

HF Trust Limited

HF Trust - Gloucestershire 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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an announced inspection.

HF Trust - Gloucestershire DCA is a supported living service providing people with a learning disability

support to live their lives as independently as possible. Support varied from personal care to support with shopping and banking. The support hours provided varied depending on the person's needs. At the time of our inspection, 15 people were being supported with personal care.

Summary of findings

A registered manager was employed by this service. 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.

The primary focus of this service was to help people live fulfilling lives as independently as they were able. This required staff to have detailed knowledge of people's needs and preferences, which they did. Each person was supported in a different way to meet their unique preferences. People told us with pride about the paid work they were doing, the new skills they had learned and the important relationships they had with other people. People also had plans for the future which they looked forward to achieving.

People were encouraged to take part in planning their care and to actively feedback on the support they received. People felt able to be open and honest with staff because they trusted them. Risks were managed in a way that balanced people's right to make choices with their right to be safe. To achieve this, people were encouraged to make informed choices about risks. This

contributed to them developing independence and feeling pride in their achievements. Relatives were pleased with the progress people had made since starting with HF Trust - Gloucestershire DCA.

People using the service and their relatives were positive about the service they received. People were treated with kindness and respect. Staff told us they would challenge poor practice if it occurred and were confident it would be addressed by the registered manager. Staff had helped to empower people using this service and their relatives to do the same. Staff were well trained and supported to provide good quality support. They were confident and passionate about helping people to achieve their aims in life.

The provider had governance systems in place to monitor the quality of the service provided. This was linked to a learning culture where staff and people were encouraged to comment on the running of the service. Staff told us the registered manager led by example and described the positive impact of regular feedback on the support she provided.

The legal requirements on the service, such as protecting people's liberty, were understood and met by the management team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe. People and staff knew how to recognise and respond to abuse. The service ensured people were empowered to protect themselves as well as provided with protection.

Where risks existed, people were involved in agreeing how these would be managed. The focus was on taking informed risks to maintain people's independence. This included acting in accordance with the Mental Capacity Act 2005.

Sufficient numbers of staff were available to keep people safe and meet their needs.

Good



Is the service effective?

This service was effective. People's support needs and preferences were met. Staff were knowledgeable about the people they supported and used this to help people be as independent as possible and to develop new skills.

Staff received the line management and support they needed to care for people competently. This included identifying and meeting ongoing training and development needs.

Staff monitored people's physical and psychological wellbeing and ensured support was in place to meet their changing needs. Where necessary, staff contacted health and social care professionals for guidance and support. People were supported to eat a healthy diet.

Good



Is the service caring?

This service was caring. People were treated with kindness and respect. People receiving support and their relatives told us they were very happy with the support they provided.

People and their relatives told us there were plenty of opportunities to express their views about their support and the running of the service. People were involved in making decisions and were consulted by staff.

People were encouraged and supported to be as independent as possible. This required staff to have a detailed knowledge of people's needs and preferences. The result was people were treated with dignity and as individuals.

Outstanding



Is the service responsive?

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes. People were involved in developing and reviewing these plans.

People were supported to take part in activities and to do so as independently as they were able. People were supported to further develop their skills so that their independence increased. Staff helped people to remain in contact with those individuals who were important to them and provided support to meet their spiritual and social needs.

Good



Summary of findings

There was a system in place to manage complaints. Everyone we asked said they would be comfortable to make a complaint. They were confident that any complaints would be listened to and taken seriously.

Is the service well-led?

This service was well-led. There was a positive and open culture at HF Trust - Gloucestershire DCA. Everyone was working towards the same values; keeping people comfortable, happy and safe and helping people to lead fulfilled lives.

People receiving support, staff, relatives and health and social care professionals all said they found the registered manager approachable. Staff felt well supported and able to challenge poor practice. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions.

The service carried out regular audits to monitor the quality of the service and plan improvements. Learning also took place following incidents or complaints. Where a shortfall was highlighted, action was taken promptly.

Good



HF Trust - Gloucestershire DCA

Detailed findings

Background to this inspection

At our last inspection in August 2013 we did not identify any concerns, in the areas we looked at, about the care being provided by HF Trust - Gloucestershire DCA.

An adult social care inspector and an expert by experience carried out this inspection on 29 July 2014. The expert by experience had personal experience of caring for someone who uses this type of care service. This was an announced inspection to ensure there were staff available to meet with us at the office and to allow us to arrange appointments to visit people in their own homes. We gave staff 48 hours notice.

Before the visit we looked at previous inspection reports and notifications that we had received. Services tell us about important events relating to the care they provide using a notification. We also 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.

On 25 and 28 July we telephoned 10 people receiving support from HF Trust - Gloucestershire DCA and spoke

with them about their experiences of using the service. During our visit we met with three further people, the registered manager and three members of staff. We spent time observing the support provided and interactions between staff and people. We reviewed three support plans, staff training records and a selection of quality monitoring documents.

Following the visit we spoke with two relatives about their views on the quality of the care and support being provided. We also received feedback from two health and social care professionals.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they trusted the staff and felt safe. One person said; “Yes I do trust them, very much so” and another person said; “I have no worries”. People told us they could speak with staff if they were worried. Relatives had no anxieties about the service and said they could discuss concerns with the registered manager if needed. Similarly, a social care professional told us; “I do not have any concerns in this area [safety]”.

Staff had access to safeguarding guidance to help them identify abuse and respond appropriately. They told us they had received safeguarding training and training records confirmed this. They accurately described the actions they would need to take if they suspected abuse was taking place. A member of staff told us they monitored people’s behaviour and would always consider abuse as a possible reason for a change in behaviour. Staff said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Staff were seeking to empower people for the long term and not just protect them in the short term. They took opportunities to inform people about abuse to help them protect themselves. People took part in a weekly meeting arranged by the service. Abuse had been discussed at these meetings to make sure everyone knew what abuse was and how to act on it. A recent satisfaction survey had also included a question to check whether people understood what abuse was and what to do if it occurred.

A new policy had recently been circulated to all staff concerning the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff were currently completing training relating to the new MCA policy. Staff demonstrated a good basic understanding of the principles of the MCA. They explained the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. The staff had recently reviewed each person’s ability to make decisions about where they lived and the support they received. They found everyone they supported was able to make these decisions. Staff told us they did not use physical interventions to restrict people’s freedom but did sometimes guide people away from danger. The provider’s

safeguarding policy included guidance on the use of physical interventions. People told us staff did not stop them doing anything they wanted to do and one person said; ‘If I go out, I just let them know where I’m going’.

Risk assessments and risk management plans were completed with the aim of keeping people safe with the least impact on their freedom. Each risk assessment included information to guide staff on how able the person was to make a decision about the risk. Staff encouraged people to discuss the risks associated with an activity and if the person understood the risks and could make an informed decision, they were supported to do so. Some plans had been produced using pictures and simple language to ensure people could be fully involved in the process. Some people told us they used the plans to keep themselves safe. For example, one person looked after their own medicines and their plan reminded them how to do this and what action to take if anything went wrong. The focus of the plans was helping people to be more independent.

Risk assessments were used to identify when action needed to be taken to reduce a risk. This was done in collaboration with the person and focused on reducing the risk rather than stopping the activity altogether. For example, some people wanted to go out independently but certain roads posed a significant risk to them. As a result, staff had helped them to identify safe routes to use that allowed them to still go out independently but avoided the high risk locations. Other people had required input from specialists in road safety awareness to help them develop the skills they needed to be safe on their own. Staff also worked with people to identify and minimise the risks they faced around finances and banking. Support plans were developed following this risk assessment and staff followed the guidance in the plans.

Some people could put themselves or others at risk of harm if they became distressed or upset. Staff were aware of what might trigger this type of distress and worked hard to reduce the triggers. When incidents of this type did occur, the registered manager carried out a thorough analysis of the causes in order to take action to prevent this happening again. There had not been any such incidents since our last inspection in August 2013. The manager said this was because there was a stable staff group who knew people’s needs and how to support them.

Is the service safe?

There were recruitment procedures in place to ensure people were supported by staff with the appropriate experience and character. We did not check whether these procedures had been followed as no new staff had been recruited since 2011 when we last looked at recruitment files. The local authority had identified how much support each person needed to stay safe. The support hours each person received from HF Trust - Gloucestershire DCA had

been set to reflect the hours commissioned by the local authority. The registered manager told us the number of staff on duty always matched the support commissioned and people told us they were never left without the support they needed to stay safe. The registered manager had a record of staff experience and training so she could ensure the staff on duty could meet the needs of the people they were supporting.

Is the service effective?

Our findings

Staff at HF Trust - Gloucestershire DCA ensured the support people received was effective and resulted in a good quality of life. In order to achieve this, staff who had specialist training in supporting people with a learning disability monitored people's physical and psychological wellbeing and addressed their changing needs. People told us they were supported well by staff and had their needs met. Some people described the support they valued most and told us; "I like working with wood and the workers arrange the wood in the right order for me to work on" and "I like trainspotting and they help me with that". Another person told us staff provided reassurance to help them stay calm.

We also heard how people were being supported to develop new skills and become more independent. One person told us; "Staff help me to do the house work and the cooking as I want to live alone [in the future]". Another person told us about a job they had secured with help from staff. People were very clear that they made the decisions about their plans and told us; "I let them know what I want to do" and "they don't decide for us". In order to help people move forward, staff had worked with some people to identify the goals they wanted to work towards. These were recorded to ensure all staff knew what the person was working towards and to remind the person. Other people did not like the idea of having goals. For example, one person told us; "I've got no particular goals at the moment but I'm sure staff would help me if I wanted them to. I just get on with my life."

Where necessary, staff contacted health and social care professionals for guidance and support. Professionals were positive about the way staff met people's needs. A social care professional told us; "I felt the staff supported the service user effectively. They were happy to raise concerns where appropriate and to challenge. The registered manager has always kept me informed of changes where appropriate." The positive relationships between staff and external professionals allowed everyone to work together to achieve the best outcomes for the person.

Each person had a health action plan and hospital passport that identified their primary health needs and the support they required to remain well. This helped staff ensure people had the contact they needed with health

and social care professionals. People told us how staff had supported them when they were unwell and said; "Staff told me to go to the doctor because they were worried about my cough" and "I was taken ill at church and they called an ambulance for me straightaway". People also told us how staff helped them to stay well by reminding them to take their tablets or supporting them during routine appointments.

The level of support each person needed to eat and drink was identified in their support plan. Most people were able to eat independently but many needed support around shopping for food and cooking. For example, one person explained that staff helped them to cook a batch of food and then freeze the meals. They then chose what to eat each day. They told us this helped them to remain healthy but still feel independent and make choices. Other people were positive about the support they received from staff saying; "they are good at helping me to make drinks and food" and "they help us to do it".

People were happy that staff had enough training and experience to support them. We also found people's preferences, such as the gender of staff, were met wherever possible. Records showed staff training was up to date and staff received further training specific to the needs of the people they supported. The training record allowed the registered manager to quickly identify any training needs and address these. Staff told us they felt competent and could ask for additional training when they needed it. One social care professional told us "I found the staff I encountered during my support planning to be helpful and knowledgeable."

Staff met with their line manager to receive support and guidance about their work and to discuss training and development needs. Records of these meetings showed staff had an opportunity to communicate any issues they wished to discuss and suggest ways in which the service could improve. There was a balance between focusing on the member of staff, the function of the team and the needs of the people being supported. These meetings were also an opportunity for training needs to be identified. After each meeting an action sheet was completed and then reviewed at the next meeting to ensure the actions were addressed. A member of staff told us "Supervision is helpful but I can raise any issues as they arise".



Is the service caring?

Our findings

Everyone told us staff were kind and that they felt really well cared for. Comments from people included; “very caring”, “big good”, “very kind and helpful” and “wonderful”. Another person told us, “I like the service. I’ve been with it a long time”. People told us nothing was too much trouble for their staff and that they trusted them. A relative told us they were so pleased with the service they had just recommended it to someone they knew. Health and social care professionals we spoke with were positive about the service and described staff as caring and friendly.

The culture of this service put people at the centre of everything that was done. The interactions we saw between people and staff were caring and professional. We observed people smiling and laughing with staff and they chose to spend time in their company. We observed a member of staff supporting a person who had become anxious. They did so in a caring and patient manner in line with the person’s support plan. The person reacted well to the member of staff and was able to continue with the activity they were engaged in. Staff demonstrated a detailed knowledge of the people they supported. The information they shared reflected the support plans we had read and observations we had made. This included the support people needed to communicate effectively. People told us staff had got to know them well over time. Comments from people included; “they know me alright” and “they help me understand things so I don’t worry”.

People were listened to, valued and consulted. Staff involved people as much as possible in making choices and decisions about how they lived their life. A member of staff told us that most people could make most of the decisions they needed to on a day to day basis. Staff supported them to do this by ensuring people had the time they needed to understand information. Staff gave information to people in a way they could understand. This included using pictures or objects. We heard staff patiently explaining options to people and taking time to answer their questions. People told us they were as involved as they wanted to be in planning their care. A social care professional told us “Staff supported service users to be involved as much as possible and to express their views and opinions throughout the [care planning] process.” Staff told us about situations when an advocate had been used

to support someone due to the complexity of the issue or because there was no other independent support to help the person make the decision. This helped to ensure people made decisions that were beneficial to them.

People and those that matter to them were involved in the running of the service. If people wanted to be involved in recruitment they could meet with staff before they were appointed and they were asked whether they felt applicants were suitable for the service. People were also asked to contribute to staff appraisals although the registered manager told us she planned to improve this process as feedback was not always forthcoming. Most feedback about the service was given during informal conversations between staff and people as this is when they feel most comfortable to share their views. Regular meetings also took place when people could talk about the running of the service. The attendance was high at these meetings as people were listened to and so could see the benefit of taking part.

People told us staff helped them to do things for themselves. Over time this had resulted in people needing less support and being more independent. One person told us staff helped them by “watching me cook so I do it right. They don’t do it for me”. Other people said; “We do what we want to do and they help us to do it” and “They remind me about things, but they don’t do it for us”. We spoke with people who volunteered in the community or had secured paid employment. These people were clearly proud of their achievements. This approach was in line with the service aim to help people lead happy and independent lives. Staff were highly motivated to achieve this aim and spoke with passion about the progress people had made and the strategies they had employed to help them achieve this.

Staff were considerate of people’s dignity and privacy. They asked people for permission to enter their rooms or to talk about confidential topics. Staff told us how they supported people with sensitive personal issues to balance meeting their needs and maintaining their dignity. This included providing support from a member of staff of the person’s preferred gender. They also told us how they supported people to understand issues of safety and well-being when they had wanted to start a relationship. Staff spoke about people in a positive and respectful way. They showed pride and joy in people’s achievements and were fully supportive



Is the service caring?

of helping people to achieve what was important to them. We observed staff subtly giving people guidance when they asked for it. They did this in a way that avoided drawing attention to the person's need for help.

Is the service responsive?

Our findings

The service was responsive to people's needs and wishes as staff knew about the person and acted on this knowledge. Each person had a support plan which was personal to them. Support plans included practical information on maintaining the person's health, their daily routines and communication needs. The plans also identified how staff should support the person emotionally, particularly if they became anxious. Cultural or religious preferences were recorded so that staff could respect these. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences. Staff used this information and people told us the support they received reflected their wishes. People told us they liked having a consistent team of staff that they had got to know over time. Everybody told us they were happy with the level of support they were being provided with and one person specifically referred to the flexibility of the service.

The service used an electronic system to record people's care and support information. This system contained detailed information about the person and a brief summary of their key needs. This system was updated annually as part of the person's annual review. A further support plan had been developed with each person that was easier to read and focused more on what the person wanted recorded. One recently developed support plan was structured around pictures and symbols to help the person concerned understand the content. The registered manager told us this had been recognised as good practice and she hoped to develop others in the same style. The easy to read version was updated as people's needs changed. Staff and people told us this was the style they preferred to use.

People said they had been as involved in developing and reviewing their support plan as they wanted to be. Some people told us they had no interest in the plan as the support they got met all their needs. Other people enjoyed the experience of being involved and consulted. One person said; "I helped to write my care plan" and another told us "I didn't write my care plan but I told staff what I wanted in it". People told us staff sought their permission before providing care and talked about staff "checking things out" to ensure people still agreed with their support plans.

Staff told us how they responded to changes in a person's needs. They explained they would talk to the person concerned, talk to other staff and involve health and social care professionals as needed. They told us that talking with other staff helped them to identify the most effective approach to supporting that person as different staff tried different approaches. We looked at the records staff kept each day about the support they gave people. The records were logically structured and factually correct. This enabled staff to monitor people's activity levels, health needs and nutrition in order to keep them safe and well. Records also described how the person was feeling so the next staff on duty could follow up any concerns.

Each person had a record of the activities they regularly took part in. This was to ensure staff were available when needed. Many people were able to decide what to do independently and did not need staff support for all activities. These people had less structured activity plans to help them depend less on staff for guidance and move towards independence. People told us they valued being given the freedom to grow in confidence and were proud of how far they had come. One person told us; "They would support me if I wanted to do something and we would talk about it." Staff supported people to go to a community drop in service that helped them to identify social, learning and employment opportunities. Taking advantage of these opportunities helped people grow in confidence. A health professional told us; "Both members of support staff that I met were keen to encourage the client's independence and decision-making."

People told us staff supported them to do the things that were important to them and that they felt in control of their lives. This included getting help to meet their spiritual and social needs. One person told us they were "being supported to go to church" and another said they liked "going shopping and getting a coffee". Where needed, staff also helped people with practical tasks such as cooking and cleaning, replacing broken kitchen appliances and reminding people to go to work. Staff helped people to remain in contact with other people important to them. They had also worked with people to establish contact with family members where this had been lost.

The service had a complaints policy so staff had a policy to follow when needed. Since our last inspection no complaints had been received by the service. They had, however, supported one person to make a complaint to

Is the service responsive?

their landlord as maintenance work had not been completed. The person had been supported to do this and they were very pleased that action had been taken as a result. Relatives felt able to complain if needed. One relative said; “I have had no cause to complain but I am sure I would be treated as I would like if I did”. Another

relative said they had raised a concern with the manager in the past and this had been “amicably discussed and all sorted”. People told us they could talk to staff about any problems but no one had any specific concerns at the time. The focus was on addressing concerns as they occurred before they escalated to requiring a formal complaint.

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by a senior care worker. During our visit to the office, staff and people using the service came by to speak with the registered manager. People received respectful and helpful responses from her. Everyone told us they found the registered manager approachable and said they could contact her if they needed to. A social care professional told us the registered manager “was always willing to help, raise concerns, challenge and co-ordinate appointments etc. The process is time consuming but she always made herself available.”

There was a commitment to listening to people’s views and making changes to the service in line with the feedback received. Staff told us they spent time observing people and listened to what they had to say. People said they spoke with their staff on a regular basis so they knew how things were going. This worked well as each person was supported by a small team of people that knew them well. When asked how staff knew how they felt about the service people said; “because of the way they work with and ask you what you think”, “they ask me what I think” and “they talk to us about how things are going”.

Feedback had been sought from people using a satisfaction survey. The survey was designed to be accessible to the people using the service. The survey focused on how the person felt about the support they received and also checked if they knew how to make a complaint. A further survey had been sent to families and friends but the results had not yet been received. The registered manager had reviewed the results from the survey and had not found any problems that needed addressing. However, we found that although the individual responses had been reviewed separately, the results had not been looked at as a whole. This may have highlighted trends or patterns across all responses.

Staff we spoke with were positive about the management of HF Trust - Gloucestershire DCA and the support they received to do their jobs. One member of staff told us the registered manager “acts as she would expect us to act”. Staff said there were plenty of opportunities to discuss issues or ask for advice and gave us examples of how their ideas had been successfully implemented. For example, one member of staff had trialled producing a picture based support plan for one person and the manager was now

looking to introduce this for other people. Staff told us they could raise a concern without fear of recriminations. The management team lead by example to model the values and behaviours they expected from others. They used initiatives and good ideas to benefit people using the service.

The registered manager and other senior staff spent time observing their colleagues to give them feedback on their performance. The resulting reports were very detailed and focused on how the member of staff had interacted with the person they were supporting. They aimed to complete three each year to give the member of staff suggestions on how to improve the support they provided and positive feedback on what was going well. This constructive feedback helped to ensure staff followed best practice for the people they were supporting. This approach also fostered a culture in which identifying practice that could be improved and challenging colleagues was expected and valued.

The service carried out regular audits to monitor the quality of the service and to help inform and plan improvements. The service used an electronic system to record the outcomes of quality audits and ensure the resulting actions were completed. The registered manager completed audits as did the company quality manager. The audits by the quality manager involved speaking with people about their satisfaction with the service as well as reviewing paperwork. This system highlighted any risks or challenges faced by the service and resulted in an action plan to address the issues identified. The records showed that the action plan was being followed and any issued addressed. The system also enabled the provider to monitor the performance of the service.

Staff demonstrated a good understanding of what this service was trying to achieve for people, and what the priorities of the service were. One member of staff said; “to make sure people are comfortable, happy and financially safe. Make their lives as normal as possible”. Other staff and the registered manager gave similar answers which showed the whole team was working towards the same goal. The feedback we had from people and their relatives told us staff were achieving these goals. One relative told us; “Done very well with [name]. More confident – different person. More independent with their help – they have helped enormously.”