

HF Trust Limited

HF Trust - West Midlands

DCA

Inspection report

The Dingle Centre
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Tel: 01952435840

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17 November 2016

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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

The inspection was announced and took place on 17 November 2016. This was the first inspection for the service.

There were two registered managers in post at the time of our inspection. 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.

H F Trust – West Midlands DCA provides personal care to people in their own home. At the time of our inspection, ten people received personal care from the agency.

People were supported by staff who knew how to keep people safe from potential harm or abuse. Risks to people were assessed and focused on supporting people to gain or maintain their independence. There were adequate levels of staff to meet people's needs. The appropriate pre-employment checks were completed by the provider before staff supported people on their own. People's medicines were managed safely.

Staff received training to meet people's needs. Staff felt supported in their role by the registered manager. People's rights were protected as staff sought their consent before providing care. People had choices of what they ate and drank and were involved in the preparation of their meals. People were assisted where required to access healthcare professionals.

Relatives felt staff were kind and showed their family member's respect when providing care. Staff understood people's choices and supported their independence to partake in a range of different interests and hobbies. People and their relatives were involved in discussions and decisions about their care and support. Relatives said they knew how to raise concerns and were confident issues would be addressed.

Everyone felt the service was well managed. Relatives said the management team was supportive and approachable. Staff understood their roles and responsibilities. The provider had audit systems in place to assess and monitor the quality of service provided.

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.

People were supported by staff who understood their responsibilities in protecting people from potential harm or abuse. Risks to people were assessed and managed safely. There were adequate numbers of staff to ensure people received care and support when required. People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training relevant to their job role. People's rights were protected as staff sought people's consent before providing care. People were supported to have a balanced diet and had access to healthcare professionals as required.

Is the service caring?

Good ●

The service was caring.

Relatives told us staff were caring. People were able to make choices about how they received their care and support. People's independence was promoted and their dignity and privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives had been involved in the assessment and planning of their care. Staff supported people to follow their interests and were aware of people's preferences. Relatives knew how to complain and felt confident issues would be addressed. The provider had a clear complaints procedure in place.

Is the service well-led?

Good ●

The service was well-led.

Relatives and staff felt the registered managers were approachable and the service was well run. There were systems in place to capture people's experiences of the service. Staff told us they felt valued and supported by the management team. Quality audit systems were in place to monitor the service people received.

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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 17 November 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We also contacted the local authority commissioners for information they held about the service.

During the inspection we spoke with three relatives, four members of staff and the two registered managers. We reviewed a range of records about how people received their care and how the service was managed. These included four care records of people who used the service, two staff records and records relating to the management of the service such as audit checks.

Is the service safe?

Our findings

People who used the service were unable to express their views however, relatives we spoke with said the service their family members received was safe. One relative commented, "The Service is safe." Another relative said, "I think [person's name] receives safe care from the staff." Staff told us if they had any concerns about people's safety they would speak with the registered manager. One member of staff said, "I would notify the manager. I would first make sure the person is safe and document the issue in their records." This meant people were protected from harm by staff who knew how to recognise signs of harm or abuse. The registered managers demonstrated an awareness and understanding of local reporting procedures for protecting people. They said they would contact the local authority if they had concerns about potential abuse or harm. This indicated systems were in place to refer and escalate any potential concerns of harm or abuse.

People were supported by staff who understood their individual risks and those of the external environment. One relative commented, "[Staff] are aware of [person's name] risks and how to support them safely." One member of staff said, "I know people well, what they can and can't do, information is written down and updated as people's needs change." Staff told us they discussed individual risks with people such as crossing the road or using public transport. Staff ensured people understood the risks and discussed measures to minimise any risks such as not travelling on public transport at peak times. Records we looked at confirmed this. We saw people's risks had been assessed and focused on helping people to maintain or promote people's independence. This showed staff understood people's individual risks and managed them safely. Where incidents or accidents had occurred these had been reported to the registered manager and we saw action had been taken to reduce the likelihood of them happening again.

Relatives told us they felt there were enough staff to meet their family member's care needs. However, they said that on occasions their relatives were supported by a number of different staff members. One relative said, "There can be a number of different carers coming and no continuity. [Person's name] likes routine and does not like change." Another relative said, "Continuity of staff has been a concern as there has been a number of staff changes." Staff told us there were adequate numbers of staff at all times to meet people's needs. The registered manager told us they had recently had a high turnover of staff with staff gaining different jobs within the organisation or leaving for personal reasons. They said this meant on occasions they used agency staff to ensure shifts were covered. However, they said they were actively recruiting for new staff and interviews were taking place. We looked at how people's calls were covered and saw where possible each person was supported by a core team of staff. We found people did not have missed calls and although continuity of staff was raised as a concern by some relatives, the provider had taken steps to recruit new staff.

People's relatives were involved in the initial recruitment process for new staff working for the service. This meant they were involved in the selection of staff who might support their family member. The provider's recruitment processes ensured prospective staff were suitable for their roles and responsibilities. We spoke with two recently appointed staff members who told us they had a number of pre-employment checks completed before they started working for the service. These included Disclosure and Barring Service (DBS)

checks, references and providing proof of qualifications. DBS checks help employers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. We sampled three staff files and found the provider had undertaken appropriate checks before staff started working at the service.

People were supported to receive their medicines safely. Staff we spoke with had completed training to support people to manage their medicines. We looked at the systems used to manage medicines and saw the registered manager completed audit checks to ensure people received their medicines as prescribed. Records we sampled gave details of people's individual medicines and we saw guidance about medicines available for staff to refer to. Some people administered their own medicines, staff we spoke with explained how they supported people with this. For example, ensuring people had an alarm clock set to remind them to take their medicines or prompting when required. This meant people were supported to take their medicines safely by staff who were competent to support them with this aspect of their care.

Is the service effective?

Our findings

Relatives we spoke with told us staff had the skills to meet their family member's needs. One relative said, "Carers are knowledgeable." Another relative commented, "[Staff] know what they are doing." Staff told us they were well trained and completed a variety of different training courses to meet people's needs. New staff told us they were given the opportunity to work through the Care Certificate. The Care Certificate sets minimum standards that should be covered as part of induction training of new care workers. They said they received training and shadowed experienced members of staff before they supported people on their own. Staff said they felt supported in their role and were always able to obtain advice or support from the registered manager. One member of staff said, "There is always someone I can speak to about any issues I have. If you need to contact someone urgently we have an on-call system. I feel well supported in my role." Another member of staff said, "Since starting in my role I feel well supported. I have been given the time to read through people's care plans and I have worked alongside other staff. This has allowed me to introduce myself and build trust with [people using the service]." Staff also said they had their competencies regularly checked by the registered manager to ensure they had the skills to support people safely. This showed staff felt supported by the provider and had been given the opportunity to gain the skills and knowledge to support people safely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us they had received training in the MCA in order to understand people's rights and decisions; and how this might affect the way they cared for people. Staff we spoke with understood what their responsibilities were in respect of the MCA and how they sought people's consent prior to offering support or care. One member of staff said, "Most people I care for will tell you they agree others may use gestures." 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 applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that it was. The registered manager's demonstrated knowledge of issues in respect of people's ability to make their own decisions.

Some people received support with the planning of their meals. One relative said, "[Person's name] is involved in the meal planning and decides what they want to eat." A member of staff said, "People choose what they want to eat, they plan their meals and some people will go food shopping." We saw where people required support with food or drink, information was detailed in their care plans and staff were aware of what support they needed to provide. This showed people were supported by staff to make choices about their food and drink.

Relatives told us they were confident staff would contact the doctor or other healthcare professionals if required. One relative explained the action staff had taken in response to their family member's health need. They explained staff sought immediate medical support and informed them straight away. Staff told us about people's individual health needs and how they responded to these. For example, contacting

healthcare professionals or emergency services when required. Records we looked at detailed people's health needs and any prescribed medicines they used. They also contained advice from healthcare professionals which provided staff with the guidance they needed to support people to maintain their health.

Is the service caring?

Our findings

Relatives told us staff had a kind and caring approach to their family members. One relative said, "The service is brilliant, staff are very kind and caring." Staff told us they had got to know people well and spoke about people in a kind and respectful way. They were able to tell us about how people preferred their care to be provided what they liked and disliked. They said they got to know about people's lives by speaking with them and reading through the care records. Staff told us they involved people in choices and decisions about the care and support they received. They said they gave people the information they needed to make a choice and did not rush them to make decisions. One relative commented, "Staff sit down with [person's name] and support them to make choices about everything." Another relative said, "[Person's name] makes choices and is supported by staff." A member of staff said, "Give people time to think before they choose." The registered manager told us one person was supported by an advocate. Advocates are people who support people to communicate their wishes and views. This showed people were involved in making day to day choices about their care.

People's independence was promoted. A relative said, "They support [person's name] to be as independent as possible and only support or prompt when required." The registered manager told us about people's individual goals and how staff were supporting people to achieve them. For example, one person completed road and traffic awareness training which enabled them to remain safe. This person was also being supported to complete household tasks such as ironing. Records we sampled reflected our conversations with staff and we saw photographs of people completing individual goals such as household tasks to promote their independence.

Relatives said they felt their family member's dignity and privacy was respected by the staff that cared for them. One relative said, "I feel dignity is respected." Staff gave us examples of how they maintained people's dignity and privacy. For example, knocking on people's doors when people were in their bedrooms. One member of staff said, "Treat people with respect and check they are happy with anything you are doing for them." One care record we saw indicated a staff member had listened to a person's choice about their personal care and respected their views. This indicated people's dignity and privacy was respected by staff.

Is the service responsive?

Our findings

Relatives we spoke with said they and their family members had been involved in discussions about their care. One relative said, "I am kept well informed, not a week goes by without speaking to [registered manager]." Another relative commented, "I am involved in reviews and am kept fully informed." Staff told us they knew people's needs and how people wanted their care to be given. They said they involved people in all aspects of their care. Staff had a good understanding of people's individual preferences, routines and interests and spent time with people planning their care and leisure pursuits. Care records we looked at detailed people's individual care needs, support required and how these should be met. The records reflected what staff told us. Information about people's changing need or support was shared with staff at staff handover. Records we sampled indicated people were involved in the planning and review of their care. For example, one person transferred to HF Trust from another provider; the person had been fully involved in the transition process which included meeting the staff, visiting the service and involvement in their care planning. This showed the approach to people's care was person-centred and involved staff getting to know people.

Relatives told us staff supported people to partake in different interests and hobbies. One relative told us their family member enjoyed shopping and staff supported them to do this. Conversations with staff and the registered manager confirmed people had opportunity to access a number of different activities or interests such as visits to places of interest, meals out and a trip to the pantomime. Records we viewed indicated people were able to decide what they wanted to do and staff were available to support them when required.

People and their relatives were encouraged to give their views about the service. Relatives told us they knew how to make a complaint about the service and felt confident the registered manager would listen to them and address any concerns raised. One relative said, "I am more than happy to raise any concerns [with provider]. I have no concerns." Another relative commented, "[Registered manager] deals with any issues raised." Staff were able to explain to us what they would do if someone was not happy about something their care or support. They said if it was something they could not easily resolve they would speak to the registered manager. Staff told us they felt confident the registered manager would address any concerns. We looked at the complaints system and although no complaints had been received we saw a policy in place. The registered manager said any concerns raised would be treated seriously and investigated. The outcome would be communicated to the complainant. The registered manager and staff told us an easy to read complaints policy was available in each person's home should they feel the need to raise any concerns. This indicated people's complaints would be listened to, and addressed by the provider.

Is the service well-led?

Our findings

Relatives and staff were all complimentary about the registered managers, and felt the service was well managed. One relative said, "[Registered manager] is very approachable and deals with any issues straight away." A member of staff said, "The registered manager is approachable and very supportive, you can always get hold of someone should you need to." Staff told us they understood their roles and responsibilities, they said they felt confident to raise any concerns they might have, discuss their individual performance or further training they required with the registered manager. They felt issues would be listened to and addressed. Staff were aware of the provider's whistle-blowing policy, including raising concerns to external agencies such as the local authority or CQC. Whistle-blowing means raising a concern about a wrong doing within an organisation. The registered managers demonstrated a good knowledge of the service provided to people including people's individual needs and their responsibilities as a registered manager. This includes the requirement to submit notifications when required to CQC when certain events occurred such as allegations of abuse or serious injuries. Before the inspection we asked the provider to send us a 'Provider Information Return' (PIR), this was a report that gave us information about the service. This was returned to us on time and was completed appropriately. Information was consistent with what we found during the inspection. For example, people's independence being promoted and people supported to obtain specific goals such as going on holiday.

The provider had a number of ways in which they gathered people's feedback. For example, people's views were sought during 'House Meetings' these provided an opportunity for people to express their opinion of the service, discuss meal choices or other topics that were important to them. We saw at a recent meeting people were involved in discussions about Christmas dinner and the décor of individual homes. This showed people were able to share their views about the service they received.

We looked at how the provider ensured the quality of the service was maintained. We saw the provider had systems in place to assess and manage people's individual risks to their health and well-being. This included checking the competency of staff practice for example, administering medicines. We saw where issues were identified such as medicine errors an action plan was completed to address concerns. The registered manager also told us they had worked with the pharmacy who supplied people's medicines; a weekly blister pack had been introduced which meant medicines were easier to manage. We saw other audits were completed by the registered manager and provider such as checks of care records and areas for action highlighted. An action plan was then produced and followed by the registered manager and issues updated and addressed. This enabled both the registered manager and provider to monitor the performance of the service. Systems were in place to record information such as safeguarding, complaints, incidents and accidents, we found information was reviewed by the provider and if required an action plan produced. This showed the provider had appropriate systems in place to assess and monitor the quality of service people received.