HF Trust Limited

HF Trust - South Oxfordshire & Berks DCA

Inspection report

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Date of inspection visit:
20 November 2018
21 November 2018

Date of publication:
28 December 2018

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an announced inspection of HF Trust - South Oxfordshire & Berks DCA on 20 and 21 November 2018.

HF Trust - South Oxfordshire & Berks DCA provides personal care for people with learning disabilities. This service provides care and support to 31 people living in 13 'supported living' houses which they either own or rent in the Oxfordshire and West Berkshire area 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. 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. On the days of our inspection 31 people were being supported by the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

There were three registered managers responsible for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, we rated the responsive area of the service as good. At this inspection, we had evidence that people were receiving exceptional support ensuring that people received highly individualised person-centred support. Support plans contained detailed and personalised information and we saw that people had been supported to have a full and meaningful life enjoying interests and gaining employment. People benefited from a large range of activities and interests of their choice. There were many excellent opportunities to optimise people's social and stimulation requirements.

There was clear guidance for staff on how to meet people's individual needs and support them to achieve their goals. We saw that people were relaxed and staff demonstrated a caring attitude. The service had ensured people's communication was maximised which assisted their engagement.

People remained safe living in their homes. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking, which enabled people to live their lives as they chose. People received their medicines safely and were protected from the risks of infection.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion and provided individualised support as staff knew people well, respected them as individuals and treated them with dignity whilst providing a high level of emotional support. People and their relatives, were fully involved in decisions about their care needs and the support they required to meet those individual needs.

People's nutritional needs were met and staff supported people to maintain a healthy diet. Where people had specific dietary needs, these were met.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People had access to information about their care and staff supported people in their preferred method of communication.

The registered managers monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.

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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Outstanding ☆

The service had improved to outstanding.

We received feedback that people were supported to create and achieve goals and improve outcomes in their lives. There were many examples of the service's responsiveness to ensure people could have a happy and meaningful life.

Care records were personalised to guide staff to provide highly responsive, person centred and holistic support.

People's communication needs were given priority to ensure they could express choice and be involved.

People knew how to complain and any concerns were resolved appropriately and in a timely fashion.

Is the service well-led?

Good

The service remains Good

HF Trust - South Oxfordshire & Berks 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 20 and 21 November 2018 and was announced. We gave the service two days' notice of the inspection site visit because people needed to give consent for a home visit from an inspector and the Expert by Experience. The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a 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. We looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. We also contacted eight health and social care professionals for their views on the service and heard back from three of these.

We spoke with 11 people, three relatives, two senior support workers, seven supported living workers and three registered managers. During the inspection we looked at eight people's care plans, six staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the first day of our inspection.

Good

Is the service safe?

Our findings

The service continued to provide safe care and support to people. People told us they felt safe. One person said, "It's very safe here, I'd tell my key worker or my senior if I didn't feel safe. The staff treat me very well. When I first moved here I was a bit shy and scared but I've got over that and it's easier now".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. There were safeguarding systems and procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken. Processes reflected a person-centred approach including asking the person concerned what outcome they wanted and, at the conclusion, asked if this was achieved.

Risks to people were identified in their care plans. Staff had completed training on risk assessments. A member of staff said, "I have met with the health and safety manager to go through risk assessments who has given me advice in writing them". There were systems in place to manage risks relating to people's individual needs. For example, one person was at risk when they were using the bath. The risks were reduced balance and co-ordination and feeling anxious. We saw guidance about a member of staff remaining in the bathroom when the person was getting in and out of the bath and then giving the person privacy but listening out for when they were finished. This meant risks of falling or slipping were reduced but still allowed the person to bathe which they enjoyed.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. Staff told us there were sufficient staff to support people. One said, "On a day to day basis we ensure there are enough staff to provide a safe environment for the people we support. We have had advice from the learning disability team around staffing and how much staffing we need to provide to ensure that everyone is safe and to ensure we are following everyone's guidelines and risk assessments".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the provider and manager to make safe recruitment decisions.

Medicines were managed and stored safely and securely and staff had received the necessary training and competency checks. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. The service adhered to the principles of STOMP (Stopping the over-medication of people with a learning disability, autism or both). STOMP is a national project to reduce the over use of psychotropic medication to manage peoples' behaviours. We saw examples of medicine reviews and one person had a medicine removed that was causing confusion. This meant that people were not kept on medicines that were not necessary and may cause unwanted side effects.

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. For example, a person's money went missing. It was reported to the police and safeguarding and a full search took place. The situation was unresolved and the provider reimbursed the person the missing amount. The outcome of this incident resulted in a new system being put in place with two staff checking and signing for all financial transactions. A full day's further training on finance was organised and a combination safe key lock with a list of who had been issued the code to access the key recorded to further restrict access to the safe.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). We spoke with staff about infection control. On the day of our visits, all the homes we visited were clean, tidy and free from malodours.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. A member of staff said, "I have had training in all the areas needed".

People's needs were assessed prior to their admission to ensure they could be fully met. A person told us, "The staff asked me all questions about me before I moved in. I'm happy here". Registered managers regularly refreshed their knowledge on best practice and on current guidance. This was assisted as the provider had signed up with organisations involved in social care and research. For example, the British Institute for Learning Disabilities (BILD); Voluntary Organisations Disability Group (VODG) and British Society for Supported Employment. Many other organisations had been signed up to which ensured the registered managers received the latest guidance to ensure up to date practice was followed.

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. One staff member said, "Yes I feel supported. I often speak to my manager about good or poor practice so that they are aware of what is going on. At times, I need advice from my manager about how to move forward with situations and they are always happy to talk things through with me".

Staff training was recorded and monitored to ensure it was updated when necessary. Specialist training was provided to meet people's specific needs such as epilepsy. The provider had also enabled agency staff to complete medicines administration training to ensure they were competent. All the training was either up to date or booked in for completion. Staff could access any necessary training.

Staff were clear about their responsibilities under the Mental Capacity Act 2005 (MCA) and received training to ensure they provided care in accordance with the MCA Code of Practice. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One staff member said, "I have had training on MCA. It is used most days and would be used for things such as making sure people can make their own decisions". A health professional said, "The [person] appears to make many small and big decisions about her living conditions and activities and is encouraged and supported in this". Throughout our inspection we saw staff routinely involved people in decisions and sought their consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty (DoLS) when this is in their best interests and legally authorised under the MCA. In supported living, DoLS need to be authorised, however, the local authority is required to take the case to the Court of Protection. The registered managers had made the necessary referrals to the local authority so they could seek this authorisation.

People's nutritional and hydration needs were supported well. Care plans contained information about people's dietary preferences and details of allergies or special nutritional information was highlighted in people's care plans. People were involved in choices and planning meals. One person said, "We sort out what we want food on Sunday and then we go to Sainsbury's on Mondays. I get enough food, there's always more if I want". We saw a member of support staff ask what a person wanted for lunch. The person went to the kitchen and assisted making the sandwich. They said, "I always make my own sandwich. The staff do the dinner but I help do the vegetables".

People who were at risk of choking when eating and drinking had input from professionals. For example, a person discharged from hospital required specialist equipment to assist their nutrition. A health professional said, "I have been asked for advice and guidelines in administering medicines safely to someone who has swallowing problems. This is kept under regular review and I am contacted if any concerns arise. Staff follow my guidelines well and I have observed them doing so".

People were supported to maintain good health. People had hospital passports meaning health professionals would have a good understanding if the person was admitted to hospital. Various health professionals were involved in assessing, planning and evaluating people's care and treatment including, GPs' dentists, occupational therapists and physiotherapist. Visits to healthcare professionals, assessments and referrals were all recorded in people's care plans. One person said, "There's always someone here 24/7, they'll support me to the doctors". A healthcare professional said, "Communication has been excellent and I have been promptly consulted with any issues of concern and my advice positively responded to".

People's rooms were furnished and adapted in line with individual needs and preferences. We saw a low-level sink had been installed in the kitchen was specifically designed so a person in a wheelchair could access it. There were photographic canvases on the wall of people taking part in activities which showed the décor was person-centred and meaningful to the people who lived there.

Good

Is the service caring?

Our findings

The service continued to provide a caring service to people who benefitted from caring relationships with the staff. Throughout the inspection, people appeared markedly happy, sharing jokes with their house mates and care staff. It was apparent that staff knew people well with many incidences of relaxed and positive interaction. People told us they received emotional support if needed. One person said, "If I was upset staff would reassure me, they would put am arm around my shoulder or make me laugh". A relative said, "Can't fault them (staff). They're wonderful".

People were supported by a dedicated staff team who had genuine warmth and affection for people. A member of staff said, "I've been here for one year. I like the people and in my heart I always want to help". We saw a person and a member of support staff laughing together as they both stirred the dinner together and they appeared to possess a genuine fondness for each other.

We observed a person cared for in bed who was surrounded by support staff chatting to the person in a friendly manner. The bedroom was highly personalised with a Christmas tree, teddies and a ceiling hoist running through to the adjoining bathroom. The resident was non-verbal but smiled and the atmosphere was relaxed and calm.

People were supported to maintain family relationships in person, writing letters and using the computer to make visual calls to keep in touch with those important to them. We saw people had developed loving relationships and were supported by staff to ensure those in relationships could live together and spend time alone with each other. One person said, "I am happy here. [Name of partner] was tickling my toes this morning trying to get me out of bed! We get on well, she's my girlfriend". We heard them later enjoying a conversation about their plans for the day. Another person said, "We like living here, this is my [partner], we're happy together. Every Tuesday we go bowling and I have a glass of wine. We get to choose what to eat".

People were supported to express their views. People could attend a self-advocacy group and we heard people in the service had been supported to have their views heard and acted upon. For example, those who had attended the group told the management team that they did not like staff on their mobile phones or smoking when on shift. This had influenced local procedures and disciplinary hearings.

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and displayed genuine affection. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion. For example, when we arrived a person was finishing their breakfast. Staff knew that the person did not like to eat in front of others and discreetly arranged for the person to move away and finish their breakfast in private. Staff received dignity and respect, equality diversity and human rights training to underpin the importance of these values and rights for people.

People's rights and choices were respected and where it was necessary to share information about them,

their consent was requested within the principles of the Data Protection Act. People were assisted to understand why information needed to be shared about them and staff ensured people's care plans and other personal information was kept confidential.

Outstanding ☆

Is the service responsive?

Our findings

The service demonstrated that they were offering an exceptional level of responsive and personalised support. We received feedback from relatives about how their loved ones had progressed and benefited with the support. One relative said, "I can't speak highly enough of them. Since [person] moved there they've never looked back". Another relative said, "Absolutely excellent. Very happy with it all". A health professional provided feedback about the service and care staff saying, "My impression is that they provide a very high standard of care. They always communicate with me - generally by email - quickly and responsively. When I visit the staff are smiling, friendly and welcoming. They appear to appreciate [person's] behavioural problems and how best to manage them. Over the [time the person had been there] they have been looked after [person's] mental state and physical health have improved. Her [relatives] seem very happy with progress and appear to get on well with the HF Trust team. The HF team seem to encourage activities and help the [person] make decisions and choices".

People were encouraged to maintain and develop new interests and achieve their wishes and aspirations. Community inclusion was encouraged and some people were in paid and voluntary employment. We heard that people took part in all sorts of activities such as meals out, attending a rock choir, having piano lessons, doing voluntary work at a local dog charity. One person worked on a radio show and aspired to have their own show in the future. They said, "I do a radio show at [name of venue]. If we have any new staff my first question is 'Do they drive?' Because if they don't I can't get out and then I get down. I love doing the radio show". A relative told us, [Name] is doing so many things that we didn't think were possible. They are making progress every single day and it's wonderful to see".

We heard of many examples of how people were supported to live full and meaningful lives and do what they had chosen in their lives. People went out for meals or drinks with their partners, friends or family. Three people who lived together chose to go on an activity holiday including using a climbing wall which they all thoroughly enjoyed. If people had religious beliefs, they were supported to follow these. For example, one person enjoyed attending church where they had a lot of friends and staff ensured the person got there when they wanted to attend. A relative told us that their loved one visited a pub weekly to play snooker. They had expressed an interest in getting some equipment to grow vegetables which was facilitated and we heard that these had been subsequently added to. The person grew vegetables and these were cooked for the weekly Sunday roast and enjoyed by all. They said the person enjoyed helping and was developing skills they never thought possible. The relative said it was wonderful to see the enjoyment and confidence this had provided to their loved one.

We also heard about a couple who lived together and wanted to improve their garden. They were assisted by a relative who drew up plans to landscape their garden to include a bird feeding area, water features and raised beds to grow their own vegetables. This also needed to be accessible to people in wheelchairs so they could be involved. One of the people involved in the project showed us a scrap book of progress, including pictures of the design and construction of the raised beds (wheelchair height) and pergola. There were photographs of the two individuals helping with the garden. We were then shown around the garden, which was well maintained with many vegetables and flowers and garden ornaments. It was apparent it was a

source of great pride to them. It was being explored about joining a local Open Garden group which would present an opportunity for people to come and see their garden. Staff said they would be working to support the individuals to achieve this goal to include keeping their home safe on the day of the event.

People were encouraged to build and maintain friendships and where possible, to independently access their local community without support. Local groups were accessed such as a dating agency for people with a learning disability. Another person who enjoyed art had been supported to make contact with groups within the local community and had signed up to attend local art sessions. Some people had lived in the same area for many years and were respected members of their communities accessing clubs and pubs. People had jobs in local shops, and were regulars at leisure centres and events. A person attended a scheme, three days a week that ran a 'back to work' programme to gain skills, experience and responsibility in a real work environment. Local businesses sponsored, supported and attended fundraising events.

People's diverse needs were respected. Discussion with the registered manager showed that one person was supported in their chosen gender and were respected by staff and other people in the service in this choice. We also heard that if staff had disabilities, they were supported to continue working with adjustments and support put in place if required. The provider's equality and diversity policy supported this culture.

The provider adhered to the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Communication needs were considered during assessment and these needs recorded and incorporate into each person's support plan on how the person wished to communicate. Total Communication training was available to staff. The total communication approach is about finding and using the right combination of communication methods for each person. Health Action Plans and hospital passports detailed ways to ensure effective communication with the person to assist health staff who may not know the person well. A relative said their loved one was admitted to hospital and had taken health information with them in a folder. This contained all the relevant information and the relative said the hospital staff were very impressed and said how helpful they found the information to support the person's stay. The service had worked with people to design and create new documents to ensure information was understandable such as accessible timetables, support plans, one-page profiles and person-centred plans. Accessible materials were used to source pictures for people who found these easier to understand than words.

Support plans contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. People were involved in planning their care and the day to day support they received to ensure their support was personalised and in line with their choices. Each person's support plan provided clear guidelines about what support was needed and how and when it should be delivered. People were offered 'person-centred plans' (PCP's) which were incorporated into support plans with details of what support was needed to keep them healthy safe and well, looking after their home, managing money, maintaining friendships and relationships, and any cultural needs. PCP meetings and other planning tools were used for bigger goals such as moving to a new house. Staff were aware of, and respected people's preferences. One staff member said, "It's a very rewarding job. When we go on holidays, you see a different side to them". The member of support staff was quite emotional when talking about the people they supported and spoke with genuine affection and care when referring to people. Records showed people were involved in reviews of their care and staff told us they involved people in their support.

Staff were observed to ensure they were working in line with the Person Centred Active Support (PCAS)

principles. PCAS is a way of supporting people so they are engaged in meaningful activity and relationships as active participants, exercising more control over their lives and experiencing greater levels of inclusion, independence and choice. Feedback was then given to staff ensuring any good practice was recognised and any improvements needed were noted.

People were involved in recruitment of staff. People took part in staff interview assessment days. This gave people an opportunity to meet potential new staff, carry out an exercise with them and candidates were observed and scored regarding how well they engaged and interacted with people.

The service had systems in place to record, investigate and resolve complaints. The complaints procedure had an easy read version 'Making Things Better'. A person told us, "Let's just say I just go and say. I'm not scared of coming forward". We saw that complaints had been dealt with in line with the provider's policy and any complaints were included in the regional manager quarterly inspection. The provider also had an electronic system to log and monitor the progress of complaints to ensure they were completed and could be analysed for learning or action. Relatives told us they knew how to complain and were confident action would be taken. Their comments included; "We know who to contact and anything raised would be dealt with, definitely" and "I would ring [Registered manager]. I'm confident they would act on any concerns".

No one at the home we visited was currently receiving end of life care. Care plans contained a section where people could record their advanced wishes. However, staff told us most people and their families were reluctant to record end of life wishes as they were of a younger age.

Good

Is the service well-led?

Our findings

The service continued to be well led. There were three registered managers in post each allocated a portfolio of supported living homes to manage. 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 knew the registered managers who were present throughout the inspection and their interaction with people demonstrated that positive relationships had been formed between them and the registered managers.

The service had a positive culture that was open and honest. Staff were valued and people were treated as individuals. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Registered managers were encouraged to attend networking events such as the registered manager's network. Senior managers provided the registered managers with effective support to enable them to carry out their roles and responsibilities and ensure service delivery remains of a high standard.

Staff told us they had confidence in the service and felt it was well managed. Staff comments included, "The company [HF Trust] is lovely. I've been working in care for five years and this is excellent. I have the support, it is well staffed and I feel looked after and valued"; "Communication is fine. We may not always see them [registered managers] as they may be busy at other homes but if we need them we can easily call or email them" and "My manager and senior are good. Best we have and considering the amount of pressure put on them with the amount of homes they have compared to other managers they do a terrific job. Couldn't fault them".

Relatives told us they had confidence in the registered manager and felt the service was well run. Their comments included; "We couldn't be happier with the service. Communication is good and we're very happy with everything".

People's input was used to improve the service by being encouraged to take an active part in shaping their support on a one to one basis with staff, through PCP's, involvement in recruitment and meeting with the people they lived with to discuss 'house issues' including decoration. One person said, "We have regular house meetings and we're always asked our opinions".

Feedback was sought from people's families. The provider had designed a questionnaire that went to all family members to receive feedback on the service their family member has. The feedback was then analysed to see if there were any issues or concerns that have been raised, and similarly if any good practice had been highlighted to celebrate this with the teams.

The registered managers monitored the quality of the services they were responsible for. For example,

completing monthly compliance inspections as well as regular visits to services. In addition, an operational manager visited each cluster once a month to undertake a compliance inspection to ensure that the registered managers were fulfilling their roles and responsibilities in areas such as health and safety, supervision of staff and training. Following these compliance inspections, registered managers completed action plans to ensure continual improvement of service delivery. A regional manager also conducted unannounced inspections of services, providing feedback to the registered managers with actions to ensure continued compliance or where improvement may be needed. Statutory notifications were submitted to relevant bodies as required.

The service worked in partnership with professionals. Staff had attended 'Commitment to Partnership' training to ensure they understood the need for partnership working and how this could be achieved. The staff team had strong links with the community learning disability team where people could be referred so that guidance or professional input could be provided. A professional said, "I have attended several MDT meetings where approaches, progress and input is discussed and agreed". Another social care professional said they felt the service responded well when required and said, "Effective and timely communication when [person] moved out of residential into supported living".

The provider had an award scheme called 'Going the Extra Mile' in recognition of staff that went above and beyond expectations. There was also a yearly Fusion award where staff have helped overcome barriers or used innovative thinking. The service had nominated staff for this award from two supported living premises and one of them won the award for 'Family and Partnership' working. Another member of staff was awarded home carer of the year by Oxfordshire Adult Social Care Awards.