

HF Trust Limited

HF Trust - Kent North DCA

Inspection report

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Date of inspection visit:
22 August 2019
23 August 2019

Date of publication:
26 September 2019

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

About the service

HF Trust Kent North DCA provides personal care to people living in their own homes and holding their own tenancy. It provides a supported living service to people who are living with a learning disability and/or autism. At the time of the inspection there were 26 people receiving personal care and support. These people lived at four addresses some of which were divided into flats and others were shared living arrangements within a large house. The shared homes had an office with a sleep-in room for staff.

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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Three of the services were larger homes and one supported nine people. However, the size of the service having a negative impact on people was reduced by the building design fitting into the residential area. There were deliberately no identifying signs or anything else outside to indicate it was supported living accommodation. Staff didn't wear anything that suggested they were support staff when coming and going with people. People chose who they lived with and had meaningful relationships with their house mates.

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

People were safe and happy in their homes and with the care and support they received. People received person centred care and support from support workers who were trained and competent. People enjoyed various activities and outings of their choosing and were enabled to have new experiences.

People were supported to stay well in line with their wishes. 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.

Staff were caring. People were respected, engaged in their support and involved in decisions around their care and support from choosing what they ate for dinner, what activities they did to having a voice in provider meetings.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them

having as many opportunities as possible for them to gain new skills and become more independent in all areas of their lives

The quality and safety of the service was ensured by the provider. There was a positive, high quality and caring culture in the service led by the registered manager and other managers which achieved positive outcomes for people. Support workers told us it was a good place to work and they were well supported. All feedback was positive from people, relatives, health and social care professionals, and staff for all aspects of the service.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 30 August 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

HF Trust - Kent North 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection consisted on one inspector.

Service and service type

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. 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.

The service had a manager registered with the Care Quality Commission and a second manager in the process of registering. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the services across two of the supported living settings. We spoke with one relative about their experience of the care provided. We spoke with six members of staff including a registered manager, a manager, a senior support worker and support workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance surveys and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We received feedback from three professionals who visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to protect people from abuse and avoidable harm.
- People we spoke to told us they felt safe and would speak to staff if they had any concerns. One person said, "I certainly do feel safe, they are very good, they support me." People had been provided with easy read 'keeping you safe' documents.
- Staff had received training in this area and were confident the registered manager would listen and act upon any concerns quickly. One support worker said, "We have been taught there are no secrets, if we have concerns we talk to the management and they would help."
- Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager had reported any concerns to the relevant professionals and to the Care Quality Commission and had taken appropriate action in all cases.

Assessing risk, safety monitoring and management

- Individual and environmental risks to people were identified, assessed and managed safely.
- Risk assessments were in place to provide guidance to staff to reduce the risks to people. Support workers told us the information was what they needed to know and could tell us how they kept people safe. For example, how to manage one person's epilepsy.
- All the necessary environmental health and safety checks were completed.
- Fire drills had been held regularly and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances. Staff could tell us what they would do in the event of a fire and were confident that people also knew what to do.

Staffing and recruitment

- People and support workers told us there were enough staff. One person said, "I always get help when I need it." One support worker told us, "Yes there is enough staff, definitely, we went through a difficult period, but the team would cover." The managers demonstrated how they monitored all their care hours were delivered and this showed the provider had delivered above their commissioned hours.
- Staff were recruited safely as all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff.
- People's dependency needs had been assessed and were reviewed. There were enough staff to keep people safe and rotas evidenced enough staff were deployed to meet people's needs. Staff told us staffing levels were increased if people's needs changed and healthcare professionals confirmed this. One support worker described how a person's support had been increased as they wanted to start to go fishing.

- People were supported by a consistent staff team, there was some use of agency staff and when needed regular agency staff were used.

Using medicines safely

- Medicines were managed safely. Support workers told us they received training and were observed to ensure they administer medicines safely.
- People received their medicines including 'as required' medicines as prescribed. There were appropriate systems in place to store and administer medicines safely. Staff could tell us competently when people needed their medicines and what they would do if people refused their medicines.
- Daily checks, weekly audits and annual audits were completed to ensure people received their medicines safely.

Preventing and controlling infection

- People were protected from the risk of infection. People told us what support they had to keep their home clean.
- Staff had received training in infection control and could tell us what they did to prevent and control infection, such as washing their hands, wearing gloves and not coming to work if they were unwell.
- Guidance on how to prevent the spread of infection was present in the service and personal protective equipment was available for staff to use.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. Individual needs had been identified and acted on.
- The manager had reviewed any accidents and incidents and the provider analysed these for any trends. Lessons were clearly learnt, as care plans were reviewed, and action taken to prevent reoccurrence.
- Staff could describe the process for reporting incidents and accidents and knew what to do in the event of incidents, such as a fall.
- Learning from accidents and incidents was shared with the support workers through their team meetings.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 comprehensively assessed for all areas of their lives and looked at their planned care and agreed outcomes. For example, around how to stay safe and well and what activities they wanted to do.
- People's compatibility needs were considered against other people living in the homes when moving to the service.
- The provider supported staff to deliver care and support in line with best practice guidance. For example, around positive behaviour support which takes a least restrictive approach to supporting people with behaviour that challenges. This helps support workers to identify the cause of the behaviour to help the person effectively. For instance, the person maybe communicating they are upset or in pain.
- People's protected characteristics under the Equality Act 2010 were identified as part of their need's assessments. This included people's needs in relation to their culture, religion, sexuality and disability. Staff completed training in equality and diversity.

Staff support: induction, training, skills and experience

- All staff, including agency staff had received an appropriate induction and training in all the required areas. There was a system in place so that when staff required a training update, this was arranged. Staff were supported to complete additional training and complete qualifications in health and social care.
- People told us they thought the staff had the training to support them. Support workers were competent, knowledgeable and skilled and told us about training they had received which helped them to provide effective support and to ensure they could meet people's individual needs. For example, one support worker told us how the training they had around one person's emergency medication for their epilepsy helped them to feel confident what to do when they experienced the person having a seizure at night.
- Support workers told us they were supported by the registered manager and other managers and received regular supervision and appraisals. One support worker said, "(Name of) manager is always there if we need them, supports with a lot, if we ever need additional help, they will give it, they are always there to listen."
- New support workers were introduced to people before providing any support and were supported to learn about people's needs by familiar and experienced support workers. This enabled people to experience a continuity of care and minimise the distress and disruption caused by changes in staff.

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

- People told us they enjoyed mealtimes. One person told us in their home they chose to all sit together. In another house some people chose to eat by themselves and others chose to sit together.
- Staff ensured people's dietary needs and preferences were met. There was information held in people's care plans about their likes, dislikes and any dietary needs. For example, one person was supported to have

a soft diet and staff could tell us how they supported this person in line with their support plan and guidance from healthcare professionals. Another person had chosen to be supported to lose weight by following a well-known diet plan.

- People were involved in planning and cooking their meals and told us they chose what they ate. In one house there was a menu plan on the wall with pictures of foods to support this. In another house people got together weekly to plan their meals and took it in turns to cook.
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from health and social care professionals in relation to these. For example, one person was supported to have a soft diet to reduce the risk of choking.

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

- People told us they were supported with all their health needs. One relative said, "They are very good medically... They always take (name of person) straight to the doctor and get appointments for any little ailments."
- Care plans provided clear guidance for staff for all people's healthcare needs and included detailed information about specific health conditions. For example, around how to manage dementia or diabetes.
- People had health action plans, were supported to maintain good health and were referred to appropriate health professionals as required. For example, their GP, a district nurse or to Speech and Language Therapists (SaLT). Information and guidance from these agencies were available for staff.
- People had 'hospital passports' in place. These were documents to help provide important information when a person is admitted to hospital. For example, how the person wishes to communicate and any allergies they have.

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were subject to DoLS, the appropriate applications had been made and assessments completed.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff could understand people's communications to establish whether consent to care was given and their day to day choices. Where possible, people had signed to show their consent to care activities.
- Staff were aware of the principles of the MCA and clear guidance was provided to them within people's care records. One support worker described how some people didn't have the capacity to order their own medicines but that this would need reviewing as they were changing their systems to use a local pharmacy

to make it easier for people to do. This demonstrated good practice.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us they were happy with their support. Comments included, "I am happy, staff are really nice, they listen to me" and "They treat me nicely...they are really lovely and caring, they make people laugh and help people out."
- Support workers told us they had built good relationships with the people they supported and clearly knew them well. All staff and managers told us they would be happy for their loved ones to live there. When asked why, one support worker said, "Apart from how nice it looks, it's the family vibe, I can't compare it to any other service I have worked in before." One manager said, "The people are happy, they are well treated, you can tell. I come to the house and people look well...it's their homes. For staff and people supporting you can't fault it."
- People were relaxed and happy in the company of support workers, and when talking to us about their support workers. All interactions we saw were positive and respectful. For example, staff spoke to people in a kind way which they could understand and asked them what they would like to eat or if they would like to sit down.
- People's needs around equality and diversity were identified and met, for example, around their religious beliefs. Some people had chosen to be involved and support a gay and lesbian event.

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

- People told us they felt involved in their care. Comments included, "They make sure I can do things for myself. If I go on holiday, I ask staff to come." And, "I get to make my own choices." And, "I am involved with planning days out."
- House meetings were held with people where they chose to. Where not, information was gathered informally through day to day conversations and formally through surveys.
- Staff showed an excellent understanding of people's needs and preferences. Keyworker meeting minutes showed how people felt about their home and their support.
- People were asked about their views within assessments and reviews and were engaged in everything they did. Feedback from people was used to plan their support. For example, what activities they would like to do.
- People were supported to access advocacy services as needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. People's confidentiality was supported and information

about people was held securely.

- Staff respected people's privacy, listened to people, respected their choices and told us how they upheld their dignity when providing personal care. One support worker said, "when I help one person to clean their catheter, they get the towel ready and I put it over their privates whilst cleaning to maintain their dignity."
- People told us their privacy was respected. One person said, "I can't sit in the bath, I have a chair, staff help to do my back and yes they do shut the door and respect my privacy."
- People were encouraged to maintain and develop their independence where possible. For example, staff would enable people to do what they could for themselves when providing personal care or supporting with daily tasks and cooking. One support worker described how they looked at the persons goals and helped them to plan how to achieve them, allowing them to make their own choices and giving advice where needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 in a way they wanted by regular carers and were given choice and control of the care and support they received. For example, one person told us they asked their key worker for help to go shopping as they were going away with their family. People's care and support was reviewed regularly and updated to reflect their changing needs.
- Staff told us how they can respond to people's immediate needs and there was no time limit on how much time they spent with people. One support worker said, "It's about trying to enthuse and encourage people's independence in everything they do, for example one person is very independent but don't think they are, and you need to encourage them. For example, to crack the egg when baking."
- Care records described the support people needed in person centred ways. For example, people's likes, and dislikes were recorded to ensure staff supported them in the way they liked; along with what was important to the person and how they made decisions.
- People had 'Distress passports' which showed how people are when they are content and when they are distressed. This helped support workers to know if a person was distressed or experiencing pain.
- People were supported to be able to live their life how they wanted. One support worker said, "There's rarely a day when everyone is in the house, everyone has their own preferences for what they do...they have their own routines...they have a lot of choice which is nice to be part of."

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.

- Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. We saw that the identified information and communication needs were met for individuals. For example, staff used different methods to communicate with people such as pictures and signs. Information was shared with people in easy read formats, for example easy read one-page policies documents had been produced.
- People told us they were supported to understand information. One person said, "Staff explain things to me. If I have a letter, they read it to me."

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 were enabled to participate in various social and leisure activities within and outside of their home

to meet their individual needs and interests. For example, in one house people shared the responsibility of keeping chickens.

- People either choose to go to a day centre or decided what they wanted to do within the community. One person said, "I do plenty of activities, like swimming, clubs and riding." Another person said, "I do different things, like steam train rides."
- Some people had part time jobs or volunteered in local charity shops. People had access to a car to help them to get out and support workers supported people on holidays.
- The service actively promoted people developing friendships and relationships with their house mates and outside of their home by introducing them to clubs. People were supported to keep in touch with their families, for example through using video calling technologies.
- In line with 'registering the right support' people were part of their communities, they used local facilities and accessed community health and leisure facilities. People chose where they went, who with and what they did.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people were provided with information about how to make a complaint. Any complaints had been logged and appropriate action had been taken. There were minimal complaints as people were happy with the service. The service had received some compliments from families and health and social care professionals.
- People told us they would complain to the staff or manager and they would be listened to. One person said, "I go to the staff in the office for advice...I tell staff if I have a problem." Another person said, "They would sort it."
- The service responded quickly to any concerns or feedback raised and recorded this.

End of life care and support

- No-one was receiving end of life care at the time of our inspection. However, the service had recently supported one person to remain at home at the end of their life in line with their wishes. Feedback from a health and social care professional around how the staff and management supported this person at the end of their life was highly positive. They told us, "The staff and regular agency were all consistent with their approach and at all times delivered care in the way that the client chose. At all times they respected their dignity...The client's spirituality was of paramount importance to them and staff regularly facilitated visits to their local church and visits from their priest. The funeral was arranged with their prior wishes and was respected at all times."
- People's choices, wishes and arrangements for the end of their life, where they had chosen to share these, were recorded.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to submit a statutory notification to the Care Quality Commission about an allegation of abuse. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Registered managers are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The managers clearly understood their role and responsibilities and had met all their regulatory requirements. All incidents reported were monitored for outcomes and lessons learnt.
- Managers had received training from senior managers around when and how to make notifications to CQC and safeguarding's to the local authority. A record was kept of all notifications made with the outcome and lessons learnt which was monitored by senior managers.

At our last inspection we recommended the provider seek advice and guidance from a reputable source about how to establish suitable systems and processes to monitor the running of the service. The provider had made improvements.

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to reduce the risks. Support workers were knowledgeable and supported in their roles. Record keeping was of a high standard and included good monitoring records.
- The registered manager had a regular presence in the service to ensure the quality and safety of the care provided. They worked closely and hands on with the support workers to monitor the care provided. They reported on any performance issues regularly to the provider to ensure good oversight of the quality of the service and monitored action plans to ensure any improvements needed were made. Audits and action plans were set against CQC's key lines of enquiry and evidenced progress made.
- Quality assurance systems, such as audits and checks were used effectively at all levels. For instance, provider audits had been completed on medicines, spot checks were done by managers and weekly audits were cascaded to the provider. Any actions identified were completed or in progress. Medication errors were analysed for learning and to prevent reoccurrences.

- Staff morale was clearly high, and all staff feedback was positive. Staff told us they enjoyed their work and worked well as a team.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings and it was on the provider's website.

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

- There was a caring culture in the service and the providers values clearly showed. All people, relatives, support workers and health and social care professionals were positive about the registered manager and other managers and said they were supportive and approachable.
- Staff were able to describe the providers values and what this meant for people. One support worker said, "It's to support and empower people to be as independent as possible, what's important to these people is family values, they are like a family unit. They care about each other so much which is lovely to see."
- The managers demonstrated a strong commitment to ensuring they provided person centred and high-quality care and were open to feedback during our inspection.

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

- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager and managers understood their responsibilities in respect of this and had informed the relevant people of any incidents or accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and those important to them were engaged with the service. One of the people supported was a representative on a 'voices to be heard' group ran by the provider. Family forum meetings were held evidenced by meeting minutes. The provider had kept people and relatives up to date on their action plans from their last CQC inspection.
- Annual quality surveys were completed with people and relatives to gain their feedback. These all showed positive feedback, for example one read, 'The staff are friendly, caring and devoted. (Name) has a wonderful life, cooking, music, social club etc. Also, I am pleased that (name) had jobs to do such as gardening and helping in the home.' These surveys were in the process of being collected for analysis.
- Team meetings were held to share information. The staff team worked in partnership with other agencies to ensure people's needs were met in a timely way. For example, one health and social care professional described how the team had worked with them in one person's best interests to enable them to remain living at home. They said, "At all times the staff followed the guidance set out by nursing, SaLT and the palliative care team and were able to recognise when further support was needed...and sought extra advice and support when they needed clarification from either nursing, members of the larger MDT team or management."
- The registered manager attended various management meetings and a registered managers network to ensure they remained up to date and shared best practice.