

HF Trust Limited

HF Trust - London DCA

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

HF Trust – London DCA provides personal care and support to people living in their own home as part of a supported living scheme. The service comprises several purpose-built flats (supported living units) where people either have their own self-occupied flats or bedrooms with access to shared kitchen, bathroom and communal living areas.

Not everyone who used 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. Out of 29 people, 22 people who received personal care were using the service at the time of the inspection.

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

Right Support:

Systems were in place to monitor and ensure people received their medicines safely. However, we identified some shortfalls which the provider was addressing.

Risks in relation to people's care and welfare were thoroughly assessed. This meant staff had the right guidance to support people safely.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. 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.

Staff supported people to make decisions following best practice in decision-making.

Staff enabled people to access specialist health and social care support in the community.

Right Care:

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Staff understood how to protect people from poor care and abuse. The service worked well with other

agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People's care and support plans reflected their range of needs and this promoted their wellbeing and independence.

Right Culture:

The service evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Quality assurance systems helped the staff team to monitor the service they provided and promote ongoing learning.

Staff knew and understood people well and were responsive to their individual needs. This meant people received compassionate and empowering care that was tailored to their needs.

People and those important to them were involved in planning their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 December 2018).

Why we inspected

This focused inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Recommendations

We made a recommendation around the safe management of medicines.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

HF Trust - London 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience who contacted relatives by telephone for feedback on the care people received. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 7 '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection, and that there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 6 August 2021. We used all this information to plan our inspection.

During the inspection

We visited 2 of the supported living units and spoke with 3 people who used the service. We spoke with a total of 8 members of staff including 4 care workers, 3 unit managers and the registered manager.

We reviewed a range of records. This included 6 people's care records and multiple medicines records. We looked at 5 staff files in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures, accidents and incidents records, staff training records, audits and meeting minutes.

Following our visit to the service, we spoke with the relatives of 7 people on the telephone.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and the provided needed to ensure improvements were fully embedded and sustained.

Using medicines safely

- Staff supported people to take their medicines safely and as prescribed. However, improvements were needed in some areas.
- Each person had a medicine support plan which contained a visual description of each medicine, the reason for its prescription and any possible side effects. Medicine administration records were clear and completed appropriately by staff.
- People who were prescribed 'when required' (PRN) medicines such as painkillers and medicines for anxiety, had individual protocols in place which instructed staff when to administer these medicines. Staff also recorded the reason for administration PRN medicines.
- The service followed the principles of STOMP – a national project which helps people with a learning disability and/or autistic people to stay well and have a good quality of life, by stopping over medication.
- Staff were trained in safe management of medicines and their competency assessed annually. However, there were a few occasions where medicine errors had occurred and were due to staff forgetting to administer people's medicines. Staff took appropriate actions to ensure people were safe following the discovery of a medicine error.
- Staff kept an audit of medicines which were stored in their original boxes. We performed a random check on these audits and while most were accurate, we found discrepancies in the recording for 1 person. For another person, we found out-of-date PRN protocols kept in their medicines file, which could cause confusion and increase the risk of errors. After we pointed this out to the registered manager, they immediately removed the out-of-date documents.
- For another person, their eye medicine (drops) was stored in their medicines cabinet while it should have been stored in the fridge, as stated on the package. After we raised this with the registered manager, they immediately addressed this issue by seeking advice from the person's GP and ensuring the medicine was stored as per manufacturer's instruction.

We recommend the provider follow best practice regarding the safe management of medicines.

- While the medicine errors had all been identified by existing quality assurance systems, we discussed these medicines issues with the registered manager who acted promptly by carrying out further audits and re-arranging people's medicines records. Before the inspection was concluded, the registered manager presented a plan which showed the implementation of several measures, including urgent meetings with staff, additional daily checks and reviewing their staff induction practices.

Systems and processes to safeguard people from the risk of abuse

- Clear procedures were in place to protect people from risks of abuse.
- Staff received training in safeguarding adults and were aware of their duty to report concerns. If they were worried about a person, a staff member told us they would "Talk to the manager, whistleblow and go to social services."
- People and relatives felt safe using the service. A relative told us, "[Person] is well cared for and she's being kept safe, she loves it there."

Assessing risk, safety monitoring and management

- The service identified and assessed risks related to people's health, care and safety. Risk management plans were implemented which provided clear and personalised guidance for staff on the safest ways to support people.
- Risk assessments covered a wide range of areas in respect to people's individual needs. These included moving and handling, catheter care, going out and people's health conditions, such as, epilepsy and swallowing difficulties. A relative told us, "Staff are very careful in terms of safety."
- Where people expressed their feelings by showing aggression, especially when anxious or upset, clear guidance was in place to help staff use the right de-escalation techniques when interacting with them. One person was at risk of becoming anxious when supported by unfamiliar staff – their likes, dislikes, preferences, as well as clear instructions on how to support them, were documented to help mitigate this risk.
- People had personal emergency evacuation plans which detailed the support they required in the event of a fire emergency. Each of the supported living units had their own fire evacuation procedure.

Staffing and recruitment

- Staff were deployed safely according to people's support needs.
- Where people required 1:1/2:1 and/or additional support when going out, this was provided accordingly. Comments from relatives included, "He likes it there; he has 1:1 care and 2:1 in the community" and "There seem to be enough staff." We observed people having the appropriate staff support as stated in their care plans.
- Staff were recruited safely. Recruitment checks on staff files showed certified copies of identification, written references, full employment history and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection; Learning lessons when things go wrong

- People were protected from the risk of catching and spreading infections.
- Staff were trained in infection control and used personal protective equipment as required.
- People with underlying health conditions had COVID-19 risk assessments in place which emphasized the precautions needed to keep them safe. Staff were encouraged to be vaccinated against COVID-19.
- The service kept a detailed record of all accidents and incidents. These, as well as any learning from them, were discussed among the staff team and the necessary measures were implemented to mitigate risks.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 received a full assessment of their needs prior to them starting to use the service. Staff followed best practice when delivering care to people.
- Needs assessments involved people using the service, their relatives, healthcare professionals and managers. Once a person's needs had been assessed, the staff team devised a personalised transition plan which ensured people received the right care from the start.
- People's care and support needs were clearly documented in their care plans which were reviewed regularly. Where people had any religious or cultural needs, this was also recorded in their care plans.

Staff support: induction, training, skills and experience

- There was a robust structure in place which provided staff with support and training.
- Newly recruited staff were enrolled on a comprehensive induction programme consisting of working under the supervision of experienced staff, observations from managers and completing mandatory training.
- Staff received regular training in areas relevant to their roles and people's individual needs. For example, staff working with a person who has complex expressive needs would receive bespoke training which focused on the individual needs of that person and how to work with them. Other training areas included health and safety, moving and handling, epilepsy, eating and drinking, food safety and, learning disability and autism. Staff had recently been enrolled on the Oliver McGowan training, which is the recommended training for staff working with people with a learning disability and autistic people.
- Staff were supported through regular supervision and appraisal. A staff member told us, "Management is good in terms of support and communication." A unit manager said, "The support from the registered manager is good, he is trying his best and is a very good colleague."

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

- Staff supported people with their food shopping and, to eat and drink as per their choices and assessed needs.
- Where people had risks associated with their eating and drinking, specialised diet plans were in place. Care plans contained personalised information and guidance about people's food and drink, as well as the support they required.
- Some of the relatives we spoke with expressed concerns about their relatives gaining weight due to their diets. We discussed this with the registered manager who explained how staff support people by encouraging healthy eating and seeking advice from professionals when needed. The registered manager

told us where people have the mental capacity to choose their own food and drink, staff must respect their choices but can suggest healthier options. However, the registered manager also assured us they were prepared to work with people, their relatives and staff to support people in their best interests.

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

- Staff supported people to access healthcare services when needed.
- Staff monitored people's health and escalated any concerns in a timely manner. A staff member told us they supported people to their appointments. Another staff member told us they would "report straightaway to manager and contact doctor" if they were concerned about a person's health. A relative said, "Staff let me know if [person] has any appointments."
- Information on people's health and diagnoses were recorded in detail in their care plan, which guided staff on how to support them to live healthy lives. People also had hospital passports which helped to make their hospital visits more effective and less stressful by providing hospital staff an overview of their specific needs.
- The service involved other agencies and healthcare professionals with the aim to deliver safe and effective joined-up care to people.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The service worked within the principles of the MCA.
- People were able to make choices and live an independent life as much as possible. A relative told us, "[Person] needs help with choices, he has limited capacity and staff ask him, (for example) what shirt do you want to wear; he can choose that but he can't make major decisions."
- Care plans provided information on people's mental capacity and decision-making abilities. We saw examples of mental capacity assessments and best interest decisions where people lacked mental capacity to make certain decisions. The service sought appropriate authorisations for people whose freedom was restricted.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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; Working in partnership with others

- There was an open and fair culture where people were valued and supported to live a life that mattered to them.
- Staff listened to people and respected their choices. For example, the service facilitated one person to move to another flat so that they could share the flat with another person as per their wishes. This decision was clearly recorded and made in the people's best interest.
- People were generally pleased with their care. Comments from relatives included, "She loves her placement" and "He's happy there."
- Documentation including people's daily notes, appointment logs and meeting minutes were thorough and completed as required. This provided a clear picture of the care and support people received.
- The service worked with other agencies such as commissioners and learning disability teams to ensure people received a good service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear staffing and management structure in place. Managers monitored the service by carrying out a range of audits, including medicines, health and safety, and care records.
- Internal audits had identified some of the medicines issues effectively and the registered manager responded promptly to our observations by introducing a range of safety measures.
- The registered manager was aware of their responsibility to notify other organisations, including local authorities and CQC of certain events which affected the service and/or people using the service.
- The registered manager welcomed our feedback and responded promptly to our queries. They worked closely with people and the rest of the staff team, and promoted a culture of ongoing learning and improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 service engaged with people and their relatives to seek their views on the care they provided.
- People had the opportunity to express their views and any concerns they had in regular meetings with staff. We saw meeting notes which showed discussions had taken place around different aspects of people's care.

- There were recent changes in management at the service when new scheme managers were recruited. This proved to be difficult for some relatives as it impacted on the communication. We discussed this with the registered manager who assured us they would work with people, their relatives, and unit managers to promote effective communication and healthy relationships. The registered manager also told us satisfaction surveys were due to go out to people and relatives.
- Staff were included in the day to day running of the service. They told us they enjoyed working there. Feedback included, "Staff respect each other, work as a team" and "Management is really good." We asked a unit manager their views on the senior management and they responded, "Pretty good, they seem to have time for people (staff)."
- The registered manager was aware of their responsibility to be open and honest if anything went wrong.