

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

### About the service

HF Trust - Cheshire DCA is a domiciliary care service providing support to 56 people who have a learning disability and/or autism at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported by small, consistent staff teams who knew people well. There had been changes in recent months to the rostering system which had resulted in new staff being recruited. This meant some relatives felt there were not always enough regular staff. Records showed however that the hours people were funded for were being provided, and the management team were committed to ensuring consistent care to people receiving support.

The service was well led. There had been a number of changes in the last year to the management arrangements for the entire service which was commented on by some relatives, however most spoke positively about the new arrangements and staff felt engaged and well supported by an open and honest culture.

Systems were in place to manage risks to people's health and wellbeing and medicines were managed safely. Staff and the management team worked closely with other professionals and organisations to ensure positive outcomes for people.

People received a caring service and felt supported and valued as individuals. People spoke very positively about staff. They and their relatives told us they were treated with respect and staff upheld their dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved in developing their care plans which were person centred and changes were made as people's needs changed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported through technology where appropriate to ensure their communication needs were met and staff supported people to access a wide range of activities which enabled them to pursue their social and leisure interests.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 26 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# HF Trust - Cheshire DCA

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a two managers currently registered with the Care Quality Commission and there were plans for a further three managers to become registered. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of this inspection was unannounced however, the second day was announced. This is because we wanted to visit people in their own homes and we needed to make sure that people agreed to this.

Inspection activity started on 2 December 2019 and ended on 16 December 2019. We visited the office location on 11 December and 16 December 2019. We also visited people in their own homes on 16 December 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with ten members of staff including the regional manager, both registered managers, two managers who were not yet registered, support workers and office staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- We received mixed feedback from relatives about whether the service provided enough staff and there had been a number of agency workers providing support in recent months. All spoke positively about the support staff. One relative told us, "Yes, there is enough staff," however another relative told us, "We don't think there's enough staff during the week, but there is during the weekends." We looked at the rotas and saw that the hours people received funding for were being provided.
- We discussed staffing with the regional manager and members of the management team. We were told the provider had recently changed the rota system which was designed to be more flexible. The registered manager told us, "The new people planner [system] has enabled people we support to choose when they receive their hours and has taken a lot of pressure off shift cover."
- Where agency staff were used, appropriate measures were in place to ensure the suitability of these workers. Records also showed agency use had consistently reduced in recent months and recruitment had improved. One member of staff also told us, "I think [staffing] is improving a lot. We used to use a lot of agency but this is getting better now."
- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they started employment.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse and people confirmed they felt safe with the care they received. One relative told us, "The carer we have is very experienced, committed and tuned into [name's] needs. I feel safe with the carer as he knows what he's doing and is very caring."
- Staff understood the actions they must take if they felt someone was being harmed or abused.
- Referrals had been made to the local authority safeguarding team when abuse had been suspected and investigations had been completed.

### Assessing risk, safety monitoring and management

- People's needs were appropriately assessed and support plans had been developed to minimise any risk to people's health and wellbeing.
- The provider had a team of professionals skilled and trained in positive behaviour support. This is a recognised way of supporting people who display, or are at risk of displaying, behaviours which challenge. Where this level of support was needed for an individual, records showed all staff had received this training.

### Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and the properties had

safe medicine storage systems in place. One relative told us, "[Name] takes a huge amount of medication. It's all given methodically. If there's a change to medication, [staff] very good on chasing things up."

- Medicines were only administered by staff who had the correct training to do so and comprehensive records were completed.
- There were clear 'as required' medicine protocols for those people on this type of medicine. This ensured staff knew what signs to look for when considering giving 'as required' medicines to people. Where appropriate, these were in an easy read format to help people understand the medicines they were prescribed.

#### Preventing and controlling infection

- Systems were in place to protect people from the risk of infection. Staff used personal protective equipment (PPE) such as gloves and aprons when providing personal care.

#### Learning lessons when things go wrong

- There was a robust system in place to monitor and review accidents and incidents. This enabled the registered managers to analyse trends and identify any lessons learnt.
- Staff demonstrated that they understood how to respond to, record and report incidents and accidents safely.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received a service. This information was used to develop risk assessments and care plans which reflected current standards and best practice guidance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA and staff were confident in describing how they would support a person who refused care.
- Where concerns arose about a person's capacity to give consent or make a choice, care records contained assessments of capacity and the outcome of any decisions made in a person's best interests. This included where an application had also been made to the Court of protection for one person due to specific risks.

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

- The management team and staff worked with other agencies to ensure people received consistent, effective and timely care and their input and advice was clearly reflected in people's care plans. One person described how staff had supported them to make a decision around having surgery.
- People confirmed they were supported to access their GP. One person told us, "I can speak to staff if I am not well, and they will make appointments for me".

Staff support: induction, training, skills and experience

- New staff went through a detailed induction to the service and spent time with experienced staff to ensure they understood their roles and responsibilities. One relative confirmed this and told us, "[HFT] do try and

introduce new staff gradually and in a structured way."

- Staff received the training they needed to support people. Staff spoke positively of the training they received and told us it made them feel confident to do their job well.
- Staff received support from their line managers through regular supervision.

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

- Staff were aware of the nutritional needs of people and information about individual care needs was clear within support plans. This included where a person needed a modified diet to reduce the risk of choking. Support plans were consistent with professional advice provided.
- People spoke positively of the support they received around maintaining a balanced diet. One person also explained they could prepare their own meals and when they needed extra help from staff.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Some relatives felt their input into support plans was not always included. One told us, "We haven't had an annual review for a long time, and the new manager has booked a meeting for January 2020." We discussed this with a member of the management team who told us that support plans were a key focus for them and they were arranging reviews to ensure everybody could contribute to the most up to date plans in place to support people.
- However, people receiving support did confirm they were involved in making day to day decisions and told us staff talked through their care plans with them to identify any changes. One person explained they were trying to secure an extra day at a day service they enjoyed attending which staff were helping them with.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed warm and friendly interactions between people receiving support and their staff. People also spoke positively about the support they received. One person told us, "Staff are very nice, don't bother me at all."
- Relatives also spoke positively about support staff. One told us, "[Name] feels valued and it's a very professional service; there's a good rapport in the house. [Staff] are exceptional. They do everything you would expect them to do and sometimes more." Another relative told us, "The hands on day to day care is exceptional. The carers have been there many years and they know [Name] well and know how to get the best out of [their] care."
- Staff considered people's protected characteristics under the Equality Act 2010. Religious and cultural needs were identified when developing support plans. Support plan's contained detailed information about religious beliefs and the support the person needed to uphold these beliefs.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to do as much as they could for themselves. We observed people making their own drinks and snacks and one person had a personal goal to be able to maintain their own personal care. One relative told us, "It's very difficult because [Name] is in a wheelchair. [Staff] encourage her to go out shopping, feed themselves. [Staff] encourage [Name] to do [their] own thing and they give [Name] a choice as to what [name] wants doing."
- Privacy and dignity was also respected. One person told us, "Staff always knock on my door," and a relative told us, "[Staff] engage with my brother, but there are times when he wants to be on his own. The staff pick up on that and leave him. They do understand him and therefore can respond accordingly."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which reflected their needs and preferences. Support plans were person centred, capturing people's personal histories and specific wishes in relation to the support they received. One person told us, "Staff are nice and do what I want them to do." We identified small areas of improvement in some care plans and these were immediately rectified by the registered managers.
- Staff were committed to ensuring people receiving support had choice and control. One staff member told us, "I see my job as being like a friend for people and people to truly feel they are at home."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The communication needs of people were thoroughly assessed and reflected within support plans.
- The service ensured communication needs were met. For example, one person used an electronic tablet which contained pictorial software to communicate. The manager told us how this had enabled the person to express choices about what they liked to eat and drink as well as enabled the person to express their mood.
- Information was also available in different formats and we observed examples of one page profiles in pictorial formats in people's homes. These enabled staff to understand what was important to people in a document which could be discussed with and understood by the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service considered people's social and cultural interests when developing care plans and supported people to pursue their personal interests. People told us about the things they liked to do which included various leisure interests, going on holidays, craft activities and one person was engaged with voluntary work at a local café.
- We did receive some feedback about the quality of activities for one individual where the person felt further improvements were needed. The regional manager told us they had recently secured funding for an activity lead who would work directly with people and staff teams to ensure people's interests were being met.

Improving care quality in response to complaints or concerns

- There was a system in place for recording complaints. We saw where complaints had been received, there were detailed records which included the actions taken. Feedback was provided to people who raised complaints.
- Information was widely available informing people of the complaints process. This included information available in easy to read formats.

#### End of life care and support

- Although the service was not currently supporting anyone with end of life care, end of life care training was available to staff. One staff member told us they had supported a person at the end of their life and, "There was good support from the managers, I could call them any time of day."
- Where appropriate, support plans contained information where people's wishes, and feelings were known.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Due to a period of management change, we received mixed feedback from relatives about the consistency of care provided. One person told us, "The management keeps changing. Very rarely do we have a manager for more than 6 months. They suggest changes and then they leave. The current manager has acknowledged that things could be better and is looking into making improvements." Other relatives however spoke positively about the new management arrangements and one told us, "The new managers that have come in now have done an amazing job."
- We discussed this with the regional manager who told us that there were no further changes planned and the new structure was now being embedded.
- Staff also spoke positively about the new management team and told us they felt well supported and felt confident to raise any issues.
- The provider had a number of initiatives in place to reward and recognise staff. This included GEM awards for staff who have gone the extra mile and annual Fusion awards where staff were recognised for their achievements within the organisation. The regional manager spoke with pride about recent nominations of support staff within the Cheshire area for support to people around communication and supporting a person at the end of their life.
- The registered managers were open, honest and responsive throughout our inspection and took immediate steps to rectify any issues we raised.

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

- There was a clear framework of governance underpinning the service. This consisted of robust audit processes that were regularly monitored and reviewed. These were effective in identifying and driving improvements.
- The registered managers met regularly with the regional manager to discuss the quality of the service provided and future improvements. This included the planned introduction of an electronic medication system which aimed to reduce the risk of medication errors as well as improve oversight of the quality of care being recorded for people.
- The registered managers understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.
- The most recent CQC rating was clearly displayed in the office as well as the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked to engage with people and families supported by the HFT. They published a newsletter which was an opportunity to share successes and updates with people.
- People were encouraged to offer feedback about the service through regular contact and questionnaires. The results of these were analysed and actions taken were recorded on a 'You Said, We Did' board.
- Staff were engaged and motivated and felt value in team meetings where they felt there was an open and honest culture to share their views and feel they are listened to. The provider also had a partnership forum where nominated staff could discuss issues relating to their work with the senior management team.
- The registered managers worked closely with external professionals to ensure consistently good outcomes were achieved for people.