

HF Trust Limited

# HF Trust - Bedfordshire 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

This announced comprehensive inspection took place on 28 September 2018 when we carried out a visit to the office. We also carried out telephone calls to people who used the service and their relatives on 03 October 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people who may have a learning disability and associated needs.

Not everyone using HF Trust-Bedfordshire DCA receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There were two registered managers in post. 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.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and

correct processes were in place to protect people. Staff gained consent before supporting people.

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.

People were able to make choices about the food and drink they had, some people were independent with this but staff gave support when required.

People were supported to access a variety of health professionals when required, including community nurses and doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person-centred way and were responsive to people's needs.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement. People and their relatives were asked for feedback.

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

Further information is in the detailed findings below

## 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

Staff were knowledgeable about protecting people from harm and abuse and processes were in place to report any concerns.

Staff had been recruited using a robust recruitment process. There were enough trained staff to support people with their needs.

Systems were in place for the safe management of medicines.

Risks to people were assessed and managed appropriately.

People were protected by the prevention and control of infection.

### Is the service effective?

Good ●

The service was effective.

People's needs had been assessed prior to them receiving visits.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals when required.

Consent to care was sought in line with legislation.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were able to make decisions about their daily activities.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

### Is the service well-led?

Good ●

The service was well led.

People and their relatives knew the managers and were able to contact them when required.

The provider had a clear vision, and were open and transparent.

Quality monitoring systems were in place and were effective.

Staff were involved in developing the service.

# HF Trust - Bedfordshire 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.

This inspection took place on 28 September and 03 October 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that a registered manager would be available.

Inspection site visit activity started on 28 September 2018 and ended on 03 October 2018. It included reviewing documentation, speaking with people who used the service and their relatives. We also spoke with staff. We visited the office location on 28 September 2018 to see the registered manager and office staff; and to review care records and policies and procedures. This was the first inspection since the service was registered.

Prior to the inspection we spoke with the local authority and we checked the information we held about this service and the service provider. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people who used the service, two people who used the service but did not receive the regulated activity and two relatives. We also spoke with the registered managers, a senior support worker and two support workers.

We reviewed three people's care records, one medication record, four staff files and records relating to the management of the service, such as quality audits and staff training.

# Is the service safe?

## Our findings

There were systems and processes in place to safeguard people from avoidable harm, abuse and discrimination. Staff we spoke with confirmed they had received safeguarding training and knew what constituted abuse and knew how to respond and report it. There was a notice in the office detailing how to report concerns with contact addresses and telephone numbers. Staff understood their responsibilities to raise concerns. One staff member told us, "I would speak to the manager or the on-call senior." They went on to tell us what abuse was and how it could be recognised.

People had appropriate risk assessments in place to enable them to keep safe without removing their independence. These included; managing own finance and administration of medicines. These had been reviewed and updated if necessary on a regular basis. Risk assessments were used to assist people with their independence whilst managing any associated risk.

Accidents and incidents were investigated and recorded. They were processed through the provider's computer system, and were checked by the provider to establish any themes and if practices could be reviewed to prevent the same incident occurring in the future.

Staff we spoke with were aware of the providers whistleblowing policy. They were able to tell us when and why they would use it and how they could access it.

People lived in their own tenanted flats. The registered manager told us they would support people with any issues they had, for example; structural or decorative needs. Where the provider was responsible, regular checks were carried out and repairs carried out as a matter of urgency.

There were sufficient numbers of staff on duty to provide support for the people who were using the service. Rotas showed they had been developed around people's required hours of support when they needed it. The registered manager told us they occasionally used agency staff, however they were always the same staff who knew the people they would be supporting.

Staff told us they were not allowed to start in the role until the providers HR department had signed off all the required checks. Staff files we looked at contained the required checks including; references, copies of application forms, interview questions and DBS checks.

There were processes in place for the safe use of medicines. Some people were independent with their medicines, others needed some assistance. We looked at the medicines and records for one person who staff administered. Records had been completed correctly. We also carried out a stock check which balanced. The registered manager told us that after medicines had been administered another staff member checked them to ensure they had been given as prescribed. This meant that if there had been an error it was identified and could be rectified immediately.

Staff told us that they encouraged people to keep their own flats clean, however some people needed

support. Staff and people who used the service cleaned the communal areas together.

There were plentiful supplies of cleaning equipment along with Personal Protective Equipment (PPE), for example disposable aprons and gloves. This helped reduce the risk and spread of infection.



# Is the service effective?

## Our findings

People's needs had been holistically assessed and support had been delivered in line with current legislation and best practice. We saw that staff had received training in equality and there were processes in place to ensure no discrimination would take place.

The registered manager told us they used technological equipment to assist with people's care or to assist with their independence. This included; key fobs rather than keys, talking scales, talking thermometers, an automatic extremer temperature sensor and special kettles which only boil one cup for safety.

Staff received training to enable them to provide care and support in line with best practice. A staff member said, "I have recently done some training and it was fantastic." Another told us, "I do not mind if it is face to face or e-learning. We have some sort of training every month." We saw the training matrix which showed what training staff had attended and when it was next due. Some staff had completed nationally recognised qualifications in health and social care. Staff were able to tell us what they had learnt during training and how they put it into practice.

Staff told us they had regular supervisions on a one to one basis with the registered manager or senior support worker. One staff member told us, "I have supervision about every six to eight weeks, they are a two-way thing and can discuss anything." We saw a supervision matrix which showed for the full year when individuals' supervisions were carried out and we also saw completed supervision records. Spot checks in people's homes were also undertaken by a registered manager.

Staff assisted some people with their meal planning, shopping and meal preparation. One person said, "They help me get things in and out of the oven because it is hot." A relative said, "[Name of person] can prepare some food but staff help when needed." Staff explained and showed the inspector how they assisted one person with their shopping list. They had a lot of pictures of different food which with staff help the person picked and put onto a board for their weekly menu plan. They then took the pictures of ingredients they needed to buy when they went shopping. This enabled a person who could not read or write to be as involved as much as they could.

People had access to additional professional healthcare when required. Within people's care records we saw evidence of hospital or doctors' visits. If required, staff would accompany people to their appointments.

People had been involved in decisions about the environment. The registered manager told us they were about to have the garden developed. We saw on the notice board where people had been asked for their ideas and what they would like the garden to look like. We also saw a plan and this contained most of the people's suggestions.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people who live in their own homes this would be a Court of Protection Order.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that no one who was using the service had any restrictions on their liberty. Staff we spoke with had a good understanding of both MCA and DoLS.

People told us staff always asked for consent before entering their flats or providing support. They were supported to be as independent as they could be and assisted with learning new skills for more independence.

## Is the service caring?

### Our findings

We observed people being treated with kindness and compassion during our inspection. There was a very good rapport between people and staff. Staff spent quality time with people and worked with them in an understanding and appropriate way. One person said, "They (staff) are all lovely, they are excellent." A relative told us they thought the staff were very caring and extremely patient with their loved one.

It was obvious that staff knew people well, they chatted with them about things of interest. They were able to give us a full overview of each individual person including their background and how they had developed with achievable goals. One staff member told us about one person's triggers. They knew what to look out for with changes in their behaviour and what to do to calm the person before they became really upset. This showed staff knew people well. Staff were also supportive of each other. One staff member said, "Staff are very supportive and understanding. A real mutual respect. It's based on trust, you work hard to create that connection. It's a very positive experience."

People were given the time they needed by staff to support them in the way they chose. Staff told us that visit times could be changed to fit in with what people wanted. During our inspection one person speaking with the inspector was a little unsure about what they were doing. The registered manager then spent some time with them reassuring them and talking over their concerns. The person was then more settled.

We observed people being treated with privacy, dignity and respect. Staff knocked on people's flat doors and waited to be invited in, they spoke with them in a respectful manner and everyone was introduced to the inspector. One person said, "They are come to my flat to help me, yes they always knock."

Staff promoted people's independence. We observed staff interacting with people and encouraging them to do what they could for themselves, with assistance if required. One person told us they used to need a lot more help but staff had worked with them and now they were much more independent. A relative told us how much their loved one had progressed since they had accessed the service and were developing more independence.

The service also supported young people although none of them were receiving the regulated activity. We saw there were processes in place to support them with managing their care and support and having choice and flexibility about the amount of parental involvement.

## Is the service responsive?

### Our findings

Records showed people had been involved in the planning of their care and support as much as they were able. The registered manager told us that most people's families were involved in their loved ones' care and support. Care records we looked at showed they were person centred and reflected individuals' needs and requirements. They included people's background, a pre-admission assessment and care plans for each area including; communication, positive behaviour, personal care and consent to care. They also contained personal goals and information regarding what and who was important to them. Care plans had been reviewed on a regular basis. The person themselves and family or representatives had been involved.

Staff worked with people to support their protected characteristics in line with the Equality Act 2010. Records and documents were available in easy read or pictorial format to assist people who may need support to understand them.

People were supported to access activities of their choice. Some we saw had taken place or people had planned included; cinema, drama club and personal shopping. One person told us they were going to an evening activity that day. Some people were supported to attend college and one person volunteered locally. This showed people were encouraged to join in with the local community.

Within care records we found people had a 'health passport.' This is a record of their medical needs, medication and medical history and could be used for people to take with them to appointments. Staff told us they or a family member would accompany people to appointments if that is what they wanted.

People told us they had an 'on call' number which they could use to speak with a member of staff at any time. One person said, "I just have to ring and they are there."

There were processes in place to enable people to complain. One relative said, "I know how to complain and would do so if I needed to." There had been a small number of complaints. These had been responded to by following the provider's process. All complaints were logged on the provider's computer system where they were assessed by the provider.

## Is the service well-led?

### Our findings

There were two registered managers in post who had worked for the provider for a number of years. They were aware of their regulatory responsibilities and requirements. They were aware of the day to day culture of the service as they were available on a daily basis. We observed staff interacting with the registered managers. It was clear they were comfortable in their presence. People who used the service and their relatives knew who the registered managers were. One relative said, "I can speak with [name of registered manager] anytime."

There was an open, positive and transparent culture within the service, which promoted fairness. The registered managers and provider had a clear vision and values to ensure people who used the service received the best care and support. The office doors were open and people and staff popped in and out and spoke with the registered managers throughout the inspection.

Staff told us they felt well supported by the registered managers and the provider. One staff member said, "He is supportive and here all the time." They told us they would not hesitate to raise any concerns as they knew the registered manager would be supportive and would investigate. The registered managers told us they were supported by the provider.

The registered managers told us that a number of different meetings had been held on a regular basis. These included managers meetings and staff meetings. Minutes of these were seen and ideas and suggestions which had been identified had been put into practice. The provider also held meetings for all of the registered managers in the area. People who used the service had weekly one to one meetings with their key worker. This was to plan for the following week, set goals and to report on the past week.

Annual surveys had been sent out to family and friends to gather their opinions of the service provided to their loved ones. We saw the last returned questionnaires, there were no negative comments or remarks. Some positives included; 'Top class service.' And, 'We have seen a positive change in [person's name] since arriving at your service.' Feedback from people who used the service were asked for their feedback when spot checks had been carried out. Those forms were also in easy read/pictorial form to assist people's understanding.

There were a number of quality audits carried out on a regular basis. These included: medicines, care plans and health and safety. The provider also carried out quality audit visits. If any issues had been found the registered manager developed an action plan, spoke with staff involved and carried out the actions.

The registered manager told us they had learnt lessons from when things had gone wrong in the past and consequently, had changed some practices. They told us there had been an incident in the past regarding two people who shared a kitchen. Practices had been changed to ensure they were not planned to be in the kitchen at the same time as they got on well at all other times.

The provider and registered manager worked in partnership with other organisations including the local

authority, safeguarding and multi-disciplinary teams to support the best provision of care and support for the people who used the service. Where required, staff shared information in a secure way to support this.