

HF Trust Limited

HF Trust - Wiltshire 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

HF Trust – Wiltshire DCA is a domiciliary care service providing personal care and support to people. Supported living services enable people to live in their own home and live their lives as independently as possible. The service is run by Hft which is a national charity providing services for people with a learning disability. The service currently provides personal care for seven people within their own home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We found the service to be well led.

People told us they felt safe. They were supported to stay safe by staff who understood and knew how to protect people and minimise the risk of harm and abuse. All staff had received training in safeguarding vulnerable adults and were able to explain how they would recognise and respond, should they suspect abuse was taking place. Where risk of harm had been identified assessments had been undertaken and plans put in place to minimise these risks.

People received flexible and responsive care and were supported by sufficient numbers of staff to meet their needs. Staff received training and supervision to enable them to meet people's needs.

The service followed safe recruitment practices which included appropriate checks prior to staff commencing employment with the service. Recruitment processes were in place that had been followed.

People had access to health care support when required and staff responded to health care issues in a timely manner. People received their medicines safely and accurate records were maintained.

People and their relatives were involved in the development of care plans and were able to express how they preferred to receive care and support. The management team were adaptable to changes in people's needs and communicated changes to staff.

People were supported to maintain a balanced diet and were involved in menu planning. People were able to make their own snacks and drinks, whilst others received the necessary support as required.

People felt that staff treated them with dignity and were supportive in helping them to maintain their independence as much as possible.

The registered manager had regular contact with people using the service. There were policies in place which ensured people would be listened to if they made a complaint and actions would be taken to resolve the situation.

The provider had robust quality assurance systems in place to ensure the quality of service provision.

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 ●

This service was safe.

People told us they felt safe with the care and support they received. People were kept safe by systems in place to manage risk. People's risk assessments were relevant to their current needs.

People were protected from the risk of harm and abuse. Staff had the knowledge to identify safeguarding concerns and acted on these to keep people safe.

Policies and processes were in place to ensure people received their medicines safely and as prescribed.

Is the service effective?

Good ●

This service was effective.

People's needs were being met because staff had the correct skills and knowledge to meet those needs. People were cared for by staff who knew their needs well.

Staff received training on a range of subjects. Staff met regularly with their line managers to discuss their work performance.

The registered manager and staff had good knowledge of the Mental Capacity Act 2005.

Is the service caring?

Good ●

This service was caring.

People were treated as individuals and were supported to make decisions and choices about the care and support they received.

People had been involved in planning their care and their views were taken into account.

People experienced care from staff who respected their privacy and dignity.

Is the service responsive?

Good ●

This service was responsive.

People were provided with care and support when they needed it based on assessments and the development of a care plan about them.

People were involved in providing information to staff relating to their care needs so that staff only provided care that was up to date. Staff spoke with other health and social care professionals if they had concerns about people's health and wellbeing.

There were policies in place to ensure concerns and complaints were investigated and responded to in good time.

Is the service well-led?

Good ●

This service was well-led.

There was a registered manager in post. Staff said they felt supported by the registered manager and could raise any concerns and appropriate action would be taken by the registered manager.

The registered manager regularly worked alongside staff which gave them an insight into the needs of the people using the service.

A comprehensive range of audits to monitor the quality of the service provision were carried out periodically throughout the year.

HF Trust - Wiltshire 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.

The inspection took place on 11 May 2016. This was an announced inspection which meant the provider was given 48 hours' notice because the location provides a domiciliary care service for people receiving a supported living service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by one inspector. As this is a newly registered service it had not been previously inspected.

Before we visited we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the service's office and spoke with the registered manager. We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

We visited three people using the service in their homes to talk with them about their views on the quality of the care and support being provided. We spoke with the registered manager, a senior support worker and three supporting staff members. We contacted health professionals who work in partnership with the provider but did not receive any feedback.

Is the service safe?

Our findings

People were protected from the risk of receiving care from unsuitable staff. People received their care and support from a designated staff team allocated to them. The registered manager provided staff based on individual's needs to ensure they had the right skills and experience to keep people safe. All staff members had completed application forms and had been interviewed for roles within the service. People using the service were involved in the recruitment of staff. The registered manager explained that candidates would be invited to attend an assessment centre. Here they would meet the people using the service. The candidate would take part in an activity such as a discussion group. Candidates' interactions would be observed and the people using the service could also feedback how they felt about the candidate. People told us they felt safe with staff. One person when asked if they felt safe said "Yes, it is safe".

We looked at three staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. There was enough qualified, skilled and experienced staff to meet people's needs. The registered manager explained the senior support workers were responsible for completing the rotas to ensure there were always sufficient staff members on duty and cover was sought when necessary.

People were safe because they were protected from avoidable harm and potential abuse. We looked at the arrangements in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. Staff had an awareness and understanding of the signs of abuse. They were aware of their responsibilities to report any suspicion or allegation of abuse. They felt confident any concerns raised would be taken seriously by the registered manager and where necessary acted upon. Staff we spoke with were able to explain how they would identify if they suspected abuse was taking place and what actions they would take. One staff member told us, "I'd look for changes in people's behaviours or moods and report this to the manager". Whilst there had not been any safeguarding alerts the registered manager was aware of the need to report any concerns to the local authority safeguarding team and to inform the Care Quality Commission as required by their registration.

People were supported to take risks to retain their independence. The registered manager ensured that risks relating to people's individual needs had been assessed and plans put in place to ensure safe working practices were recorded and followed by staff. There was a range of risks assessments in people's care records. Areas such as personal care, accessing the community, using the kitchen safely and activities such as horse-riding and swimming had been planned for.

There were systems in place to support people to safely manage their finances. There was clear guidance for staff to follow. The three people we spoke with withdrew a weekly allowance. Each time money was spent this was logged, receipts acquired and signed for by the person and staff member. Staff told us monies were

checked by staff each time they came on shift as part of the handover.

Staff told us they had received training on the safe handling and administering of medicines and training records confirmed this. Staff told us they were also observed administering medicines to people by a senior member of staff before being signed off as competent. People's medicines were managed so they received them safely. Medicines were ordered, stored administered and disposed of in line with the provider's medicines management policy. Medicine administration record (MAR) sheets had been completed and signed by staff appropriately. Where possible people were encouraged to be involved with managing their medicines. We saw in one person's care plan guidance on how to support the person to be as independent as possible with managing their medicines. With staff support they were able to administer and sign for their medicines.

Is the service effective?

Our findings

We saw that the provider had processes in place that involved people in how they received personalised care and support. People met regularly with their 'key worker' to discuss their support and identify any changes. A key worker is a staff member allocated to support the person with developing opportunities, in conjunction with the rest of the team and take part in care and support plan development with the person using the service. One person told us "I can talk to X (staff member) about all sorts. She checks I'm ok". Staff explained how they gained consent from people when supporting their care needs. One member of staff told us "Both ladies living here can make decisions for themselves so I will always ask before doing anything. I make sure I explain anything that they are unsure of and make sure they understand before going ahead with anything". Another staff member said "If I think someone is making an unsafe decision I will always discuss it with them making sure I don't push my opinions on anyone. If I have concerns about decisions I will speak with my manager. I know about best interest".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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. Any DoLS applications must be made to the court of protection.

The registered manager was aware of their responsibilities in respect of this legislation. They explained the local authority were responsible for completing any capacity assessments relating to the person consenting to care and treatment received from the service. Staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interests if they lacked capacity to make certain decisions regarding their care and support.

Staff told us they supported people to see a health professional such as a doctor or optician as required. Contact with health professionals was recorded in people's records. This showed people's day-to-day health needs were met. People had a 'Hospital Passport' which contained guidance for nursing staff and doctors on how best to support the person, should they be admitted to hospital.

People were supported to eat and drink well. People chose each day what they wanted to eat for their meals. Whilst there were menu plans in place, if people did not want the planned meal, staff told us alternatives were always offered. Drinks and snacks were available to people throughout the day. Staff told us people choose their meals for the week and were then supported to do their shopping. We asked one person if they liked what they ate. They said "Yes. I make my own meals. I can have different meals". Staff members had a good knowledge of people's nutritional needs and knew personal likes and dislikes. Care plans included people's preferences for food and drink.

People were supported by staff who had received training to support them to carry out their role effectively. Records showed all staff had received a range of training related to their role. These included areas such as the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), fire awareness, food hygiene, moving and handling, infection control, safeguarding adults and health and safety. Newly appointed care staff went through an induction period, which included shadowing an experienced member of staff. The staff we spoke with were positive about the training and felt it supported them to be able to carry out their duties effectively. Comments from care staff included "I found the training to be really informative. It was inclusive and interactive and gave us the opportunity to share knowledge and skills" and "The training is really good. There was plenty when I first started to help with my induction".

Regular meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meetings would also be an opportunity to discuss any difficulties or concerns staff had.

Is the service caring?

Our findings

We looked at the arrangements in place to ensure the approach of staff was caring and appropriate to the needs of the people using the service. People we spoke with were pleased with the care and support they received from staff. One person told us "I am settled here. It's lots of fun and I'm not bored". Another person told us "I enjoy living here. I'm supported to do things". One person told us staff were "Kind and helpful". The registered manager told us they checked to see if people were happy with the support they received from their staff team. They said each person had a small team who supported them so they always had support from someone they knew.

Staff we spoke with were knowledgeable about people's needs and preferences. They told us they had access to people's care and support plans which contained information on how the person wanted to receive care. Staff spoke about wanting to provide good care for people. Comments included "I want to support people to live the lives they want. It is damaging to take away people's skills" and "It's important people get to do what they want and I am open minded and supportive so people are happy and safe".

We visited three people using the service in their homes and spent time talking with them and their staff members. People had good relationships with staff members and did not hesitate to frequently ask for help and support. We saw people were at ease with staff and their surroundings. People's needs and preferences had been taken into account to ensure their bedrooms reflected these. For example, one person enjoyed collecting dolls and shelves had been put up to display them. The person had a 'dream' board in their bedroom, which contained information on things they wanted to do like going to the theatre and decorating their bedroom. They told us they had recently been to the theatre to see a show which they had enjoyed.

People's records included information about their personal circumstances and how they wished to be supported. The information covered all aspects of the person's care needs and preferences, including people's likes and dislikes, what was important to them and how best to support them. Staff understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible. People's care plans described how they were to be supported to maintain their independence and included information about what they could do for themselves and what tasks or activities they required support with.

People were encouraged to maintain relationships with people that mattered to them. People told us family members could visit anytime. Important relationships were recorded in people's care plans and things people may like to do with this person such as going to church.

People had access to local advocacy services although the registered manager told us that no one was currently using this service. Family members had been involved to speak on behalf of people or assist them to share their views with planning care.

Is the service responsive?

Our findings

People's needs had been assessed and appropriate support plans were in place. Each person had a support plan which was personal to them. The plans included information on their preferences, daily routines and the support they needed with personal care. The support plans set out what people's needs were and how they wanted them to be met. For example what support a person needed to get up in the morning, activities people enjoyed taking part in and their individual communication needs.

Staff we spoke with could describe how they met people's needs and told us people's needs were clearly documented in their care plans. They explained they knew people well and were given the information they needed to support people. One member of staff told us "I always ask her about what she wants to do and this goes into her care plan. She decides what is in her care plan". Another staff member said "For those people who are new to the service we are developing plans to include all the information needed to support them". Staff told us that before they started supporting someone they had the opportunity to read the person's care plan. We looked at care records and could see people's likes, dislikes and preferences recorded for staff to be aware of.

Staff were able to explain how they treated people with respect and as equals. One staff member explained "It's about treating people as individuals and whilst people may live together they should be supported to do the things that interest them separately". Another staff member said "It's about what the person wants and respecting this. Equality is about me not judging people and being open minded in supporting people to be safe and happy".

People had regular reviews of the care and support they received. People were able to say if anything around the support they received needed changing or could be improved. We saw in records that a 'Person Centred Planning (PCP)' tracking sheet was completed each month with the person. A discussion took place with the person about their health needs, social activities, care needs and anything else the person chose to discuss. Any changes required were noted and actions set which were reviewed at the next meeting.

People were supported to follow their interests and take part in social activities both within their home and the local community. Whilst people planned their activities each week staff said this was flexible and people could change their mind each day. One person told us they enjoyed basketball and had recently joined a local team with support from staff. One person when asked if they could choose what activities they wanted to take part in responded "Yes. Staff help me get to activities". Records showed that people were able to take part in activities such as horse-riding, theatre trips, arts and crafts and swimming. People also attended day services throughout the week. Some people were accessing work and volunteer opportunities at local businesses such as supporting at the local food bank with packaging food. When asked if they enjoyed the activities they undertook one person replied "Yes I do".

We looked at the arrangements in place to manage complaints and concerns that were brought to the registered manager's attention. The service had a complaints procedure in place setting out how complaints could be made and how they would be handled. There had not been any complaints since the

service had registered. Individuals were encouraged to make complaints using the 'Making Things Better' form which was in an accessible format. No one we spoke with had any concerns about the service. One person told us "I will speak to staff if I am worried".

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by senior support workers. A registered manager is a person who has registered with CQC to manage the service. Staff were aware of the organisations visions and values. They told us their role was to support people to be as independent as possible and provide good care. Staff we spoke with felt supported by the registered manager. One staff member told us "I've never worked in a place where I feel so comfortable talking to the manager".

The management team knew all of the people who used the service and their relatives. They were able to tell us about each individual and their needs. The registered manager and senior support workers all regularly supported people with their care needs. The registered manager and one senior support worker said this helped them understand staff roles and what was happening in each service to ensure people received safe, high quality care and support.

The provider had systems in place to monitor the quality of the service. This included a quarterly audit carried out by the registered manager. This audit covered the five domains as identified by the Care Quality Commission (CQC) and included areas such as infection control, care plans, the safe management of medicines and health and safety. The audit had a traffic light colour coded system to identify when things had been completed (green), partially completed (amber) or needed completing (red). Where required actions had been identified and a plan completed to address them. This action plan was shared with the regional manager who monitored the outcomes of actions identified alongside the registered manager.

Staff told us they reported accidents and incidents and this would be recorded. The registered manager investigated the accidents and incidents to ensure any actions that were needed were made. An electronic web form was used to record all accidents and incidents which was monitored by head office to identify any trends or patterns. The manager would be notified of concerns identified in order to take any necessary actions.

Staff members' training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training. Staff told us they received the correct training to assist them to carry out their roles.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

Staff attended regular team meetings to make sure they were kept up to date and they were given the opportunity to raise any issues that may be of a concern to them. One staff member told us "At team meetings we can discuss concerns and make suggestion. We can also discuss feedback from service users that might need to be included in their care plan".

People and their relatives had been involved in planning and reviewing their care plans. However as people had been accessing the service for less than a year a questionnaire had not yet been sent out to seek formal feedback about the quality of the service. This was due to be sent to people and their relatives in June 2016. The manager explained they would use this feedback to help continue to develop the service where necessary.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire.