationships. We spoke to the person about the gay pride event and they said, "It was really good. I'd like to go again". We saw photos of the event and the person was happy, smiling and surrounded by new friends.

During our inspection we joined six people for lunch who received care and support from HF Trust Gloucestershire DCA. We sat and spoke with them about the care staff, the manager and how the service provided care and support. People were happy, relaxed and spoke positively about the service. People told us what support the care staff provided such as; cooking, cleaning and how they were supported to look after their pets and attend appointments. One person said "I live on my own and I'm happy being there. Care staff take me on holiday and they help me cook. They are really good at cooking and we try new things. The manager does shifts when staff are on holidays and she's lovely". Another person said, "They took me to the opticians and I now have special glasses and I can see better".

People and their relatives told us the care staff team were exceptional. People had a small team of staff who supported them. This ensured continuity and enabled the person to get to know the staff. People named staff they liked who supported them. One person said, "The staff are lovely. They never not turn up". We gained feedback from people and their relatives about how the registered manager and care staff went above and beyond what was expected of them. One staff member regularly visited their own family in York and would take one person with them in the car in their own time to visit their own family who lived in the same area. The person told us this was so helpful and meant they didn't have to use public transport and be alone when travelling. One relative told us about a difficult time in 2016 when their relative was having a social care review. They told us everyone had different views about where [The person] should live. They told us that the registered manager gave them their personal mobile number during that time so that if there were any emails or news about possible placements they were free to ring them. The relative told us this was much appreciated and they felt less anxious about the process. Another person was supported to go on a holiday to America which was their wish and we saw a written letter to the registered manager from this person requesting a certain care staff member to accompany them. This had been facilitated by the provider and the care staff went with them without overtime and sleep-in pay by the service. [The person] told us this was 'Amazing' and they would love to go again.

Staff understood the importance of promoting people's independence and support plans supported this to allow people to live as independently as possible. Staff knew people exceptionally well and understood the challenges each person faced when developing and maintaining their independence. Support was individualised and staff worked creatively to ensure solutions were found to any obstacles people faced to their independence. One person had recently moved into their own flat from a HF Trust residential home and this was described as a 'big achievement'. The person's support plan explained to staff how social isolation may be a problem in the short term for this person. A befriender sourced through the Cotswold friends volunteer group had been contacted by the registered manager to accompany the person every few weeks on outings such as rugby, cricket or a drink in the local pub. The person really valued this new friendship and this was reiterated when we spoke to the manager of the Cotswold friend's volunteer group.

The service had a drop in centre called 'day services' which provides courses, activities and is well connected at the heart of the local community. The registered manager told us that this was very successful and people could take part in activities such as; arts and crafts, cookery lessons, adult literacy learning courses and they often raised money for charitable events such as red nose day etc.

Another person was experiencing a decline in their verbal communication due to their recently diagnosed Lewy Bodies Dementia. In 2015 it became apparent to care staff that [The person] had a 'pre-existing' knowledge of Makaton, learnt many years ago prior to her joining the service. They were undergoing speech and language therapy which had encouraged them to rediscover and share their experience of Makaton with staff. It was felt that this would not only empower them but also be an additional communication support in the future, if and when their dementia progressed. The registered manager told us [The person] loves teaching her care staff new Makaton signs. Staff were committed to maintaining her communication so that she could remain independent and continue to make her views known.

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to, and when moving to HF Trust Gloucestershire DCA. Relatives told us they had been consulted and had been able to discuss their views with the service. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs.

People were confident staff supported them in a way which respected their privacy and maintained their dignity. One person said, "The staff show respect and always ask me how I like things to be done". Staff we spoke with understood their role in ensuring people's needs were met in this area. Staff were trained in dignity and respect.

The registered manager spoke about the importance of providing quality end of life care. They said, "We always do our best for people at the end of their life". One person had an end of life plan with their support plan and this noted specific wishes about how they would like things to be. This included preferences, beliefs and evidence of family and friends inclusion. A calendar had been designed and produced by people using the service in memory of one person who had passed away in another HF Trust residential home. Monies raised from the calendar were donated to charity. A tree had also been planted in their memory so people could visit, reflect and remember. Counselling had been offered for people supported by HF Trust Gloucestershire DCA for those that knew the person who had passed away. Supporting people with loss and grief was an important subject the registered manager told us. An easy read booklet was available for people to be able to understand how they might be affected by death and an understanding of the grief process. One person had suffered a loss of a parent recently and when we read through the daily notes for this person it was evident that staff had provided positive care and support during a difficult time. Staff were able to describe how they asked relevant questions and respected this person's wishes and supported them to make their own decisions about how they wished to pay their final respects. When we spoke to [The person] they told us that care staff had really helped them through this time.

Is the service responsive?

Our findings

People were supported by care staff who often went the 'extra mile' for them to ensure they had outstanding care. This was evident throughout our inspection. There had been many compliments about the care staff from people, relatives and health professionals. One person said, "I feel so lucky. They really, really help me". One relative said, "The staff are brilliant, I'm so happy. I cannot say anything bad and can't fault them in any way". Another relative said, "The staff are very dedicated". One health professional said, "I have not had much contact with HFT recently but the majority of my previous contact has been very positive, I generally find that the staff approach is caring and compassionate and the organisation does a lot of proactive work with the people they care for to engage them in meaningful activities and provide a purpose to life. They generally use the support offered to them by external organisations such as the community learning disability team (CLDT) appropriately and will often seek advocacy support for clients when it feels it could be helpful".

People told us the service encouraged them to be as independent as possible. People we spoke to were supported by staff to gain paid or voluntary employment. Seven out of 12 people receiving support from the service had regular jobs. One person said, "I love going to work. I get to meet lots of people and I also get paid too. I work two days a week, it's really good". We received feedback from three of the employers. One employer wrote to us and said, '[The person] is a real asset to our complex. Some of our elderly residents are quite lonely and so it is helpful to their well-being to have [The person] with us. They are so friendly and chatty and have a lovely sense of humour. We all look forward to [The person] coming and miss them if they are unable to come at any time. We hope that [The person] also gains from the experience with us. Long may the arrangement continue'. Another employer said, "[The person] is hard working and conscientious in their job, with a smile that brightens the place". Another employer told us that one person has worked for the company for over 12 years and that many years ago they would be anxious, tense and often flustered. In recent years they have seen a huge improvement in their social skills and now are polite, courteous and a joy to have around. The registered manager and one relative told us that another person was having discussions with care staff about a part time job. This was something they had always really wanted and interests, choices and areas of expertise were being explored for them. Their relative told us, "This will be really positive for [The person]. It's great".

HF Trust Gloucestershire DCA had identified that some people may feel lonely or isolated. The people who received less than 20 hours support per week were asked to fill out a questionnaire. This was to see if people felt lonely, isolated or required more support or social interactions. The questionnaire asked people how often they went out, what they would like to do, if they had some friends or felt alone, if they liked being alone and if there was any more social interaction required. The questionnaires gave the registered manager feedback for those people who felt alone and the service were able to seek extra support through local groups, volunteers or befrienders. The service had also introduced a thoughts and feelings questionnaire for people to fill in about one member of care staff in each questionnaire. This gave the registered manager informative feedback about the care and support provided. These were in an easy read format and were pictorial with a yes, ok or no answer if people had difficulty with writing so it was easy for people to fill them in. The questionnaire gave feedback on areas such as; how they are spoken to by staff, how they are

supported and any areas for improvement. One person's questionnaire stated they are now able to manage finances better and have learnt to keep receipts as one member of staff had supported them in this area.

The service found creative ways to ensure people could understand important information. This enabled people to have the knowledge and skills to keep safe, be actively involved with their care planning, contacting others more easily and understand potentially difficult subjects such as grief and loss. The provider had introduced various easy read formatted documents and guidance so that people who used the service would be able to understand them. We saw evidence of support plans, care staff rota's, activity plans, and tenants meeting minutes and relevant policies and procedures in an easy read format. Many of these were pictorial and people showed us them when we visited. An easy read DVD on fire safety had been produced along with the local fire service to show people how to keep safe. Examples of some of the policies in an easy read format were; HFT's commitment to partnership and care staff's promise to you and your family, bereavement and what this means, keeping healthy when it is really hot and mobile phone and smoking policies. This meant that people could access important information in a way they could understand. One person had been given an easy read hands free telephone to use. This had larger numbers and people's names in large text so that it was easier to read. We saw a photograph of the person using the phone with a big smile and happy with their new piece of equipment.

People were at the heart of the service and the service was person centred. People were involved on the panel when interviewing new staff. The registered manager told us this made people feel important and they gave their feedback verbally on how the interview went and this would be taken into account when decisions were made. One person visited the office weekly and every time they would remember or create a new word which was written down. A word file had been introduced and care staff would try to remember the word and the meaning. When we visited this person in their home they told us about the words and said it was 'fun'. The registered manager showed us how the person enjoyed this fun activity by remembering some of the older words and said, "I now have a whole new language which [The person] really enjoys testing on me".

Each person had a support plan and a process in place to record and review information. The support plans detailed individual needs and how staff were to support people. Each support plan gave staff guidance to support people in specific areas, such as; personal care, communication, mobility, support needs and included a one page profile including likes and dislikes. One person liked to be included in conversations and having their hair washed. The same person disliked noises and bright lights. This gave staff the information to be able to support people effectively. People also had a decision making pathway for making specific decision. One person had decided they wished to go on holiday to York with two care staff who they liked. The decision making pathway explored areas such as finances, reflective questions and explored the pros and cons of the idea. One staff member said, "I tend to do a lot of decision making pathways for different areas such as; outings, large item spending, holidays etc. down to the colour of bedding people may like. It's important for people to have choice in what they do and want".

People and staff attended regular team meetings every other month. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these had taken place regularly. People were invited to attend the 'Voices to be heard' meetings which were held every month. The meetings had different topics every month and the minutes from the meeting in June 2017 showed us that 'hate crime' had been a topic of discussion. People were asked what they understood and watched a DVD which showed them how to stay safe. People were given easy read leaflets on safeguarding and keeping safe online to take away with them.

We found staff were highly motivated and inspired to offer care that empowered people to access the

community and have an exceptional quality of life. People and relatives spoke to us about activities they enjoyed doing and how the staff at HF Trust Gloucestershire DCA would support them to access the community. One person said, "I used to have staff support me but now I can go by myself. I feel much better by myself". One person had written their own risk assessment for going to a local bird sanctuary with their boyfriend. The risk assessment was in an easy read format and was pictorial. It gave risk factors and solutions for minimising risks if they missed the bus or got separated from each other. [The person] had found an area to meet with their boyfriend if they got lost. [The person] said, "I like going to Birdland as we have passes and we go on our own now. It means we can spend time together safely". Another person told us they visited day services at the local council offices where they run coffee mornings and do arts and crafts. Other activities people liked to do were; watching rugby, football, bird watching and shopping. Every person we spoke to had busy and fulfilling lives with lots of social interaction. The registered manager told us this was maintained by knowing people well and having a structured and effective staff team whose main focus was making sure people led independent, active and social lives.

Staff confirmed any changes to people's care were discussed regularly through the use of the shift notes and handover checklists in place to ensure they were responding to people's current care and support needs. On visiting one person's home we saw a handover checklist which showed a psychiatry appointment that had been made for them in September 2017.

People, relatives and staff were aware of who to speak with and how to raise a concern if they needed to. There had been no complaints since our last inspection. One person said, "I would go to the manager if I needed to. The manager always listens to us and tries to sort things out for us". Another person said, "The manager is lovely and helps us all out". One relative said, "The place runs much more smoothly now. There was a change in the policy and now there are no communication problems. The manager is available and helpful". Another relative said, "There was a small issue a few weeks ago and it was dealt with straight away. I have no concerns".

Is the service well-led?

Our findings

People, relatives and staff told us they felt well supported by the registered manager and provider. There were many positive comments about the overall leadership of the service by people, relatives and health professionals. Staff said they felt valued and their work was appreciated. One person said, "It's great and we can always go into the office and have a chat". One staff member said, "The registered manager and senior support worker are always on hand in case of queries and are happy to help. One health and social care professional said, "They are professional and always seek support when needed".

An inclusion report completed in January 2017 by a social care professional stated 'We thought that people seemed happy, content and comfortable in their homes. People said they were happy and felt well supported by the staff and registered manager. The manager was very supportive of the quality checking process. The provider places a value on people's independence and ability to take ownership of their own lives and the support they need. The support is adjusted to each individual's needs and changes are made where needed. People's lives did not seem constrained by the needs of the service, but they were able to live and express themselves, do the things they wanted and have support where and when it was needed'.

A strategy review and action plan was in place for 2017 to strive to improve the service. This document reviewed areas such as; person centred care, specialist skills, creative solutions working with families and other partnerships, choice, communication, health and well-being, personalised technology and personal growth. The review showed what already existed within the service in these areas and the action plan gave specific examples of how the service could be improved. Some examples of improvements were to refresh stranger danger training for people by using links with the police force, look into dementia friendly gadgets for those who lived with early onset dementia, partnership working with the local GP surgery about learning disability reviews and staff completing national vocational qualifications. The registered manager told us this was a helpful tool to improve outcomes for people and helped staff to look at these areas in a more person centred way.

Regular audits of the service took place. This included daily, weekly and monthly audits by the registered manager. During the audits support plans were reviewed and updated. Examples of areas that were also checked were; health and safety, the premises, people's care files and medication. The audits were used to develop action plans to address any shortfalls and plan improvements to the service.

The organisational records, staff training database and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Guidance documents for staff were detailed and were kept all in one place making it easier for them to be accessed. Examples of these included a lone working policy and shift related work schedules. All policies had been updated.

The registered manager felt fully supported by the provider who would visit the service and quality assure their systems, processes and records regularly. The registered manager told us there was a clear line management process and they could contact senior managers if needed and they would support them.

Feedback from people and relatives was actively encouraged. Satisfaction surveys were due to be sent in July 2017 to people who were supported by HF Trust Gloucestershire DCA. People were encouraged to give ideas and share their views in the 'Voices to be heard' meetings. People told us they felt listened to. The minutes from June 2017 stated that some people were going to attend the HF Trust divisional meeting which was an opportunity for people to share their views with the provider and be a part of decisions for the future. Feedback questionnaires were sent to relatives every year and this was due to happen soon after our inspection. The registered manager told us this was a way of listening to others and improving the service where possible.

A review of the accident and incident reports showed the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of people or affects the whole service. Incidents and accidents were analysed to identify themes or trends so that preventative action could be taken.