

HF Trust Limited

HF Trust - Stroud DCA

Inspection report

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Date of inspection visit:
15 November 2016
16 November 2016

Date of publication:
19 December 2016

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

This inspection was announced and carried out on the 15 and 16 November 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service. HF Trust Stroud DCA is a domiciliary care service providing individualised support for people with a learning disability. The amount of care and support varied from a few hours per day, or week, to people receiving care and support 24 hours a day.

The service was last inspected on 29 January and 3 February 2014. At the previous inspection there were no breaches of regulation.

There were two registered managers in post at the service; 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection, the provider was supporting 42 people living in different supported living locations. There had been some re-structuring of HF Trust in 2016 and some other services were closing. Many people had recently moved to HF Trust Stroud DCA from larger care homes. There were three registered managers for the provider. They each managed a number of locations between them, with each being responsible for approximately three locations. The registered managers would cover each other's locations in the event of any absence.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment. There were some minor errors with medicine recordings.

People were receiving effective care and support. Staff received training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

Staff told us there was an open culture and the environment was an enjoyable place to work. Staff were extremely passionate about their job roles and felt integral to the process of providing effective care to people.

The service was caring. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and were able to describe what they like to do and how they like to be supported. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence. People were supported to undertake meaningful activities, which reflected their interests.

The service was responsive to people's needs. Care plans were person centred to provide consistent, high quality care and support. People using the service and their relatives were able to raise concerns and were listened to.

The service was well led. Quality assurance checks and audits were occurring regularly and identified actions to improve the service. Staff, relatives and other professionals spoke positively about the registered managers.

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.

Medicines were managed safely but minor improvements were needed with some records.

The recruitment of new staff followed robust procedures and ensured only suitable staff were employed.

People were protected from the risk of abuse. Staff had received safeguarding training. The provider had policies and procedures to advise what to do if they had any concerns. Risk assessments were in place to keep people safe.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and on-going support through regular meetings on a one to one basis with a senior manager.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005.

People received good support to meet their healthcare needs. People and relevant professionals were involved in planning their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were supported to access the community and were encouraged to be as independent as possible.

We received positive feedback about the support from people living at the home and other relatives and professionals.

Is the service responsive?

Good ●

The service was responsive.

Staff delivered care in a person centred way and were clearly responsive to people's needs.

People were supported to follow their preferred routines and take part in meaningful activities.

People were able to express their views about the service and staff acted on these views.

Is the service well-led?

The service was well-led.

A comprehensive range of audits monitored the quality of the service.

There was a strong commitment to deliver a high standard of personalised care and continued improvement.

People and staff benefitted from clear, supportive leadership from the registered managers and provider.

Good ●

HF Trust - Stroud DCA

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 was planned to check 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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection was completed on 15 and 16 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service.

The inspection was completed by one adult social care inspector. The previous inspection was completed on 29 January and 3 February 2014 and there were no breaches of regulation at that time.

During the inspection we looked at six people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision records and training information for staff.

We spoke with the two registered managers of the service and 11 members of care staff. We spoke to 11 people at HF Trust Stroud DCA and visited 12 people in two different locations who receive support. Not every person was able to express their views verbally or were willing to engage with us. We therefore spent time observing care and the interactions between people and staff. This helped us understand the experience of people who could not tell us about their life in HF Trust Stroud DCA or the support they received in their own home.

The provider arranged for a coffee and cake afternoon at a local pub on the final day of our inspection. This

was a space for us to talk to people and staff and for them to ask us any questions.

After the inspection we emailed six health and social care professionals and received one reply. We emailed 11 relatives and received 10 replies. These were all positive replies and gave us good feedback on how people were cared for at the service.

Is the service safe?

Our findings

People, told us they felt safe. One person said "I am very safe". One staff member said "People are definitely safe, we have a good team". People, who were not able to communicate with us verbally, were comfortable and confident with staff. We observed people laughing and smiling with staff and other people using the service.

People's medicines were not always safely managed. We found different recordings for one person's medicines in one location. The medicines had been signed in by a member of staff and not counted properly so the stock check was a different amount to what was in the cabinet. We were assured during the inspection that checks would take place more frequently and received an email confirming that a new trial of medication audits would be completed. People's medicines were stored safely in cabinets and their medicines were given as prescribed. People were supported to take their medicines as they wished. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated peoples medicines were being managed safely. Staff received training, observed other staff and completed a full and comprehensive competency assessment, before being able to administer medication. Support plans gave staff guidance on how people preferred to take their medication. One person's support plan said, 'I have my medication in liquid form due to my eating and drinking guidelines'. Medicine errors were investigated and action taken to prevent a reoccurrence. There had been seven medication errors in 2016. Action had been taken if needed and the regional manager had signed them off as completed once actions had been addressed.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us people had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for six staff which evidenced staff had been recruited safely.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. The safeguarding policy had been reviewed in March 2016. An easy read safeguarding policy was available for people living in the service. Staff confirmed they attended safeguarding training updates. The registered managers and staff recognised their responsibilities and, duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

The number of staff needed for each shift was calculated using the hours contracted by the local authority. People, staff and rotas confirmed there were sufficient numbers of staff supporting people. However, some staff had recently left employment and shifts were being covered by some agency staff. The service used consistent agency staff where possible. Some people needed additional one to one support either in their home or to access the community, where this was the case this was provided for them outside the normal staffing levels. The provider had just completed a successful recruitment campaign and there were new staff

due to start working at the service. One staff member said, "I didn't believe it would get better, but it has. The quality of staff is much better".

Staff completed a six month probationary period where the provider checked if they were performing to a suitable standard. This process enabled the registered managers to come to a conclusion on whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment.

People were supported to take risks to retain their independence; these protected people and enabled people to maintain their freedom. We saw individual risk assessments in people's support plans such as; travelling alone, community access and using household appliances. The risk assessments we saw had been regularly reviewed and kept up to date. Staff told us they had access to people's risk assessments and ensured they followed the guidance in them.

All staff had received fire safety training and people had personal emergency evacuation plans. (PEEP). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in an emergency. One person's PEEP said that they required a 'verbal prompt' and this was sufficient for them to know to leave the building.

Staff showed a good awareness in respect of infection control and food hygiene. There were different coloured chopping boards which were used for different foods to minimise the risk of cross contamination. There were personal protective equipment (PPE) such as gloves and aprons for providing personal care. There were two different mops for designated areas and a steam mop for hardwearing floors. There were hand soaps and antibacterial gel available to staff. Staff had completed training on infection control.

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled to meet their needs. One person said "The staff look after me well". One relative said, "Our family is delighted with the care [The person] receives with the quality and caring staff who support them".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 and legally authorised under the MCA. One person had MCA's for areas such as; where they live, mobility, moving services and finances. These had all been updated and reviewed.

The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed if required and records confirmed this. DoLS applications had been made appropriately for people and the registered managers were awaiting further contact from the local authority. Staff had received training on MCA and DoLS and they were able to describe the principles and some of the areas which may constitute a deprivation of liberty.

Staff had completed an induction when they first started working at HF Trust Stroud DCA. This was a mixture of face to face training, online training and shadowing more experienced staff. The Care Certificate had been introduced and newer members of staff were completing this as part of their induction. The Care Certificate covered areas such as; equality and diversity, privacy and dignity and understanding autism. There were mandatory courses for staff to complete such as; first aid, MCA and DoLS, safeguarding and positive behaviour management.

Staff had been trained to meet people's care and support needs. The registered managers said staff received core training for their role and specific training to meet the needs of people they supported. Staff told us they had the training to meet people's needs. The provider had a digital system in place which showed when staff were due to re-new any training courses. This was quality assured by the registered managers regularly to ensure staff had completed all of the courses required within the right timescale. One staff member said, "The training is really good, HF Trust provide sufficient training. There is a training lady we can ring if we have any queries." We reviewed the training records for staff which confirmed they had been appropriately trained to support people with learning disabilities and complex needs.

Staff received regular supervision and an annual appraisal which enabled each registered manager to formally monitor staff performance and provide staff with support to develop their skills and knowledge. This was to ensure people continued to receive high standards of care from staff that were well trained. One staff member said, "I have regular supervision and my appraisal is due in January 2017." Records showed us supervisions and appraisals to be completed by one of the registered managers had been booked up to

December 2017 with a mixture of face to face, telephone and group sessions.

People chose the food they wanted and were supported by staff to assist with food preparation. Menus were varied, healthy and included personal choices. One person said "I am happy with the menu; I am especially pleased we have scampi on Friday as I like fish on Fridays". People's dietary and fluid needs were assessed and plans made to meet those needs. Staff told us people were supported to eat a healthy diet and drink plenty of fluids. People's care records included details of food and drink they consumed. This meant the service monitored people's food and fluid intake to ensure they were not at risk. Health professionals such as the speech and language therapists (SALT) team had written guidelines for staff to follow for people who were at risk of choking and/or coughing and required specific support. One newer member of staff told us they felt confident to follow these guidelines as they had watched senior members of staff and knew what to do. There were lots of information booklets for staff to read in people's homes we visited such as; Eating and drinking with dysphagia and choking awareness. There were two different systems in place for recording one person's food and fluid intake. We were told some staff recorded on paper and some on a computer. We discussed having one system in place so that staff did not get confused. We were assured that this would be put into place as soon as possible.

People's care records showed relevant health and social care professionals were involved with people's care; such as GP, dentist, opticians and members of the community learning disability team. We saw people's changing needs were monitored, and changes in health needs were responded to promptly. In each care plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy. One relative said, "The carers are very good at communicating with us on such matters as [The persons] health, health care and activities".

Is the service caring?

Our findings

There were positive comments about the staff. People using the service told us "The staff are helpful, I love being here" and "I want to stay here, I get help when I need it. My staff drive me places". One relative said, "My mother and I have always been most impressed with the real warmth and care that [The person] receives and the HF Trust ethos. Our relative has always been happy there. They have recently moved and their key staff and manager have moved too. We have always had a good relationship with them". Another relative said, "Whenever we have visited our relative, we have always found a friendly and relaxed atmosphere. Now that they have moved the carers make great efforts to get [The person] integrated into village life".

By speaking to staff and looking at records it was evident promoting people's rights and supporting people to increase their independence and make choices was important to them. The service operated a keyworker service, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Key workers were used in supporting those people who had recently moved and were responsible for ensuring transition plans and person centred plans were updated and reviewed. Records confirmed keyworkers were used regularly and provided support to people.

The registered managers informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the service or transferring from other homes to HF Trust Stroud DCA. Each person had an up to date transition plan if required. People visited their new homes and had a choice of where they would like to live. The registered managers also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of families and professionals were found throughout people's care files in relation to their day to day care needs. One relative said, "We were invited to attend six weekly meetings when one large home was closing. We were free to ask questions and to contribute ideas and suggestions. The individual care requirements of those cared for by HF Trust were taken into account in choosing properties and the required modifications needed".

Advocates, who are individuals not associated with the service were used to support people if they were needed. One person's support plan said, [The person] is offered an advocate when needing to make decisions however at present [The person] has good understanding and is able to make decisions for themselves. Capacity assessments are completed and if at the time [The person] is assessed as not having capacity then an advocate will be offered. One person had an advocate to support them in a best interest meeting in July 2016. Supervision notes for one staff member showed us that a referral for an advocate had been made for one person in October 2016.

People's care records included an assessment of their needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's needs were met in this area. We saw that staff had been trained about equality and diversity. We saw people were treated with kindness and compassion. We observed staff responding quickly to people's needs in a caring and meaningful way. One person was a little anxious about having to wait for a table at the local pub. We observed staff speak in a reassuring way and

explaining what was happening and that they would wait with them. The person seemed to be less anxious and waited patiently talking with the member of staff about their day.

People we were able to speak with told us about their family and friends and how they maintained contact with them. Staff told us supporting people to maintain contact with their family and friends was an important part of providing good care and support. All relatives we contacted had no issues with visiting their relatives when they wanted to. One relative said, "The staff are always happy to see us, and now that I am living close to Stroud I drop around, quite a lot, even at short notice". At one supported living service there was a top floor flat for relatives to stay with a kitchen and bathroom area separate to the home. We were told this had been used on many occasions and gave people and relatives the opportunity to spend quality time together. One relative had recently stayed for a weekend and helped settle their relative into their new home. This was positive as it meant people could invite friends and families to stay in their home.

People were supported to dress accordingly to their individual tastes. They looked well-presented and well cared for. People's choice around clothes and what they liked to wear was documented in their support plans. People were encouraged to look after their clothes and support plans gave staff clear guidance on how people liked to be supported. One person's support plan said, 'I will often wear the same clothes and don't want to put them in the wash. It is important that I am encouraged by staff to change my clothes regularly'. Another support plan stated, 'I can put my socks, shoes and callipers on independently but I like staff to check if I have done it properly. The socks are pulled up over the knee if long enough and when my calliper is on; the sock is pulled down over the top'. Another person's plan said 'I like to wear a shirt and look smart with smart trousers'.

Is the service responsive?

Our findings

There had been many compliments about the staff at HF Trust Stroud DCA from relatives and professionals. One relative said, "I've attended review meetings, e.g. with the local authority funder, and in recent years, stayed overnight, which has given me an experience of breakfast and evening activities. I've had no problems with the care staff at any time". Another relative said "I can't speak highly enough of them. They are doing all they can. My relative goes out to the pub, shops and physiotherapy sessions. We have good communication with staff and they let us know what happens". The Princess Royal, who is a patron of HF Trust had opened one of the supported living locations in July 2016 and wrote a letter to one of the registered managers after the opening day. The letter said 'Her Royal Highness was delighted to open the home and to meet everyone involved. The new premises are superb and extremely well designed to cater for all the requirements of the residents.'

People we spoke with said the service was responsive to their needs. One person spoke enthusiastically about the range of activities they were involved in and was on their way with a group of friends to a local dance class. They attended this every week. The person was excited as there would be ABBA music to dance to on the day. Other activities that people were involved in were; local church groups, going to the library, art classes, going for lunch or coffee and food shopping. People explained that they were able to choose what activities they liked to do. One person who had recently moved from a rural location into a village location said, "Now that I live in the community, I can walk to places. I work at one of the HF Trust homes doing the gardens and I walk there once a week. I go to the pub next door on a Friday afternoon and I walk and get my curry every week too". We were invited to meet a group of people in a pub for coffee and cake; people were happy and chatting to each other. People told us their plans for Christmas and holidays next year. People appeared relaxed and were able to ask staff for support with food and drinks. The afternoon was relaxed, calm and people were happy.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's current care and support needs. Daily notes were completed for people, however these were brief and did not give sufficient detail about what people had been offered to do and what they had actually done. There were no details of how people were feeling or any information about any social aspects of their day. The regional manager told us this was an area that required improvement and there were plans to make positive changes to how daily notes were written. We received an email after the inspection which stated, 'We will discuss the importance of daily notes as part of our training in December 2016. We will ask people if they would like to be more involved in writing their notes so that we can also include the things they feel are important. The registered managers and senior support workers will review the daily notes and address any concerns with individual staff. We will arrange training or coaching with staff if needed. We will trial an electronic system in one supported living service which supports people to record how they are feeling; physically, emotionally and in terms of their level of engagement and being in control of what is happening. We will use the learning from the pilot to decide if we can expand its use.'

Each person had a support plan and a structure to record and review information. The support plans

detailed individual needs and how staff were to support people. Each support plan covered areas such as; Communication, support needs, keeping healthy, leisure/hobby interests, cultural aspects, decision making and planning and finances. Each support plan had a pen picture which provided key things to know about the person so it was easy for staff to identify personal preferences. One person's support plan said they liked cooking and baking, arts and crafts and socialising with friends. They disliked loud noises, feeling pressured, swimming and going out in the rain. One person's support plan gave guidance about how they liked people to be around them, so that they could feel comfortable. The plan said 'I like people with a good sense of humour. I will respond well to someone who is positive, energetic and approachable' and 'I like to make everyday tasks fun'. In some of the support plans we looked at there was a lot of old information. As this had been inputted onto a computer and printed off, this information was at the top of the plan. We discussed this with one registered manager and in our feedback and were assured that support plans would be streamlined and contain only relevant information.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff. One person's hospital passport showed important information such as; how you will know I am in pain, how I eat or drink, likes and dislikes and how to communicate with me. The passport said 'Clearly explain to me what is going to happen and allow me time to process the information'. This person's hospital passport had been updated in September 2016.

People told us they were aware of who to speak to and how to raise a concern if they needed to. One person said, "I would go to the manager" and another said "Staff sort things out". People felt that the staff would listen to them and that issues would be addressed. One person had made a complaint on 10 October 2016 regarding a maintenance issue. This was recorded on an easy read complaints form provided by the service. The complaint asked how the person was feeling and had pictures to choose from. The person had chosen the picture 'not good'. After the inspection we received an email from the provider explaining the outcome of the complaint. The email said, 'As a result of the complaint we contacted the estates team. A fault with [The person's] shower was identified. A works order has been placed to fix the issue and re-decorate the area. A full apology was offered and the complaint remains open on our system and will not be closed until [The person] has confirmed they are happy with the work once it has been completed.' One relative, when asked about complaints said, "We have always felt free to ask questions of HF Trust and have never been made to feel that we were thought to be a nuisance in anyway".

Is the service well-led?

Our findings

There were two registered managers for the service. People and relatives spoke positively about the management. Staff told us they felt well supported by both their peers and managers and enjoyed working for the provider. One member of staff said the culture of the service was good and their registered manager was "Approachable". One relative said, "We consider HF Trust to be an excellent well managed provider and we consider ourselves to be lucky that our relative is in their care". Another relative said, "My relative has been cared for by HF Trust for most of their adult life and is now 60 years old. We have been most impressed with the real warmth and care that they receive and the HF Trust ethos. They have always been happy there. [The person] has recently moved and the manager and other staff have moved too and we have always enjoyed a good relationship with them".

The registered managers were responsible for completing regular audits of the service. These included assessments of health and safety, incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. Records showed us these audits took place and had outcomes. Each registered manager had completed a monthly audit in November 2016 and we saw an action plan with specific tasks identified for one location from October 2016. This gave actions required such as; dignity and respect to be discussed in house and team meetings in December 2016, continue finding new activities in the new community and all staff to ensure they have read all updated policies and record this.

The organisational records, staff training and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Examples of these included safeguarding, disciplinary procedures and lone working policies. The lone working policy had been updated in July 2016. A large number of easy read policies were available for people if they wanted them. These included complaints and how to complain, safeguarding and MCA and DoLS.

Staff, senior support workers and people attended regular team/house meetings. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these took place regularly. The meetings had specific outcomes. The house meeting minutes for people who use the service in September 2016 stated that everyone said they were happy and have no complaints. One house had easy read minutes for people to read afterwards to make sure they understood what was said and any actions to be taken.

The provider had a 'Voices to be heard' meeting every month and people who use the service were encouraged to attend. There were updates on local community activities such as; an all abilities sports day in Gloucester and Halloween and Christmas events. People were given an update on new staff and people were asked if they would like to help the managers with the interviews. Three people said they were interested, but would prefer to have a cup of tea with candidates rather than do a formal interview. This meant people were involved in the running of their services and their opinions listened too.

Relatives gave us feedback regarding the transition of people who had moved or were moving homes due to

the re-structuring of the service. Some larger care homes were being closed and people were moving into smaller homes or supported living services. Relatives said they had been well informed throughout the process. One relative said, 'Clearly moving people to new accommodation has been and, for some still is a very difficult task. However, HF Trust has gone to great lengths to keep the families involved and informed. We have a families association (FSA) which has met, three times a year on Sundays. HF Trust staff and all levels of management have attended to keep families up to date and answer all questions. We have regular newsletters so that those unable to attend meetings have been kept informed'. and 'There were six weekly move on meetings. These were meetings for management and staff responsible for finding appropriate new properties and designing the modifications to suit the needs of those moving. We were invited to ask questions and contribute ideas. The individual care requirements of those cared for by HF Trust were taken into account.'

From looking at the accident and incident reports, we found the registered managers were reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. There had been nine recorded incidents/accidents/near misses since January 2016. The regional manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken.