

HF Trust Limited

HF Trust - North Devon 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?	Outstanding ☆

Summary of findings

Overall summary

This comprehensive inspection took place on 9 August 2017 and was announced as the service is a small domiciliary service and we needed to ensure there would be people and staff available to talk with. This was the first inspection of this service since registering with CQC.

The service had a full time registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service was extremely well led by a team of managers who were committed to ensuring people were at the heart of the service. People were encouraged and nurtured to have a clear community presence and excellent community links had been formed in innovative ways. This included hosting and developing a signing and singing choir which people who used the service and anyone in the local community could join in. They had recently taken part in a diversity festival in North Devon. They were also involved in work placements within the local community and taking part in the local carnival which people who used the service said was one of their highlights.

People were at the heart of the service and they had developed innovative ways to ensure people had a say about who was employed and the future direction of the service. People were encouraged to take up advocacy services to help them make independent choices about their lives.

Staff were highly motivated to provide a personalised service for people. They felt valued and supported. Staff spoke highly about the training and development they received to ensure they could provide a responsive and safe service to people in their own homes. People were supported with their health and dietary needs.

People were kept safe because staff had received training and understood the types of abuse which could occur and who they should report any concerns to. Only staff who were suitable to work with vulnerable people were employed. This was because checks on their suitability were always completed prior to them starting work for the service.

People's medicines and monies were well managed and an independent auditing system was used to ensure this remained robust and accountable.

People's views, opinions and concerns were dealt with appropriately. People were supported to have meaningful activities which included work placements as well as a range of leisure pursuits to suit individual interests and wishes.

People were supported to be as independent as possible taking into account risks. Where risk had been

identified, measures were taken to minimise such risks. Care and support was well planned and there were always sufficient staff to meet people's needs.

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.

People were protected from harm. People had confidence in the service they received and felt safe and secure in the hands of their care workers.

Risks to the health, safety and well-being of people were addressed in an enabling and proportionate way which promoted independence.

Care workers had the knowledge, skills and time to care for people safely and consistently.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

The service had good systems in place to safely support people with the management of their medicines.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to a strong person centred culture.

Kindness, respect, compassion and dignity were reflected in the day-to-day practice of the service.

People who used the service valued the relationships they had with care workers and expressed satisfaction with the care they received. People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

Is the service responsive?

Good 

The service was responsive.

People received a personalised service that was planned proactively in partnership with them.

People's care was kept under continual review and the service was flexible and responsive to people's individual needs and preferences.

People were actively encouraged to give their views and raise concerns because the service viewed all feedback received as a natural part of driving up improvement.

Is the service well-led?

Outstanding 

The service was really well-led.

The registered manager and the provider of the service promoted strong values and a person centred culture. These values were owned by everyone and underpinned every level of practice.

Staff were highly motivated and proud to work for the agency and were continually supported and developed to provide the highest quality of care. Staff were committed to the future of the service and making it the best it could be.

The service was focussed on continual improvement and never complacent about its successes, always looking for the next improvement that could be made.

Robust quality assurance systems enabled the service to ensure that the service delivered support in line with current best practice and always making sure that they put people at the very heart of every process.

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Detailed findings

Background to this inspection

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

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was completed by one inspector who visited the registered office on 7 August 2017.

Before the inspection we reviewed records held by CQC which included notifications and other correspondence. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent out surveys to 14 staff and received nine back. We sent surveys to healthcare professionals and received one back.

During our inspection we went to the agency's office and met with the registered manager, the deputy manager, and two care workers. We reviewed a variety of documents which included four people's care plans, three staff files and other records relating to the management of the service.

We visited four people in their own homes to gain their views about the care and support provided by the service.

We sought feedback from the three health and social care professionals. We received feedback from one.

Is the service safe?

Our findings

People said they felt safe. One person said they enjoyed living in the area, had a nice flat and felt "happy and secure" knowing staff were available and present throughout the day and on call at night.

People were safeguarded from the risk of abuse because the agency had developed safe systems for managing people's monies. Staff had received training on understanding abuse in vulnerable adults and was confident that any concerns highlighted to the registered manager would be dealt with. Staff were aware of policies and how to find out whom else to report to if needed. This was also discussed as part of one to one supervisions between staff and managers, as well as during staff meetings. The registered manager understood their responsibilities to report and work with local safeguarding boards when needed. There had been no safeguarding alerts raised in the last 12 months. Previous to this the registered manager had raised some concerns about people's vulnerability within the local community. She had worked with other agencies to ensure people's ongoing safety. Systems were in place to ensure that assisting people with their monies included a robust audit trail which was checked independently by a manager from another area within the organisation. People confirmed they received help from their support workers to budget and manage their finances. One person said "They (staff) help me to budget for my shopping and to save for my holidays."

In the surveys CQC sent out to staff prior to the inspection, all nine who responded said they knew what to do if they suspected abuse was occurring. They all also believed people were protected from harm and that as workers they were also protected as they confirmed there was a lone working policy. There was always a senior person to refer to and contact via phone 24 hours a day including weekends.

The service had good systems in place to safely support people with the management of their medicines. Where people needed to be prompted, their care records contained details of the prescribed medicine and any side effects. There was a system for keeping records up to date with any changes to people's medicines. Staff recorded each time a medicine had been taken by the person. People confirmed support workers assisted them when needed to take their medicines. Audits were completed to ensure the medicine records were being consistently completed. Staff only assisted people with taking their medicines once they had undergone appropriate training and their competencies had been checked. One staff member confirmed the registered manager shadowed them to check their competencies and medicines management was discussed as part of supervisions.

The service had policies and training in ensuring good infection control procedures were followed. This included the use of personal protective equipment (PPE) such as gloves and aprons. Staff confirmed there was a plentiful supply of PPE. As an additional measure managers from other areas within the organisation would complete audits including how well infection control was being managed.

People were enabled to remain as independent as possible. Any risks were clearly identified at the initial assessment and then reviewed as needs changed. For example where someone had been assessed as being vulnerable and at risk being out in the community without support, care hours had been used flexibly to

ensure they were supported to attend all the activities they wished.

The service kept people and staff safe by ensuring the environment they were working in was safe. This included checks that electrical equipment was safe and the home environments were free from trip hazards. The provider information return stated "People are supported to complete Health and Safety checks within their own home and reports/requests for repairs are made. One person we support has been appointed Health and Safety Officer and works alongside staff in completing Health and Safety checks with-in the service." This person confirmed they do a weekly check on the environment and report back to the manager which they said they enjoyed doing.

There were always sufficient staff available to meet people's needs. People confirmed their support hours were always honoured by a small team of staff who knew their needs well. The registered manager said they had a good team of workers who always helped out to cover sickness and annual leave. They had no missed visits and people received the care they needed at the time they preferred and agreed within their care plan. One staff member said "We may run a few minutes late if we have got involved with assisting someone, but generally we let people know."

There were effective recruitment and selection processes in place. All new staff had completed application forms and interviews had been undertaken with any gaps in employment history explored. Prior to new staff beginning work for the service, they had an interview. This included Recruitment QUBA (Quality Understanding Behaviour Assessment) which underpinned the recruitment process. The QUBA process involved the people they support in the decision making of support staff and gives them the opportunity to meet new candidates. One person was supported to ask interview questions to the potential candidates. For potential support staff it provided a chance for them to meet people with learning disabilities and help them decide if the role was for them. People were consulted and feedback was requested when staff completed their probationary interviews. In addition, pre-employment checks were carried out, which included written and verbal references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People said they were provided with effective care and support by staff who were skilled and understood their needs. For example one person said staff understood what was important for them to talk about and who in their life was important. They said "Yes they (staff) talk with me about my hobby and what I like to collect."

In the survey CQC sent out to community professionals, the one response received was positive about how effective the service was in ensuring effective care. They had ticked people told them they receive their visits on time from staff who knew their needs and ensure people's choices and preferences were respected. All of the nine staff who completed the survey believed there was sufficient time allocated for each visit to enable them to deliver care which the person wished, fulfilled their choices and wishes and enabled them to deliver consistent care and support.

People received effective care and support because staff had good training and support to develop their skills. All nine staff who completed the CQC survey said they had the right training, support, supervision and induction to do their job effectively. Training and support was seen as key to providing effective care in line with best practice. A training plan was developed each year in conjunction with a training specialist. This ensured all staff had access to face to face as well as on-line learning covering all aspects of health and safety as well as more specialist areas such as understanding autism, epilepsy and understanding expressed behaviours. A training matrix was developed and managed centrally to ensure the right training was available and delivered by specialists as needed. The organisation employed specialists to deliver and coordinate training. In addition staff were encouraged to achieve national diplomas in care.

Staff confirmed there were regular opportunities to develop their skills and learning. One said "As I am at university, the managers are very understanding and helpful. They keep me up to date with anything regarding the role and I complete all necessary training when required." All nine staff who completed the CQC survey said they received the training, support and supervision to enhance their skills and understand the needs and preferences of the people they supported.

All new staff completed a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Staff confirmed that their induction had helped provide them with the necessary skills and knowledge to support people effectively.

All staff had received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff demonstrated an understanding of the MCA and how it applied to their practice.

People were supported to maintain a healthy balanced diet to help maintain good health. One person confirmed they were assisted to shop and cook their meal in their own flat. They said "Staff help me choose what I wish to buy each week and then help me to cook the meals I have chosen."

Staff supported people to access healthcare professionals when needed. For example the provider information return showed how the service had have worked with the learning disability community nurses in creating a menu plan which resulted in a person with autism building on the foods that they ate. Initially their diet consisted mainly of sandwiches and chocolate, and it now consisted of a variety of food groups. One staff member said they had a healthy eating club which met in the communal lounge each Saturday and prepared a healthy lunch to share. Two people confirmed they found this club really useful and they enjoyed attending.

One person had been advised to lose some weight by their GP so staff used an online app to encourage them to challenge themselves to take more steps and enjoy a more active life. The system allowed staff to put on words of encouragement which helped keep the person motivated. Care hours were used flexibly to ensure people were supported to attend healthcare appointments and hospital passports had been developed. These were documents which explained in simple language how best to support the person should they need a hospital admission.

Some people communicated using words and signing and people using the service were all encouraged to develop their skills in signing. Total communication, signing and symbols were also used to ensure people had access to understanding healthcare and other important information.

Is the service caring?

Our findings

People said staff who supported them were kind and caring. One person said "They are my friends." Another person said "They help me and are very nice."

People benefitted from the time and effort that the service invested in building positive and caring relationships with people. It was clear from our observations and talking with staff that they had an in-depth understanding of what really mattered to people and this enabled them to work in a caring and compassionate way. There were many examples of how staff had shown caring and kindness in the way they worked with people to ensure their wishes and choices were fully respected. One example was where two people lived together and were anxious about answering the phone. Staff knew to call and leave a message and then call back a few minutes later and they would then feel confident to answer the phone. For another person living with autism, staff understood how important their routines were for them. They knew they could not visit them until the exact specified agreed visit time. Staff made sure they honoured this.

Staff understood the importance of ensuring people's privacy and dignity was upheld at all times. For example always ringing the doorbell or knocking before entering their home. People confirmed staff respected their privacy and dignity. Staff also understood about ensuring people's choices were maximised and upheld. For example respecting people's individual style and encouraging them to have a say in their everyday lives. Staff understood the importance of promoting people's independence and care plans reinforced the ethos that support was to be provided to allow people to lead the lives as they chose. There were a number of people who had been supported to access advocacy to ensure their voice was being heard and their choices respected.

The service had received a number of compliments and thank you cards which demonstrated that people and their families felt the agency delivered a caring service. Comments included "Thank you for the help and support, you have all been very welcoming and supportive." Another said "We would like to note the quality of care and support being offered...this is person centred care."

People were being supported in a sensitive way to consider their options and choices for end of life care and funeral arrangements. For example, One person was supported to visit a crematorium and church which enabled them to choose their place of rest. Their decision was recorded in an accessible format. Where people did not feel comfortable or did not wish to discuss this sensitive area, their wishes were respected and a note was made that they did not wish to have support in this area.

Is the service responsive?

Our findings

People said the service was responsive to their needs. One person said "I was very anxious for a long time, I did not like where I was living. Staff knew this and they gave me a lot of support. I am now back in my own place and although I still get anxious, I feel better."

People's care and support was planned in partnership with them and their family, where appropriate. The provider information return highlighted that each person had a person centred plan which detailed personal preferences, communication needs and what choices they have made about their support. These choices were reflected in the support provided. Changes in support needs were well managed with the person. The team was flexible in meeting changing needs. For example they had managed to agree to an increase of 60 hours per week for one person when given no notice. During a time when a person's family member suddenly became ill staff worked through the night to enable the person to visit their mother in hospital. In response to changing needs of one person the service provided night support and provided personal technology which enabled a person with a new diagnosis of dementia to return to their own home from hospital as opposed to moving into a new home/environment.

Daily records showed staff were responsive to people's needs because they gave a clear account of what they had done to support the person and any changes to their health or emotional well-being. These were completed electronically and worked dynamically with the care plans so changes to people needs could be easily identified and tracked.

Each person had a copy of their care plan and staff confirmed these were used to good effect particularly for new staff getting to know people's needs. One staff member said "If we have been off for a few days the care plans and daily records help us to update on anything new happening." It also ensured staff were able to deliver a responsive and consistent approach when providing care and support. Support plans were regularly reviewed with the person. The person chooses both the location and who to invite. Before a review takes place staff will meet with the person to check if there are any topics that they do not wish to address in a group setting.

The service had a positive approach to handling concerns and complaints which they viewed as a part of driving improvement. It was clear from the complaint information; every small complaint or issue raised was taken seriously, investigated and responded to. For example one parent had made a complaint that their relative's home appeared untidy. This was discussed in full and a written response sent explaining that staff were encouraging the person to be as independent as possible with their daily living skills, which they were sometimes reluctant to accept support with. Staff ensured the environment was safe and clean, but acknowledged it was sometimes untidy, but they had respected the person's choice not to participate in household chores.

Is the service well-led?

Our findings

People and staff were highly complementary about the style and leadership of the registered manager and regional manager. One person said "We can go to (name of registered manager) about anything. I like her." Staff said the management approach was open and inclusive. Comments included "As a member of staff I feel valued and well supported by management and other team members I feel the support we give as a team, is built around the needs and choices of the people we support."

People were at the heart of the service and their views, opinions and suggestions were actively sought and used to drive up improvement. For example People First a local advocacy service had visited during the 'outreach' sessions to highlight their role. Advocates had been used when people had considered moving home and when a person was considering how much support they required. 'Voices To be Heard' was a speak out group developed nationally by the provider. The provider information return stated "Hft's Voices to be Heard group meet monthly and minutes are cascaded and available with-in the services." People could provide feedback to the organisation via divisional and national meetings. Each service was encouraged to have a representative to ensure their views were considered as part of the overall feedback and future development of the organisation, both locally and nationally. People had identified that they needed more information about how to take part in elections and their rights. As a result of this an easy read voting manual had been produced to support people to understand their rights and how to vote. The Devon representative of Voices To Be Heard was recently supported to attend the United Nations Committee in Geneva where the UN published its concluding observations on the UK's Disability Rights.

People were encouraged to be part of the recruitment process to enable them to have a say about the employment of new staff to work with them. This included meeting possible new staff in an informal setting as well as being involved in the formal interview and selection process.

Family and friends views were also actively sought. The provider information return highlighted an example of how they changed the way they worked following feedback. It showed how following a family and friends questionnaire people said that they would like more local information about new staff and changes to the service. As a result letters to family members increased to approximately every four months. These letters detailed staff changes within the service and highlighted events such as the Holler (singing and signing choir) gigs. One family member of a person who attended the day service sessions now received weekly messages for updates on activities. The organisation also provided a free support and counselling service to family and friends at the point of contact regardless of whether they had people who took up the service. This gave information and guidance about the sort of support and benefits people with learning disabilities should expect and signposted them to other agencies as needed.

The vision and values were imaginative and person-centred and made sure people were at the heart of the service. They were developed and reviewed with people and staff and were owned by all and underpinned every day practice. For example when funding authorities looked to cut the number of care hours in some people's packages, staff and people got together to look at how they could use care hours more

imaginatively to ensure people still got time to be supported to learn new skills, enjoy a fulfilling and meaningful life and still have protected one to one time. The service developed some clubs from pooled hours, such as the healthy eating club as well as some social groups. This enabled people to have on-going support for additional times as they had pooled some of their care hours so that staff could provide a wider range of sessions for more people. The registered manager said they were establishing a focus group to look at how support plans for people could be developed in a more accessible format. One person was helped to remain in their own home despite having increased needs due to their health. The service helped them with assistive technology which enabled them to remain in an environment they were familiar with and wished to remain.

The registered manager and team promoted and celebrated what was working well and what they wished to improve on. This was achieved by developing and reviewing a detailed action plan which the provider called a Fusion plan. This followed their identified core areas for achieving person centred active support. For example, part of this model highlighted the need for staff to develop specialist skills. The plan showed that staff had been actively encouraged through supervision and a learning plan to develop specialist skills and courses had been sourced. Some staff had completed training in end of life care as the service recognised that as people using the service got older, these skills and tapping into a specialist network would be needed. They also used an assessment tool which followed the same key lines of enquiry CQC use to judge a service is meeting people's needs.

The registered manager and staff team continually strived to ensure the service and people who used it had strong community presence and were valued members. For example they had developed a singing and signing choir, which was open to anyone in the community. They had recently taken part in a diversity festival in North Devon. They were also involved in work placements within the local community and taking part in the local carnival which people who used the service said was one of their highlights of the year.

Staff understood their role, what was expected of them, were happy in their work, were motivated and had confidence in the way the service was managed. Comments included "We are always asked for our views via one to one meetings, staff meetings and in annual surveys. We can go to the manager at any time. I feel truly supported." Another staff member said "Yes we are listened to and valued by our manager and by the wider organisation." All nine staff who completed the CQC survey said their views were listened to, they were given important information in a timely way and that they were confident reported poor practice would be dealt with appropriately.

The provider rewarded best practice and staff going the extra mile with national awards. People and staff could nominate a team member. Several staff had been nominated for these national awards including the registered manager and a support worker. The registered manager had enthused staff to provide additional support above their contracted hours to enable people to take part in the local carnival. This was a big local community event and the registered manager and staff recognised the value and importance this event was to people. Their time and creative input helped the people using the service win first prize for their carnival float. This was something that people felt very proud of. One parent said "I just wanted to say a huge well done to you, your family and staff for such a great Carnival float. You all worked so hard so that (name of person) and their friends can enjoy such a good experience. I was particularly heartened by the warmth and encouragement of the South Molton crowd as we passed them."

Hft employees had access to a confidential phone line service should they have a concern that they wish to report - and they did do not feel able to report to a manager. Following feedback from staff the provider had

developed an operations development pathway to encourage staff to develop their skills further.

There was an effective quality assurance system in place to drive continuous improvement within the service. This included a range of comprehensive audits to ensure records, support plans and the environment people lived and worked in was safe. People were encouraged to help drive up improvements by taking on roles such as health and safety officer. This involved doing some of the health and safety checks around the environment of where people lived. Audits were also completed by managers from other services from within the organisation. This not only ensured an additional level of scrutiny but also enabled managers to share best practice.

Records both at the service office and in people's homes were well maintained, clear and comprehensive. Some records were computerised and these were maintained in accordance with the Data Protection Act.

The registered manager understood their responsibility to keep CQC informed of any notifiable events, providing additional information promptly when requested and working in line with their registration.