

HF Trust Limited

HF Trust - Kingston DCA

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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

About the service

HF Trust - Kingston DCA is a domiciliary care agency that provides personal care and support to people living in their own homes and flats. At the time of our inspection, 13 people were receiving personal care and support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support: Model of Care and setting that maximises people's choice, control and independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People and their relatives were complimentary about the care and support provided. Comments included, "I am very content with how the home looks after [person]. Her personal care is excellent" and, "Good staff, easy to talk to and I have found them very helpful."

People were protected from risk of avoidable harm and abuse. Staff understood their responsibilities to identify and report abuse to keep people safe. Risks were identified and managed which enabled staff to deliver care safely.

Sufficient numbers of staff were allocated and met people's care and support needs. Relatives told us, "[Person] is always well groomed" and, "[Person] is always well dressed, all her clothes are clean."

Medicines management complied with best practice and guidance. Infection control and prevention

practices and including those associated with COVID-19 were effectively followed to minimise spread of disease and contamination. Staff learnt from incidents and accidents.

People were cared for by staff who were suitably recruited, trained and supported to meet their needs. People received healthcare services when required. A relative told us, "Staff contacted the doctor recently when [person] had an infection and then called me."

People enjoyed positive and meaningful caring relationships with staff who provided their care. Relatives commented, "[Person] has carers who have his best interest at heart" and, "Everyone seems very cheerful and caring, it's a very happy house."

People were supported in a manner that respected their dignity and privacy. A relative commented, "Carers are responsible, easy going, whilst still being professional." People consented to the care and support provided. Staff encouraged people to undertake tasks they were able to do for themselves, to be as independent as possible and to make choices about their daily living.

People underwent an assessment of their needs and received the support they required. Staff worked closely with healthcare services in a timely manner when people's health conditions declined. Care and support plans were reviewed to reflect changes to people's health. The registered manager ensured staff had guidance on how to support people to meet their needs. People knew how to make a complaint when they were unhappy with any aspect of the service.

Checks and audits identified shortcomings to care delivery. Improvements were made when needed. People, staff and relatives said their views about the service were sought and valued.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

HF Trust - Kingston DCA

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of one inspector, an inspection manager and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with one person who used the service, seven relatives and six staff members including the registered manager and care staff.

We reviewed a range of records. This included four people's care records and various staff records. We looked at and reviewed multiple documents submitted by the provider. These included policies and other information relevant to the running of the service

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 26 July and ended on 3 August 2022. We visited one supported living setting on 26 July 2022.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Comments we received included, "Definitely [person] gets safe care" and, "[Person] is closely monitored by the staff."
- Staff knew how to identify and report abuse from the safeguarding training they attended on how to keep people safe. Comments received included, "It's the happiest [person] has ever been, all the staff look after her very well" and, "We have to report anything untoward or just a suspicion to protect our residents from abuse."
- Procedures to keep people safe were followed and reviewed to ensure the systems remained effective in preventing abuse, for example changes were made when a person's ability to manage their medication and finances changed.
- The registered manager ensured safeguarding concerns were reported to relevant authorities, investigated and resolved. There were no current safeguarding concerns at the time of our inspection.

Assessing risk, safety monitoring and management

- People's risks to their health and wellbeing were assessed and managed which minimised the risk of avoidable harm.
- Risk managements plans were developed, reviewed and updated regularly which ensured staff had guidance to provide care safely. For example, people received support with managing their finances, medication, nutrition and hydration and environment .
- Staff understood the various risks to people and followed the guidance when providing care.

Staffing and recruitment

- People received care when needed as sufficient numbers of staff were deployed to support them. A relative told us, "Same staff who are very conscious and sensitive to (family member) needs." Staff told us and records showed rotas were covered and sickness and absences managed to ensure people received care when required.
- The provider had an ongoing recruitment programme to build and retain a permanent staff team to enable staff to understand people's needs and the support they required. Another relative told us, "There are more regular carers now, one big happy family." The provider used some regular bank staff from their other services to cover absences.
- People's care delivery was undertaken by staff who were recruited safely. Potential staff underwent checks on their employment history, including references and Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to manage and take their medicines when needed. The registered manager ensured Medicine Administration Records (MAR) were completed, checked and audited to identify and resolve any issues.
- Staff knew how to manage people's medicines because they underwent training and had their competencies assessed to do so.
- The medicines policy and procedures were up to date and available to staff for guidance when required.

Preventing and controlling infection

- People received care delivered in a manner that minimised the risk of infection. A relative told us, "When I visit, I see the staff routinely wearing their masks. Hand sanitizer and wipes available. Staff regularly wash their hands."
- Staff were trained in infection prevention and control procedures including those related to COVID-19. People told us staff followed good hygiene practices when providing them with care. Staff had access to sufficient Personal Protective Equipment such as aprons and gloves which they used when undertaking personal care or food preparation to prevent contamination and spread of disease. The registered manager carried out routine and spot checks, team meetings and handovers to ensure staff were consistent in their use of PPE.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People were protected from the risk of harm from repeat incidents in their care delivery.
- The registered manager ensured staff recorded and reported accidents and incidents which enabled them to identify patterns and trends. Lessons learnt were shared via supervision and team meetings to minimise the risk of the event happening again.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good.

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

- People underwent an assessment of their needs and the planning of the support they required which enabled effective care delivery. A relative told us, "[Registered Manager] and I met for a review of [person's] care needs." People's relatives where appropriate were involved in the assessments and review of each person's needs.
- Care delivery met people's needs and preferences. Care plans detailed people's health conditions, the support they required and their preferred times to receive care and support. The registered manager ensured care plans were reviewed and updated to reflect people's care and support needs.
- Staff provided care in line with provider's guidance and best practice.

Staff support: induction, training, skills and experience

- People received care effectively because staff were supported to undertake their roles through induction, training and supervision. Comments included, "We attended various trainings" and, "The managers are supportive and we have regular catch ups and supervisions."
- The provider ensured staff received supervision and training in areas such as safeguarding people from abuse, infection control, Mental Capacity Act 2005 and moving and handling.

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

- People led healthier lives through the timely involvement of healthcare professionals and other agencies such as GPs, learning disability nurses, occupational therapists, speech and language therapists as well as psychologist and psychiatrists. A relative told us, "Staff are very good in regards to making appointments and going with her."
- Staff supported people by following guidance recommended by healthcare professionals to meet people's needs. A relative told us, "With [person's] weight gain an appointment was made with the dietitian."

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

- People's nutritional needs were met. Staff supported people with meal planning, preparation and encouraging them to eat healthily. A relative told us, "[Person] likes his food, especially if it's spicy. Staff encourage him to choose and assist them when preparing his meal."
- Staff supported people to choose their meals, preparing the food and to include fresh food, vegetables and fruit in their diets.
- People food and drink preferences were recorded to ensure staff served them with what they enjoyed and to meet their dietary needs.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People agreed to receive care and support from staff to meet their needs. Relatives told us, "It's always [person's] choice" and "Carers always ask 'shall I help you' before they do anything for her, it's her choice." Staff were trained in MCA and understood its principles which they applied when supporting people to make decisions about their care.
- Information about each person's ability to make decisions about their care enabled staff to understand when and how much support to provide. For example, about managing their finances, medicines and personal care.
- The provider's policy on MCA and Deprivation of Liberty provided guidance to staff on how to uphold people's rights to make decisions about their care and support.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. They told us, "Staff have always been patient and kind, very impressed with them" and, "I have never come across anyone being unkind."
- People enjoyed positive caring relationships with the staff who provided their care. They told us, "Same staff who are very conscious and sensitive to [person's] needs" and, "Staff are like family to [person]. He enjoys a bit of banter about football teams."
- People's life history, likes, dislikes and preferences were recorded which enabled staff to meet their diverse needs and what mattered to them. People were supported to access the community and to enjoy aspects of daily living because staff did not discriminate against them and provided support in a caring way.

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

- People shared their views and made decisions about the support they required through staff involvement.
- People using the service and their relatives where appropriate were involved in planning and developing their care and support plans.
- Staff ensured people received care in the manner they wished and in line with their preferences and were flexible around people's daily routines when required.
- The registered manager and staff advocated on people's behalf on various aspects of their daily living such as discussing with landlords the improvements required to the properties they lived in.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and dignity were promoted and upheld. Comments included, "We respect people by knocking on doors before entering" and, "Calling [people] by their preferred names."
- People received the support they required to live independent lives as far as practicable. A relative told us, "[Person] needs encouragement to wash and shave himself. Staff don't do it for him, they know how to get the best from him" and, "Staff encourage [person] to do as much as he can, like tidying up after a meal, making his bed." People were supported to develop new skills and to maintain existing abilities to undertake tasks they were able to do.
- Staff had information about each person's abilities to undertake various aspects of their living such as washing and dressing, managing their finances, medicines and attending activities in the community.
- People's information and care records were shared with relevant professionals when appropriate and staff understood their responsibility to maintain confidentiality.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to receive individualised care that met their needs and preferences. A relative told us, "Have had regular reviews, checking on [person's] care, with the service making adjustments to meet her needs." People and their relatives told us they were involved on planning for their care and happy with the support provided. Staff engaged with people which enabled them to have choice and control about how they wished their care delivered.
- Care records were reviewed and updated to highlight each person's individual needs, what was important to them, their daily routines and preferences and the level of support they required. This enabled staff to meet people's needs.
- Staff had developed positive relationship with people and knew how to support them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received the support they required according to their sensory needs and preferences on how they wished to communicate. Staff undertook assessments on each person's communication needs and had guidance on how to communicate with people appropriately.
- People and their relatives told us staff communicated with them well and knew how they wished their care to be provided.
- Information provided to people met AIS requirements. For example, support plans, menus, questionnaires were in easy read, pictorial format and or large font when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's involvement in taking part in activities of their choosing minimised the risk of social isolation and led them to live fulfilling lives. Staff supported people to undertake personal development activities such as attending college, developing new skills and volunteering their services to local charities.
- People had individual plans of their daily activities and some had been supported to develop their independence in relation to these such as going out in the community, attending day centres, gardening and cooking. Staff supported people to build meaningful links with the local communities via arranging for transport, providing escorts and finding information on places of interests to visit.
- Staff provided care in line with changes to people's needs. Each person had a keyworker who was

responsible for coordinating all aspects of their care. This ensured staff ensured people lived life to their fullest potential and accessed activities and services appropriate to their needs.

- People were supported to maintain relationships with others who were important to them and develop friendships with others they lived with. Staff facilitated visits by family members and friends. A relative told us, "[Person] rings [relative] every day as part of her routine. Staff are present and encourage her to chat. [Another relative] picks her up to visit family."

Improving care quality in response to complaints or concerns

- People using the service and their relatives felt confident to make a complaint if care provided fell below the required standards. Relatives commented, "Spoke to the [registered manager] and staff, they were very helpful, and issue was resolved" and, "I would speak to the [registered manager], always there, always rings back if I call or text."
- People and their relatives received the provider's complaints policy and procedure and understood the process of how to raise a concern.
- They said the registered manager addressed any concerns they raised and understood their responsibility to investigate and keep them informed of the outcome. Complaints were recorded and monitored which ensured concerns were addressed in line with the provider's policy and procedures.

End of life care and support

- People were given opportunities to discuss their end of life care wishes. Staff recorded people's views when these were shared. At the time of this inspection, there was no one receiving end of life care and support.
- The provider had an end of life care policy which provided guidance about how to work closely with other health and social care professionals such as GPs and the palliative care team when needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives had mixed views about the way the service communicated with them. One person told us, "We have meetings now and again and would like to meet often as the pre-pandemic times." Some relatives wanted face to face meetings which were held prior to COVID-19 be reinstated. The registered manager told us these would be reinstated now that the pandemic had subsided and according to risk of spreading disease.
- People and their relatives were happy with the running of the service. One relative told us, "Better managed than it was before COVID-19" and, "Staff definitely listen to [person]. If staff are still having difficulty in finding out what he wants they will ring me, they don't ignore him."
- The registered manager ensured there were enough staff to support every person with their individual needs and preferences. People felt an open and inclusive culture prevailed at the service and felt empowered to lead their lives as they wished.
- Staff discussed daily with people any changes they wished to make to their routines and support they required. We observed people discuss the support they required, for example making arrangements to go out into the community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- People and their relatives said the registered manager and service managers involved them in discussing any shortcomings in care delivery.
- The provider and registered manager were open and honest with people when things went wrong and took responsibility in resolving issues. For example, the provider ensured staff received further training and reviewed their systems to ensure people always received good standards of care.
- Staff felt empowered to be open and honest without fear of reprisals when they delivered care below the expected standards to ensure the registered manager had the opportunity to address the issues.

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

- People received care in line with regulatory and statutory requirements. A relative told us, "I think it is well managed locally with the new [registered manager]." The registered manager understood their responsibilities and submitted notifications to CQC and the local authority safeguarding teams of significant events.

- Checks and audits were undertaken to assess and monitor the quality of the service. People's finances, medicines, care planning, record keeping, staff support and training among other aspects of running the service were audited. The provider ensured improvements were made when needed.
- Staff accessed up to date policies and procedures on how to deliver care appropriately and in line with best practice. For example, in response to the COVID-19 pandemic, staff had guidance to meet regulatory requirements.
- Staff understood their roles and responsibilities and worked closely with the registered manager to drive improvement. They felt supported in their roles through the registered manager's open-door policy, supervisions, spot checks, and updates from the service managers in the settings they worked and communication from the provider. Staff meetings were used to discuss how to meet people's needs, manage risks, policies and procedures, managing medicines, record keeping, supervisions, training and any changes required at the service.

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

- People who used the service and their relatives and staff were engaged and involved in the running of the service. Comments we received included, "Amazing staff who make it a special home for [person]"; "The [registered manager] is approachable" and, "Over the years I suggested that [person] needed a male carer and I would like regular meetings with local manager. [Person] now has a great male carer and I have my meetings."
- People and their relatives gave feedback and shared their views on the care and support they received through meetings, surveys, care planning and reviews, contact via the service managers and daily communication with staff. Some relatives wanted the service to "reinstate meetings for families to meet regional managers."
- Staff were regularly updated about developments at the service through handovers, catch up calls and team meetings and matters affecting care delivery.
- The provider offered staff development opportunities within the organisation.

Continuous learning and improving care

- People received improved care because the provider promoted continuous learning. Staff were encouraged to reflect on their practices and incidents to enable the provider to put plans in place to drive improvement.
- Staff used handovers, supervisions, and team meetings as learning opportunities to reduce the likelihood of making mistakes when providing care. They felt confident to share their views to improve their practice as the registered manager valued their ideas.

Working in partnership with others

- People benefitted from the close partnership working with health and social care professionals including GPs, physiotherapists, pharmacists, occupational therapists and social workers in planning and delivering person centred care. A relative told us, "Transition from home to [supported living setting] has been phased and well planned." For example, the registered manager worked closely with agencies to improve staff's understanding of people's needs.
- People were supported to have links with the local community and to access resources and facilities they required to improve the standard of living.