

HF Trust Limited

# HF Trust - Cheshire DCA

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

HF Trust – Cheshire DCA provided domiciliary care services including personal care and supported living to adults with learning disabilities. At this inspection they were supporting 65 people in their own homes.

There are three registered managers in post, but owing to pre-arranged annual leave one of the managers was unavailable at this inspection. We were supported throughout by the regional manager. 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 the service was rated good. At this inspection we found the service remained good.

People continued to remain safe as staff knew how to recognise and respond to concerns of ill-treatment and abuse. There were enough staff to support people to meet their needs. The provider followed safe recruitment procedures when employing new staff members.

People continued to receive care that was effective and personalised to their individual needs and desires. They were assisted by a staff team who were well supported and had the skills and training to effectively support people. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Staff were aware of current guidance which informed their practice and people's rights were maintained by the staff who supported them.

The support people received continued to be caring. People were supported by a kind and considerate staff team. People's privacy and dignity was respected by those providing assistance. People were supported at times of upset and distress.

People continued to be involved in developing their own care and support plans. Regular reviews took place and accounted for any changes in people's needs. People's individual preferences were known by staff members who supported them as they wished. People and relatives were encouraged to raise any concerns or complaints. The provider had systems in place to address any issues raised with them.

HF Trust – Cheshire DCA continued to be well-led. People were involved in decisions about their care and support and their suggestions were valued by the provider. Staff members believed their opinions and ideas were listened to by the provider and, if appropriate, implemented. The provider had systems in place to monitor the quality of service they provided and where necessary made changes to drive improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# HF Trust - Cheshire 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 checked 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 was a comprehensive inspection that was completed by one inspector.

This inspection took place on 24, 25 and 26 May 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

We spoke with 11 people receiving support, five relatives, eight staff members, the regional manager and operations manager. We looked at the care and support plans for three people including assessments of risk and guidance for the use of medicines. We looked at records of quality checks completed by the registered manager and the provider. We looked at the recruitment details of two staff members.

## Is the service safe?

### Our findings

People continued to be protected from the risks of abuse and ill-treatment as staff knew how to recognise and respond to any concerns. People we spoke with told us they felt safe and protected by the staff that supported them. One person said, "I feel safe. They (staff) look after me." Staff members had received training on how to prevent, identify and respond to any concerns of abuse or ill-treatment. Information was available to people, relatives and staff members on how to report any concerns that they had to the registered manager or the Local Authority. We saw that the registered manager had made appropriate notifications to the local Authority in order to keep people safe.

People told us they were safely supported to live as independently as they could in their own homes. One person told us they were supported to do their own cooking with the assistance of staff. They said, "I use oven gloves so I don't burn myself. They (staff) help and I can do as much as I can safely." People had individual assessments of risk which included potential dangers in their own homes and in the community. These assessments informed staff members how to safely support people.

Any incidents or accidents were reported by staff members and monitored by the registered manager and the provider's health and safety representative. This was to identify any trends or patterns which required further action.

People told us there were enough staff to support them safely and to assist them to do what they wanted. The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the disclosure and barring service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

People received their medicines when they needed them and were supported by staff who were competent to do so. The provider had appropriate guidelines and policies in place to safely support people with the medicines they needed to keep healthy.

## Is the service effective?

### Our findings

People continued to be supported by staff who had the knowledge and skills to effectively meet their needs. One relative told us, "(Provider) supports me with the same training as their staff receive. This is so I can understand what they have been taught so I can also be consistent in the care I provide as well."

New staff members undertook induction training which included health and safety, first aid and communication. Staff members also worked alongside existing staff members so they could get to know people and to see how they liked to be supported. Additional training was available for staff members to increase their existing knowledge. For example, one staff member told us they received additional training on how to specifically support someone with their communication. This helped them understand and engage with the person more.

People were supported to make decisions about their care, activities and day to day routines. People told us they were encouraged to be involved in planning their days including what they wanted to eat, wear and do. One person told us they needed to make a decision about medical treatment. They said they were supported by a staff member to weigh up the positives and consequences before they made the decision themselves. Staff we spoke with told us the process they would follow in order to ensure any decisions made were in the best interests of the person concerned. For example, when someone could not make a decision regarding their medicines the provider involved family and the doctor in the decision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. Any such applications must be made to the Court of Protection. The provider had properly trained and prepared their staff in understanding the requirements of the MCA in general. At this inspection the provider had made appropriate applications and the decisions were pending. We saw that the provider had taken action to support people in the least restrictive way possible.

People were supported to have enough to eat and drink to maintain their well-being. People told us they were supported to make healthy eating decisions. One person said how they were supported to eat healthy foods and to increase their exercise in order to lose some weight.

People had access to health care services when they needed it. These included foot health, GP and district nurses and opticians. The provider referred people for healthcare assessment promptly if required.

## Is the service caring?

### Our findings

People told us they were supported by staff they described as fantastic, marvellous, wonderful, kind and funny. Staff members spoke about those they supported with regard, respect and warmth. Relatives talked about the staff team with admiration. One relative said, "The things that they (staff) have achieved with [relative's name] is wonderful. I cannot talk highly enough about them."

We saw people coming into the regional offices of HF Trust – Cheshire DCA. They were warmly welcomed by all staff they interacted with. People and staff members talked about shared experiences and things that they all found interest in.

People told us they were involved in making decisions about their care. This included what support they wanted and when they wanted it. One person described their routines which they found reassuring. They told us they found comfort in establishing how they liked to be supported and that they could direct the care and support they received.

We saw people were supported at times of upset and distress. One person started to become upset regarding a decision they wanted to make. We saw they had the time to explain to a staff member how they felt. The person received support and reassurance in order to express themselves. We saw them make a decision on how they wished to address what was concerning them.

People's privacy and dignity was respected by those supporting them. People told us staff members knocked on their doors and announced themselves when entering their rooms. People went on to say that they had their own private space where they lived and that staff respected this.

People were encouraged to do what they could for themselves and staff members assisted where needed. Information which was confidential to the individual was kept securely and only accessed by those with authority to do so.

## Is the service responsive?

### Our findings

People told us they still created their own care and support plans which gave the staff information on how they wanted to be assisted. People told us these plans reflected their own personal preferences which staff respected and complied with. When it was needed family members were also involved. One relative told us, "We sat down with [staff member's name] and went through everything including food likes and their personal history." Staff we spoke with could tell us about those they supported and their preferences.

People regularly reviewed their care and support plans with staff members assisting them. We saw that following a change in one person's health their care and support plan was updated. This included factual information regarding the changes to aid staff member's understanding. It also included how to support the potential emotional reaction this person may have regarding these changes.

People were engaged in a range of activities which they told us they enjoyed and found stimulating. At this inspection people told us they were attended colleges and places of work as well as recreational activities like swimming and going to the gym.

People told us they knew how to raise a complaint or a concern if they needed to do so. One person told us, "I can say anything I want to [staff member's name]. If I am concerned about anything they will help me." We saw information was presented in a way people understood on how to raise a concern. The registered manager and the provider had systems in place to investigate and respond to any concerns raised with them. People were confident they would be listened to and their concerns addressed.



## Is the service well-led?

### Our findings

People knew who the registered manager's were and they told us they found them approachable and keen to listen and support them. Staff members we spoke with told us they could approach the registered manager's at any time for support or guidance. Staff members told us they could present any ideas or suggestion at one of the regular staff meeting they attended and that these opinions were valued.

People were involved in the service they received and contributed to decisions regarding their own home environments. One person told us they had recently decided to redecorate their room. They chose the scheme and arranged a short holiday whilst the work was completed.

People and staff members received regular updates and communications from HF Trust – Cheshire DCA. These included newsletters which informed them about changes or opportunities throughout the provider's organisation.

We asked staff about the values they followed when supporting people. Staff members told us they assisted people in a way they wished and helped them aspire to achieve what they wanted. One person told us how they had always wanted to have a job. They went on to say with the help of staff they are now in paid employment.

Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. Staff members we spoke with were confident they would be supported by the provider should they ever need to raise a concern.

The registered manager's and the provider undertook regular checks to drive quality. These included regular checks on the environment in which people lived and the support they received. One registered manager showed us an action plan they had created following a recent quality check. This included raising staff members awareness to changes to policies which impacted on their practice.

A registered manager was in post at this inspection and present throughout. This registered manager was supported by a number of additional registered managers. These additional registered managers worked throughout the geographical area that was covered HF Trust – Cheshire DCA. 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. The registered manager understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.