

HF Trust Limited

# HF Trust - Avon DCA

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

HF Trust - Avon DCA is a supported living service which provides support to people at three houses. At the time of inspection, the service was providing personal care to 14 people. The service supported people had a learning disabilities and various other health conditions.

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

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

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

People were supported by staff who knew how to keep them safe and protect them from avoidable harm. People were supported by regular staff who they knew well. People were encouraged to be as independent as possible with their medicines. Systems were in place for the safe management of medicines. Incidents and accidents were reported and investigated, and actions were taken to prevent recurrence. Staff followed infection control and prevention procedures.

The care provided by the service was effective. Staff were well trained and supported by wider health and social care professionals. The management was committed to upskill staff to enable them to support people to achieve their best outcomes.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff had a good understanding of the Mental Capacity Act and knew how to support people to make informed choices about their care. Should people lack capacity this was quickly identified, and measures put in place to support those people.

People were supported by staff who were kind and caring and spent time getting to know them. People were supported to be involved in their care in a way that promoted independence and maintained privacy and dignity.

The service was responsive to people's individual needs. Support staff knew people well and could quickly identify any changing needs. The service had systems in place to meet people's different communication needs. People were supported to pursue hobbies and interests and to be part of their local community. People were empowered to achieve their goals.

The management team led by example and used all opportunities to drive continuous improvement at the service. Staff were motivated and spoke with pride about working at the service.

The management team were open, approachable and focussed on providing person centred care. Systems were in place to monitor the quality of care provided. The management team and staff communicated effectively and shared a passion for championing the rights for people they supported.

The service had established links in the local community and had worked in partnership with key organisations including local authorities and other agencies that provided social care services to improve people's opportunities and experiences.

#### Rating at last inspection

The last rating for this service was Good (report published in December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# HF Trust - Avon DCA

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection of HF Trust - Avon DCA was carried out by one Adult Social Care Inspector.

#### Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Notice of inspection

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

#### What we did before the inspection

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

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with seven members of staff including two managers and support staff.

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

After the inspection

We spoke with staff that worked at the service. We looked quality assurance records and other information which the managers had sent to us.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found that people were not always kept safe because environmental risks had not been fully assessed. At this inspection we found enough improvement had been made and the provider was no longer requires improvement in safe.

- Since the inspection risk assessments had been put into place to assess the risk of burns from hot surface radiator temperatures. Window restrictors had been put into place to reduce the risk of harm and injury from falling from height.
- The provider had systems in place to assess, monitor and review risks to people's safety.
- People were involved in discussions about the risks posed to them. Where risks had been identified there were plans in place instructing staff on how to reduce the risk of people being injured or harmed.
- People were supported to take positive risks as part of their daily life. This had been risk assessed by senior staff and involved people within the process. An example of this was that a person was supported to use a jigsaw tool when undertaking woodwork activities.
- Staff were trained to support people to manage behaviours that might challenge them and others. Positive behaviour support plans helped staff use the least restrictive methods to support people in these instances to reduce the risk of them hurting themselves and others.
- Risk assessments were regularly reviewed by staff. A system was in place which flagged when risk assessments were to be reviewed.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care they received. Were observed positive interactions between people and staff. People confirmed they were provided with the appropriate level of support.
- Staff received training in how to safeguard people from abuse. Staff had also received training in relation to hate crime. They knew how to recognise signs that a person may be at risk and what they should do about this.
- The provider's set out for people and staff how and when they should report safeguarding concerns to the appropriate person or agency to investigate.
- Concerns had been appropriately reported to the local authority and police to protect people from harm. We were told hate crime and mate crime had recently been reported and people were being supported to

recognise the signs.

#### Staffing and recruitment

- Staff expressed a high level of confidence in their respective staff teams. Staff confirmed that they worked together to help cover any absences.
- Agency staff were being used within one of the houses to help cover shifts. We were told by the manager's that a recruitment drive was underway to recruit staff. The agency staff being used were regular staff that knew people well. This helped to ensure continuity and consistency was maintained.
- Staff told us staffing levels were sufficient to carry out their roles. Staffing levels were assessed according to the individual needs and dependencies of people who used the service.
- An effective recruitment and selection procedure was in place. The provider carried out the relevant security and identification checks when they employed new staff. This was to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), references and proof of identification.
- People were actively involved where possible in recruiting staff to care for them.

#### Using medicines safely

- Systems were in place so that people received their medicines as prescribed. This was confirmed by medicines administration records (MARs) which were clear and accurately completed.
- The provider followed safe practices for the receipt, storage, administration and disposal of medicines.
- Staff received medicines training and their competency was regularly assessed.
- Risk assessments were in place for those people that were able to self-medicate.

#### Preventing and controlling infection. Learning lessons when things go wrong

- There were effective measures in place to ensure the risk of infection was prevented and minimised.
- Staff understood the principles of infection control. Staff used personal protective equipment such as gloves and recommended hand-washing techniques to minimise the risk of cross contamination.
- Lessons were learnt when things went wrong. Accidents and incidents were recorded and shared with the senior management.
- The provider and management team analysed incidents and shared learning across the organisation to prevent future occurrences.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed with the person, health professionals and a manager before they received assistance with their care and support.
- Assessments included information on people's physical, mental health and social needs. People were also asked about how they wanted their support to be provided to them.
- Transition plans were put into place to help people choose if they wished to move to one of the houses and receive support. This was to help them settle and get to know the staff.

Staff support: induction, training, skills and experience

- Newly employed staff were required to complete an induction before providing care. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate. This is designed to help ensure care staff that are new to working in care have initial training. This gives them an adequate understanding of good working practice within the care sector.
- New staff spent time shadowing experienced staff before they worked unsupervised.
- Staff were supported in their role through supervision and appraisals.
- Staff told us they received the support they needed on a day to day basis from senior staff.
- Staff had completed a range of training which included, fire safety, health and safety, MCA, DoLS, medicines, food safety, infection control, first aid, health and safety, lone working, moving and handling and safeguarding.
  - Some training was completed that was specific to people's individual needs. Examples of this included training sessions in relation to positive behaviour support, dementia and end of life care. We were told that bespoke training was provided in relation to these subjects and was centred around the individual person's needs.
- Staff spoke positively about the standard of training and support they received.

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

- People were supported to eat a healthy diet and to manage their dietary needs. People were supported to manage their budget effectively, to ensure they had a budget for their food, drinks and activities.
- People told us that they received support to purchase food shopping and to help plan their meals. Some people told us were supported by staff to prepare their meals. They said that they were happy with the

support and able to eat what they liked. They said that they sometimes ate with other people, but they were always able to make a choice about this.

- Staff were aware of people's individual dietary needs, people's likes and dislikes and any risks there may be to people's health such as unintended weight loss.

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

- People were supported to understand their own health needs and how these were managed.
- People were supported to attend appointments when necessary.
- The service worked closely with social and health care agencies to promote people's well-being.
- Both managers described excellent relationships with local and specialist health practitioners which helped to make sure people received the right support with their health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA and we found the appropriate referrals had been made to the local authority.

- People confirmed that staff asked for their consent with meeting their needs. People's comments included, "Yes they do" and "They ask me if I am happy when helping me".
- Staff completed training in the MCA. Staff we spoke with understood the principles of the Act and how they used these to support people with making their own choices, and decisions.
- Support plans contained information to confirm people had consented to their plan of care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff were kind, caring and respectful. One person said, "Yes very caring. The best".
- We observed people positively interacted with staff, laughing and joking with each other.
- There were very warm, engaging relationships between staff and people. We observed one person being supported to order a pirate outfit wear. The person appeared happy that the staff had taken the time to order this. It was clear this had meant a lot to the person who were keen to share details with us.
- Support plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems.

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

- Where necessary, the service sought external professional help to support decision-making for people. We saw multi-disciplinary meetings being held and people were involved in these meetings to discuss their needs and make decisions about the care.
- People had information about how they communicated within their support plans which enabled staff to support them to express themselves. One staff member told us how they understood people's body language and verbal communication.
- People were involved in planning their care. People had signed their support plan. One person told us they regularly liked to read their support plan file.
- We observed people were able to approach staff and ask for support when they wanted to around their care needs.

Respecting and promoting people's privacy, dignity and independence

- In line with Registering the Right Support guidance, people were encouraged to be independent as possible in relation to cleaning, managing their finances and accessing the local community. As example included, one person was independent in accessing public transport. This enabled people to develop their daily living skills.
- People's confidentiality was supported and information about people was held securely.
- People were supported to express their sexuality within the service. An example included that one person was supported to attend gay pride and LGBT events. It was clear the service was respectful of the person.

- Staff respected people's privacy, listened to people, respected their choices and told us how they upheld their dignity when providing personal care. For example, by offering privacy, encouraging people to wash and asking their permission.
- Staff supported other agencies such as the police to understand needs of people with learning disabilities and autism. This helped to promote people's right to live ordinary lives in their own community.
- Both managers were passionate at promoting the rights of people that they supported.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good.

This meant people's needs were met through good organisation and delivery.

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

- People told us they had been consulted about their care and had every opportunity to make changes with regular reviews carried out.
- People's support plans contained an assessment of their needs. They were person centred and contained comprehensive information.
- Each person had an assessment of their support along with information about the essential support to be provided. An example was that a person required support with personal care to help manage their hair type.
- People were actively encouraged to take control of their every day lives. One person we spoke with was a learning and development champion. They attended regular training events with staff to talk about safeguarding and other topics from their prospective. Staff were supportive of the person's role and helped them to attend events. The same person also had a job that required them to use public transport alone. Staff told us they supported the person with using public transport until they had built their confidence to do this.
- People participated in a range of individual and group activities. People were also supported to go away on holidays and short breaks.
- One of the manager's told us about the work they had carried out to help support people with their sexual identity. This included emotional support, attending focus groups and enhancing staff training. This was to ensure the care provided to people were not only person centred but helped people to live their lives freely.
- One staff member told us about a floristry group that was set up. They arranged for flower donations to be made to one of the houses. This was so that people could participate in a flower arranging activity. This had a positive impact on one person in particular. We were told they made a floral reef for their loved one's grave which helped them with their bereavement.
- People that lived at one of the services wanted to start a gardening project. The staff team supported this to be set up. One of which was a qualified carpenter. People were actively involved in helping with the garden project. We were told the local community donated items for the garden project which included plant pots and wood. One person made a pond in the garden whilst another person used a jigsaw to help make a seating area and work bench. Other people also supported the project by making a bug garden.
- People were encouraged to maintain relationships to avoid social isolation. This included supporting some people to attend local friendship groups within the community. People were supported to attend individual activities such as swimming and the cinema.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Support plans were easy read with pictures, so people were able to maintain control of their support. An example included that one person required support with the administration of their medicines. Pictures were used to help communicate this to the person.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy about any aspect of their care. One person told us, "I spoke to X when I was unhappy. It got sorted out".
- Staff told us they knew people well and they had got to know if people were unhappy. An example given was through facial expression or recognising changes in behaviour.
- A formal complaint process was used to respond to complaints. Records showed that two formal complaints were raised by people that received support from the service. Both people were happy with the outcome of their complaint.

End of life care and support

- At the time of our inspection the service was not supporting any person to receive end of life care.
- Staff told us they had supported a person with end of life care in the past at one of the houses. They were able to care for the person with the support from community based professional. People that lived in the same house as the person were supported through the bereavement process.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's personal, cultural and religious beliefs and preferences.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open, honest, friendly culture within the service, and staff and leaders had a positive approach.
- Staff spoke positively about the leadership of the service. Comments we received included, "I can honestly say the management team are amazing", "I have seen lots of changes to improve the service since they started" and "My manager listens to me. I do feel valued by them and my team".
- Staff that worked at the service shared the same vision and values of the management team. Staff were committed to improving the daily lives of people. An example of included that a member of staff had cycled to Bulgaria to raise money for a sensory garden at one of the houses.
- Staff were recognised for their hard work and were rewarded in a range of ways. One member of staff had received an award for going the extra mile. A small token of appreciation along with a card was given to the staff member.
- Other awards which took place regionally included fusion awards where staff could be nominated for their hard work within the organisation. One member of staff had been put forward for a fusion award by their manager. This was after a compliment was made about them. The compliment said, "We can't really praise him high enough as the last few weeks he was like angel to us".

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

- The management team were open and honest when things went wrong, and lessons were learned to ensure people were provided with good quality care.
- The provider understood their responsibility within the duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- There was an enthusiastic and energetic management team with clear accountability and respect for each other's skills. Since the last inspection two different managers had been recruited. One manager had applied to the CQC to register as the manager. The other manager was completing their induction and looked to apply to register in the near future.
- An area manager supported the management team and visited regularly to meet with people and to carry out audits of the service.
- Both managers monitored the quality of care delivered within the service on a regular basis. They had developed a rolling schedule of internal audits, which helped them to monitor the service.
- Weekly senior support checks were undertaken of the service to identify any discrepancies. Custer inspections were also carried out of the service by senior management.
- The management team understood their legal duties and submitted notifications to CQC as required.

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

- The provider had a system in place to formally gather feedback about the quality of care from people who used the service. An inclusive and objective approach was used, and we saw that action plans were devised in response to this feedback to drive improvement.
- Staff told us their feedback about the quality of care was sought through one to one meetings and staff meetings. Staff told us that their views were listened to and acted upon to improve the quality of care.
- Regular house meetings were held to discuss people's views of the service.

Continuous learning and improving care. Working in partnership with others

- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care, staff learning and support arrangements and organisational changes.
- The management team worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals. This was to ensure people received the care and support they needed.
- The service also worked with other organisations including the learning disability team and mental health team to help improve the lives of people.