

HF Trust Limited

HF Trust - Cheshire

Inspection report

18 Rossmore Business Village
Inward Way
Ellesmere Port
CH65 3EY
Tel: 0151 355 7703
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?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We visited this service on 12 August 2014 and the inspection was announced.

The last scheduled inspection was carried out in November 2013 and we found that the service met the required regulations.

HF Trust Cheshire is a Domiciliary Care Agency which supports people with learning difficulties across the Cheshire, Wirral and Liverpool areas. The main office is situated in Ellesmere Port and there is limited car parking at the office.

At the time of our visit the agency was supporting 61 people within the local community.

Summary of findings

The registered manager was experienced and had worked at the service for many years. She had been the registered manager for eight years. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us that they were happy with the support provided and they felt the staff understood their care needs. People commented “The staff are kind”, “I like it here” and “I feel safe here.”

We found that people, where possible were involved in decisions about their care and support. Staff made appropriate referrals to other professionals and community services, such as the GP, where it had been identified that there were changes in someone’s health needs. We saw that the staff team were knowledgeable of people’s care and support needs, and the staff we observed were kind and thoughtful towards them and treated them with respect.

Records showed that CQC had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

We looked at the care records of nine people who used the service. We found there was detailed information

about the support people required and that it was written in a way that recognised people’s needs. This meant that the person was put at the centre of what was being described. We saw that all records were complete and up to date.

We found the agency had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw that policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005, safeguarding and staff recruitment. This meant that staff had documents available to them to help them understand the risk of potential harm or abuse of people who used the service.

We found that good recruitment practices were in place and that pre-employment checks were completed prior to a new member of staff working at the service. This meant that the people who used the agency could be confident that they were protected from staff who were known to be unsuitable.

We saw that the agency had a range of quality assurance systems in place to monitor the service.

The acting director of service told us that all these audits gave her the opportunity to look at the service as a whole and use information gathered to maintain and improve standards at the agency.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found the service was safe.

We saw that safeguarding procedures were in place and staff had received up to date training in safeguarding adults.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA). The service had policies and procedures in relation to the MCA. This meant that people who used this agency could be confident that staff were aware of the MCA and of the correct procedures to undertake if necessary if this was found to be in a person's best interests.

We found that recruitment practice was safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified so that people were protected.

Good



Is the service effective?

We found the service was effective.

People told us they were involved in the purchase and preparation of food.

We saw there were arrangements in place to ensure staff received and completed relevant training. Staff were provided with regular supervision and an annual appraisal of their work performance. They were also invited to attend and participate in staff meetings. This meant that the staff had opportunities to discuss their work and the operation of the service.

Good



Is the service caring?

We found the service was caring.

We saw that people were well cared for. We saw that staff showed patience and gave encouragement when they supported people.

Everyone commented on the caring, kindness and gentleness of the staff at HF Trust – Cheshire DCA. People told us that their dignity and privacy were respected when staff were supporting them, and particularly with personal care.

Good



Is the service responsive?

We found the service was responsive.

People's health and care needs were assessed with them and with their relatives or representatives where appropriate. People were involved in their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required. Some people we spoke with said that they had been involved in the care plan process and confirmed the plans reflected their current needs.

People knew how to make a complaint if they were unhappy. We looked at how complaints were dealt with, and found that on recent complaints the responses had been thorough and timely. People were therefore assured complaints were investigated and action was taken as necessary.

Good



Summary of findings

Is the service well-led?

We found the service was well led.

The agency had a registered manager who had been registered with the Commission for eight years. All people and staff spoken with told us the agency was well managed and organised.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had quality assurance systems to monitor the service provided. Records seen by us showed that shortfalls they had identified were addressed.

Good



HF Trust - Cheshire

Detailed findings

Background to this inspection

We visited HF Trust – Cheshire DCA on 12 August 2014. We spent time with a group of five people who used the service and we observed the interactions between them and the support staff. We visited three people in their own homes who were supported by this agency. We spoke on the telephone with 11 people who used the service and eight staff members. We spoke with three staff members and the acting director of service during our visit to the office. We also spent time looking at records, which included nine people’s care records, five staff recruitment files and records relating to the management of the service.

The inspection team consisted of a Lead Inspector and an 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.

Before our inspection, we reviewed all the information we held about the service. This included notifications received

from the registered manager and we checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We contacted the local safeguarding team and the local authority contracts team for their views on the service. They confirmed that they had no concerns regarding this service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question ‘Is the service safe?’ to ‘Is the service effective?’

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the ‘Effective’ section. Our written findings in relation to these topics, however, can be read in the ‘Is the service safe’ sections of this report.

Is the service safe?

Our findings

People who used the service told us they felt safe and secure when being supported by the staff from the agency. People said they could talk to a member of staff or the registered manager to raise any concerns about their safety. During the inspection we saw good staff interaction with the people who used the service. People decided what support they required and staff encouraged them to do as much as they could for themselves to help promote their independence. People who used the service said, “I like living here” and “My support worker takes me out shopping. I like going out with her.”

We looked at staff rotas over the last four weeks, which showed the staffing levels at the service. Many people were living in shared housing and received 24 hour support. We saw that each home had a dedicated staff team. Staffing levels varied across the day in line with the needs of the group of people who lived there. The acting director of service said these staffing levels currently met the needs of the people. They confirmed they had two staff vacancies for support workers. They said they usually managed to cover shifts with staff who were prepared to do overtime or with their own group of bank staff. One person who used the service told us “I sleep well because I know the support worker is down the corridor if I need them.” Most people we spoke with had been living independently with support workers for over 10 years. They said they liked their support workers, many of them had been working with them for a number of years.

We spoke with the staff and the acting director of service about safeguarding procedures. These procedures are designed to protect vulnerable adults from abuse and the risk of abuse. We saw the training records and spoke with staff who had undertaken the training, they were able to tell us the right action to take so that people were protected. The training records showed that staff undertook safeguarding training on an annual basis. This meant that staff had the knowledge and understanding of what to do if they suspected abuse was taking place.

We had a discussion with the acting director of service regarding the Mental Capacity Act 2005 (MCA). The staff spoken with during the inspection understood the importance of the MCA 2005 in protecting people and the importance of involving people in making decisions. The acting director of service confirmed they had a copy of the Act's codes of practice and understood when an application should be undertaken. We noted that the agency had policies and procedures in relation to the Mental Capacity Act 2005.

We looked at recruitment records of five staff members and spoke with staff about their recruitment experiences. We found recruitment practices were safe and that relevant checks had been completed before staff worked unsupervised with the people who used the service. We discussed the induction programme with staff members. We were told that it was a 12 week process that consisted of mandatory training delivered in a variety of ways, for example, e-learning and classroom based training. This meant that people were supported by staff who had received appropriate checks to ensure they were suitable to work with vulnerable adults and had received induction training appropriate to their role.

We looked at five people's support plans and risk assessments and found these were well written and up to date. Risk assessments had been completed with the individual and their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. These included moving and handling, money management, self-medication, travelling alone away from the home, going out alone, support with personal care and making hot drinks. This meant that staff took into account people's preferences and had access to up to date information about the people they supported.

Is the service effective?

Our findings

Some people we spoke with explained that they discussed their health care needs as part of the care planning process. People said they would tell the staff if they felt unwell or in pain. On looking at people's support plans we noted there was information and guidance for staff on how best to monitor people's health. This meant staff were aware of people's healthcare needs and knew how to recognise any early warning signs of deterioration in health. We noted records had been made of healthcare visits, including GPs, optician, practice nurse and the chiropodist.

We spoke with 10 staff who were knowledgeable about the people they supported and what support was required to meet their needs. One staff member explained that as they tended to work with the same group of people they got to know them well. People were called by their preferred name which was also documented within the support plan which helped ensure their and dignity and choice was upheld.

People we spoke with said they contributed to the planning of what they ate on a daily basis. Most people said they helped with the food shopping and liked to prepare meals. Comments included, "I really like cooking. I like eating vegetables and peeling the carrots", "I like eating pizza and I choose what goes on the top" and "I make my own breakfast and lunch each day."

There were systems in place to ensure all staff received regular training, which included moving and handling, fire safety, first aid, safeguarding, health and safety, medication awareness, person centred active support, risk assessments, equality and diversity and food hygiene. Staff spoken with confirmed the training provided was relevant and beneficial to their role. We also saw that staff undertook National Vocational Qualification (NVQ) training

in levels 2 and 3. This is a nationally recognised qualification and meant that people who used the service were supported by staff that had good knowledge and training in care. During discussions with the staff team on duty they confirmed that the training was good. Staff commented "Training is an on-going process and it's important to keep on top of it", "The training is good here" and "We discuss our training needs in our supervision sessions." During our visit we observed staff were efficient and worked well with the people who used the agency.

New staff undertook induction training. This took into account recognised standards and was relevant to their role and workplace. New employees completed a structured induction programme to ensure they understood the company's policies and procedures and expected conduct of the staff member. As part of this process they shadowed an experienced staff member to enable them to develop their role and begin to build relationships with the people they supported. A new member of staff spoken with said "I feel I am getting through the induction. I have regular weekly meetings with my manager and I get enough support. Also other staff give you time to understand what needs to be done."

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. This was provided both on an individual and group basis. It gave the staff the opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff were invited to attend regular meetings. Staff told us they could add to the agenda items to the meetings and discuss any issues relating to people's care and the operation of the home. We spoke with 10 staff who were part of the care team. They were knowledgeable about the people they supported and how to meet their needs.

Is the service caring?

Our findings

We spoke with 19 people who used the service and asked them how they preferred to receive their care. People told us that they spoke to staff about their preferences, and this was undertaken in an informal way. Everyone commented on the kindness of the staff. This meant people who used the agency were treated with dignity and respect and their views about the support provided was listened to. People said “The staff are lovely”, “I am happy with the support I get” and “I like the staff.”

People told us their dignity and privacy were respected when staff were supporting them, and particularly with personal care. For example personal care was always undertaken in the privacy of the person’s own bedroom or the bathroom, with doors closed and curtains shut when appropriate. We saw some interactions of staff with people who used the service and there was friendly banter between them. People were comfortable and at ease with the staff team.

The acting director of service and staff showed concern for people’s wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people’s individual needs. People told us that staff were always available to talk to and they felt that staff were interested in their well-being.

People were provided with appropriate information about the service in the form of a service user’s guide. We saw a copy of this which included pictures to assist the reader in understanding the document. The service user’s guide ensured people were aware of the services available from the agency.

There were policies and procedures for staff about the aims, objectives, vision, mission and values of the service. This helped to make sure staff understood how they should respect people’s privacy, dignity and human rights. The staff spoken with were aware of the aims and were able to give us examples of how they maintained people’s dignity and privacy. We saw that staff engaged with people in a respectful way throughout our visit. We saw that staff addressed people by their preferred name and staff confirmed this was documented within the support plan. Staff spoken with confirmed they knew where policies were kept and how to access them. They also confirmed that some key policies were in the staff handbook, which they had received.

People who use the agency were invited to attend monthly “speak out” groups. These were service user led advocacy groups. They were an opportunity for people to get together and air their views and those of their friends who used the agency.

Is the service responsive?

Our findings

We saw that people had their needs assessed and this information was used to develop support plans for them. These set out what people's care and support needs were, how they would be met and what services they would receive. A pen picture of each person was included and this gave the reader a good understanding of the person and their needs and wishes. If people needed specialist advice this was sought initially through the person's GP. The care log sheets provided current information about people's support needs and their day to day well-being. Four support workers we spoke with said all the people they supported had support plans which were reviewed annually. They said they sit down with the person who used the agency, their relative or advocate and if applicable their social worker. They explained the report resembled a conversation with pictures that told the story of what they had enjoyed doing over the last year and explored what they would like to do in the future.

Due to the complex needs of the people who used the service we were not always able to seek people's views on the care and support they received. However, we talked with them about what they liked to do and what they had done recently. Some people explained that they were involved in decisions about their care and support and we saw staff involved people in decision making in aspects of their daily life. For example people said "We all get up at different times and my support worker helps me with my bath."

We looked at nine support plans and other care records for people who used the agency. The support plans were well written and provided guidance on the care and support people needed and how this would be provided. Each person's file contained a copy of the care plan and risk assessments, which we saw were up to date.

The daily record sheet was completed during each shift. This showed the care and support each person had received and also included information about their wellbeing.

We saw that there was a range of activities available for people who wished to socialise where it was part of their support plan. People said that the staff were very supportive. People said they decided what they wanted to do each day. Some met as a household and decided together what was going to happen over the next week whilst others made decisions on an individual basis with their own support workers. People commented, "I enjoy biking, bowling and swimming. We all sit down and decide what we want to do each week", "I love to do disco dancing", "I go to the day centre twice a week and do lots of different things", "I have a lovely time. I like being busy" and "I like to help with the hoovering and gardening."

People lived in their own homes. Some people were in shared housing with 24 hour care and others lived in their own flats. Therefore people had a high level of independence. Staff promoted this by ensuring that people were involved in decisions which affected them and that they were asked to consent to care and support whenever this was appropriate. We saw that the support plans were reviewed regularly and any changes were made promptly within the plans.

We saw the complaints procedure and file. The agency's complaints, compliments and feedback policy included timescales of when action would be taken and details of other people who could be contacted if the person was not happy with the internal investigation. Details of the Care Quality Commission were also included. We also saw a pictorial version of this policy which helped people to understand it. Having access to the complaints procedure helped ensure that people could be confident their views would be listened to and acted upon. No concerns had been raised by the people who used the service. One person explained "I would talk to the manager of the house" when asked what they would do if someone shouted at them or said nasty things. We saw that seven complaints had been received since the last inspection. These had been investigated and we saw that good records had been kept. No concerns about the service had come directly to us at the Care Quality Commission. We saw a number of cards and letters complimenting the service during the visit.

Is the service well-led?

Our findings

At the time of our inspection visit the registered manager had been registered with the Commission for eight years. We saw the acting director of service during this visit and during discussions we found they had a good knowledge of people's needs.

Observations of how the acting director of service interacted with the staff and comments from staff showed us that the leadership was good and a positive influence on the service. We also spoke to people who used the agency. They said, "I can go out where I want" and "My support worker is great." Staff said the management were approachable, and interested in their views.

We spoke with the local safeguarding team and local authority contracts team. They both confirmed they had no concerns about this agency. The local safeguarding team reported that there had been some recent incidents and that HF Trust – Cheshire DCA had responded well to the concerns and that their actions had been appropriate. This showed the service worked well with other agencies and services to make sure people received their care in a joined up way.

CQC had been notified of relevant incidents since the last inspection. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

We spoke with staff about their roles and responsibilities. They explained these well and were confident they knew their responsibilities to the people who used the agency and the management team.

All staff had clear job descriptions, which set out the line of responsibility and delegation. Staff spoken with were aware of the hierarchy and the systems in place to manage the agency. Staff members confirmed the service was well managed and organised. Staff said "The management team are very supportive. They know the service users well and the business", "The management team look after the staff's wellbeing, by ensuring staff do not get too tired" and "The management are very supportive and open to new ideas."

We saw the home had systems in place to monitor and review the service provided. The service had divided their area of work into six "patches" each with their own group of people who used the service. A monthly audit was completed in each patch by the service managers. The audit covered support and quality of life; health and wellbeing; medication; nutrition; the environment; finance; staff; compliments and complaints. Actions were recorded throughout the report and the registered manager and acting director of service made comments on the report. Actions were reviewed at the following audit.

Accidents and incidents were recorded on the computer system and an analysis was produced which was reviewed by the registered manager. Concerns and lessons to be learnt were discussed with the acting director of service and fed back to the staff team as appropriate. The acting director of service told us that all these audits gave her the opportunity to look at the service as a whole and use information gathered to maintain and improve standards at the agency.