

HF Trust Limited

HF Trust - Cornwall DCA

Inspection report

Bess Park Road
Trenant Industrial Estate
Wadebridge
Cornwall
PL27 6HB

Tel: 01208815614
Website: www.hft.org.uk

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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?	Outstanding ☆

Summary of findings

Overall summary

About the service: HF Trust – Cornwall DCA provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. The service's office is based in Wadebridge and the supported living settings for people receiving personal care are in St Austell and Wadebridge. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. On the day of the inspection 17 people who needed support with personal care were using the service.

People's experience of using this service: People were supported to develop and maintain their independence and have choice and control over their daily lives. Staff supported people according to their individual preferences and needs. There was a drive to deliver person centred care which focused on getting the best outcomes possible for people.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; independence, choice and control over day to day routines and inclusion and involvement in the local community. People's support focused on them having as many opportunities as possible for them to gain new skills and develop and maintain their independence.

People were supported in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff told us they were well supported through supervision and staff meetings. They commented on the availability of registered managers for support, advice and guidance at all times. Training covered a wide range of areas and was regularly refreshed. Staff were able to request additional training to meet people's specific needs.

Where restrictions had been put in place to keep people safe this had been done in line with the requirements of the legislation as laid out in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. Any restrictive practices were clearly recorded and regularly reviewed to check they were still necessary and proportionate.

People were involved in planning their care and decisions about how care was delivered. Easy read information was provided to help people make informed decisions. Where necessary other supporting information was provided such as visual and audio materials. We observed people were in charge of their routines and were able to request support when they needed it.

The service was exceptionally well-led. Staff told us they enjoyed working at the service and that HF Trust was an excellent organisation to work for. Staff were encouraged to develop their skills and contribute to the running of the service. The registered managers were enthusiastic and keen to share their experiences with us. They had high expectations for people and this was shared with the staff team.

At our previous inspection the service was rated Good. (Report published 27 September 2016)

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was exceptionally well-led.	Outstanding ☆

HF Trust - Cornwall DCA

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by one adult care inspector.

Service and service type: HF Trust – Cornwall DCA is a supported living service for people with a learning disability. There were five supported living settings where people were receiving personal care, two in the St Austell area and three in Wadebridge. Four of the settings were based in small houses and one was in a building which contained self contained flats for one or two occupants. Each of the settings had a sleep in room for staff. General administration was carried out at the HF Trust office in Wadebridge.

The service had three managers registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. One of the registered managers had responsibility for overseeing a supported living service for people who did not require personal care and so we did not need to speak with them as part of this inspection.

Notice of inspection: We gave the service notice of the inspection visit in line with our methodology for inspecting this type of service.

Inspection site visit activity started on 6 February 2019 and ended on 7 February 2019. We visited the office location on 6 February 2019 to see the manager and office staff; and to review care records and policies and procedures. We visited people in their homes on 6 and 7 February 2019.

What we did: Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and accident and incidents. The provider completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we met with five people who used the service. We spoke with the senior regional manager, two registered managers and five support workers.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with.
- Team meetings were used as an opportunity to discuss safeguarding processes.
- Staff supported people to make informed choices in their personal lives. People were encouraged to discuss how to keep themselves safe and recognise when they might be at risk.
- People were relaxed and at ease with staff and each other. They were clearly comfortable approaching staff and spending time with them. We asked one person; "Who is in charge here?" and they responded, "I am."

Assessing risk, safety monitoring and management

- When people had been assessed as being at risk, staff had clear guidance on how to minimise the risk while allowing people to remain as independent as possible.
- Personal Emergency Evacuation Plans (PEEPs) were in place outlining the support individuals would need if they had to be supported to leave the building in an emergency.
- There were robust systems for keeping people's money safe. Running totals were kept showing how much money each person had available. Financial records were audited monthly by a HF Trust employee from outside the service.
- Safety checks on equipment, utilities and fire safety were carried out regularly by staff and external contractors.

Staffing and recruitment

- There were enough staff available to support people according to their needs and individual preferences. Some people had complex needs and it was particularly important they were supported by staff who knew them well. Where it had been identified as necessary, core teams had been developed to provide a consistent approach.
- Internal bank and regular agency staff were available to cover any gaps in the rota. We reviewed staffing rotas which showed all shifts were covered as planned. The staff team was stable and some had worked for HF Trust for a number of years. Any vacancies were largely due to people's needs increasing.
- Recruitment was ongoing and people were included in the selection process. Easy read feedback sheets

had been developed to enable people to contribute to decision making around recruitment.

- Background checks were completed before new staff started working at the service.

Using medicines safely

- Medicines were stored, recorded and administered safely. Medicine Administration Records (MARs) were completed in line with best practice guidelines.
- Some people were able to self administer their medicines with limited support and this was encouraged. Risk assessments had been developed to support this practice.
- Staff were able to describe the action they would take if they identified a medicines error.

Preventing and controlling infection

- Staff had completed infection control and food hygiene training. Personal protective equipment such as aprons and gloves was available for use when supporting people with personal care tasks.

Learning lessons when things go wrong

- Any accidents and incidents were recorded and highlighted to registered managers and then the senior regional manager. The senior regional manager audited the records each month to identify any trends or patterns.

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to help ensure their expectations could be met.
- Technology was used to improve people's experience and support independence. For example, sensors and monitors were used to enable people to have privacy while allowing staff to check on their safety. Kitchen equipment such as one cup kettles and easy cutter knives were available. One person had a personal alert system to remind them to take their medicines.

Staff support: induction, training, skills and experience

- Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate. All new staff shadowed more experienced staff before starting to work unsupervised. Staff competencies and confidence were assessed when they started work and after a six-month probationary period.
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs. The training was regularly refreshed and staff told us they could request extra training if necessary. One member of staff commented; "HF Trust are really good for training."
- Regular supervision sessions were arranged when staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to eat a varied and healthy diet. One person had chosen to join a slimming club and staff were supportive.
- Some people needed their food or drinks prepared in specific ways due to a risk of choking. This was clearly recorded and we observed a member of staff preparing one person's drinks according to their care plan.
- A member of staff was preparing a case study on the importance of healthy eating which they would be presenting at a team meeting. They told us this was a valuable opportunity to learn new information and share and discuss it with their team.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was evidence to show the service worked with other agencies to help ensure people's needs were met.
- People had routine and annual health checks and were supported to attend well woman/man checks.
- When people needed to have invasive health checks the service worked closely with relevant professionals to help people understand the procedure and the value of having it.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Some people were subject to, or had been subject to, Court of Protection orders. The responsibility for applying for these lies with the local authority. The service was working closely with the local authority to ensure applications were made appropriately.
- Some people had restrictions in place to keep them safe. These were well documented and there was evidence to show decisions to impose restrictions had been made in people's best interests in line with the legislation.
- Any restrictions were regularly reviewed and removed when it was considered safe to do so.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- Staff were positive and affirming when they spoke to us about individuals who used the service. They recognised that people could sometimes find it difficult to express and manage their emotions and were empathetic and understanding in their approach.
- Care plans contained information about people's abilities and skills. Staff took a pride in people's achievements and were keen to talk with us about this.
- Someone living at one of the supported living settings had passed away not long before the inspection. Staff had arranged a memorial event where people were encouraged to remember the person. Some people needed additional support and external bereavement support was being arranged.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their day to day care and routines. Staff respected when people indicated they were ready to move on to a different routine. One member of staff commented; "It's all led by [Person's name]."
- House meetings and individual meetings with key workers were used to gather people's views.
- Each month key workers spent time with people to set goals for the month ahead. For example, one person had expressed a wish to change the colour of their hair. Staff had gone with them to buy some hair dye in the colour of their choice.
- Not everyone used words to communicate. Staff were able to describe how they engaged with people. For example, a member of staff told us; "It's getting to know the different smiles, different looks. What means, 'I'm OK' or 'I'm Ok but..' You get used to judging and it can change so quickly."

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of people's privacy and dignity and supported people to respect each others space's. Confidential information was kept securely.
- There was a strong emphasis on the importance of helping people develop and maintain their independence. This was evident in all aspects of people's lives. For example, people were able to have some control over their medicines, money and completing some of their own records such as recording what they had eaten. Staff were working with one person to help them develop the skills necessary to be able to visit a local shop independently.

- One of the supported living settings was a group of self-contained flats within one building. Each person had their own key to their individual flat.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were detailed and contained information which was specific to people's individual needs. Where routines were important to people these were clearly described. Some people preferred to have a more flexible approach to life and this was acknowledged and supported.
- People took part in their local community and used nearby facilities. For example, people used the local cinema, slimming groups and a dance group. One of the registered managers told us the community was supportive and people were well known.
- One person had a voluntary job and staff were supporting them to move into paid employment.
- One of the registered managers had secured an allotment and was very enthusiastic about this. They told us this would support people to exercise, eat well and become involved in a community based resource. It was hoped that any surplus produce could be sold at a local market.
- Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. When people needed additional monitoring, this was recorded.
- Monitoring records were used to identify when care and support could be delivered differently in order to better meet people's needs.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. For example, hospital passports contained guidance for hospital staff on how to communicate with people.

Improving care quality in response to complaints or concerns

- Easy read complaints forms had been developed to help people if they needed to raise an issue. There were no ongoing complaints at the time of the inspection.
- We asked people what they would do if they were worried or unhappy and they told us they would speak with staff. Some people were able to name particular members of staff they would be comfortable talking to.

End of life care and support

- End of life plans were in place and people were encouraged to think about and discuss what they would like to happen at this stage of their lives. Not everyone was willing to take part in these conversations and this was respected.

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

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff were unanimously positive about the management of the service. They told us the registered managers were approachable and always available for advice. We found registered managers were knowledgeable about all the people they supported and had high expectations for them.
- The registered managers were aware of, and took into account, people's changing needs as they grew older. They recognised when things that had previously worked became less relevant and made changes to people's support while striving to enable them to retain their independence.
- Staff also spoke highly of HF Trust as an organisation. They told us there were clear visions and values in place focusing on community inclusion and supporting people to live fulfilled lives. These themes were communicated to them through emails, newsletters and meetings.
- Throughout the inspection we heard how people were supported to be part of their community, accessing facilities regularly and developing new opportunities. For example, the securing of the allotment referred to in Responsive was seen as a chance for people to start taking part in local markets.
- Managers across HF Trust services in the region carried out six monthly observations at a service other than their own. The observations focused on the use of Person Centred Active Support (PCAS). HF Trust defines this as, "A way of supporting people so they are engaged in meaningful activity and relationships as active participants." One of the managers told us; "It's a chance to see the service through someone else's eyes."
- The management team were creative when identifying how they could support people meaningfully and improve their experiences. For example, one person had a love of dogs and the registered manager had introduced them to their own dog. The person chose not to use words to communicate and so the registered manager was training their dog to respond to a whistle.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Roles and responsibilities were clearly defined and understood. Registered managers were supported by

senior care workers with responsibilities for overseeing specific supported living services on a day to day basis. Key workers had oversight of named individuals care planning. Members of staff were given a set of specific responsibilities at the beginning of the week including vehicle checks and room checks.

- Staff told us they were encouraged to develop their skills and learning. One of the registered managers spoke to us about the importance of supporting staff in their personal development and career progression. It was evident staff were valued. For example, one of the managers told us how impressed they were with a member of staff and how they would encourage them to further their personal development within the organisation. They told us; "We don't want to lose staff like that."
- The registered managers and senior care workers were aware of their regulatory responsibilities. Notifications were made appropriately.
- Regular audits of all supported living settings took place and these were supported and overseen by the senior regional manager. The senior regional manager also carried out monthly audits at each of the supported living services. The registered managers told us this had been extremely useful. One commented; "He sees stuff I haven't seen." Action plans were developed to address any shortcomings.
- The registered managers told us they were well supported by the senior regional manager who they described as; "Honest, direct and fair."

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

- People's views and that of their relatives, were regularly sought out. Questionnaires were circulated to all stakeholders annually. The results of the survey completed in 2018 had been positive across all areas.
- Consideration was given to the support people would need to have meaningful involvement. People had access to easy read tenancy agreements. Following any breach of the tenancy, easy read letters were sent to people to explain what had gone wrong and the likely consequences.
- Easy read capacity assessment questionnaires had been developed to help staff decide if people were able to make decisions in relation to specific areas such as money.
- Regular house meetings were held for people to raise ideas and concerns.
- One person was a representative on HF Trust's self-advocacy group, Voices to be Heard.

Continuous learning and improving care

- There was a drive to continually improve the service. For example, following a number of medicine errors involving short term medicines, changes to how these medicines were recorded as being administered had been introduced. We were told this was, "Working well."
- The management team recognised when external factors were impacting on people's well-being and took action to make changes. For example, people had reported they sometimes felt nervous when entering and leaving one of the supported living services. The registered manager had asked for CCTV cameras to be installed in the area to help people to feel safer and this was being progressed.
- Monthly manager meetings were held for all registered managers working in the region. These were an opportunity to share learning and reflect on working practices. For example, managers used real life anonymised case studies to discuss what worked well and what could be done better.
- Staff had access to an internal Positive Behaviour Support (PBS) trainer if they were finding it difficult to support people. The trainer provided training which was designed to develop care and support specifically for the individual. The registered managers told us they were able to request this support at any time. For example, when one person had started to act in a way which staff found difficult to manage the PBS trainer had worked with the staff team to develop a PBS support plan which would meet their needs.

Working in partnership with others

- Research has shown that people with a learning disability are more likely to be overweight due to poor diet. HF Trust – Cornwall DCA were working with Lancaster University to develop a tool to use when recording what people were eating and drinking. This could then be used when people had been identified as being at risk.
- HF Trust were signed up to STOMP, a national campaign to reduce the use of medicines used to manage people's behaviour. The management team at HF Trust – Cornwall DCA clearly identified who was using these medicines and when they were due for a medicines review. We looked at these records and saw only one person was prescribed these medicines. The registered managers told us part of their on-call duties was to authorise the use of these medicines but they were rarely required to do this as staff were able to support people using PBS techniques.