

HF Trust Limited

# HF Trust - North Oxfordshire DCA

## Inspection report

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31 January 2018

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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

We undertook an announced inspection on 29 and 31 January 2018. HF Trust – North Oxfordshire Domiciliary Care Agency (DCA) is a service that provides care and support to people living in eight 'supported living' settings, so that they can live as independently as possible. At the time of the inspection the service was supporting 28 people. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service was managed by three registered managers. 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.

### Rating at last inspection

At our last inspection in December 2015 we rated the service good. Since our last inspection, the local authority had been monitoring two of the location addresses as a result of concerns raised. Services are sometimes monitored under the local authority safeguarding measures called 'Serious Concerns'. This requires the provider to work with the local authority to make improvements and provide regular reports to update on actions taken to improve the service. We spoke with the local authority safeguarding and contract teams and were informed that the service was no longer in the 'serious concerns' process due to the improvements made. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

### Why the service is rated Good

People remained safe at the service. Staff knew how to recognise safeguarding concerns and what to do if they suspected any abuse. Risk assessments were carried out to promote people's well-being and recognise people's individual abilities. There were enough staff to keep people safe and the provider followed safe recruitment procedures. Medicines were administered in line with guidance.

People continued to receive support from effective staff. People's needs had been fully assessed to ensure that staff had guidance to meet these needs. Staff were knowledgeable, skilled and had the relevant skills and experience. Records confirmed staff received regular supervision sessions and they told us they were well supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to access health professionals when needed and staff worked closely with various external professionals to ensure people's health needs were met. People were given choice about what they ate alongside appropriate support to ensure a balanced diet.

The service continued to support people in a kind and caring way. People were treated with kindness and as individuals. People were involved in decisions about their care needs and the support they received. People's dignity, privacy and confidentiality were respected, and they received person centred care that included access to information that met their needs.

The service remained responsive to people's needs and ensured people's changing needs were recognised and appropriate changes to support were implemented promptly. People were supported to raise concerns if necessary. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was well-led by experienced and motivated registered managers who ensured staff put people at the forefront of the service delivery. There was an open and positive culture that valued and engaged people, relatives and staff. Staff and relatives had confidence in the skills of the management team and had noted improvements in recent months. The registered managers had good systems to monitor the quality of the service provided. The service worked well with various external professionals to ensure people received the input they needed from all sources.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# HF Trust - North Oxfordshire

## DCA

### **Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 29 and 31 January 2018. We gave the service 48 hours' notice of the inspection visit because the location provides supported living and we needed to be sure that people would be in and staff available to support the inspection.

The inspection was carried out by one inspector and one expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Inspection site visit activity started on 29 January 2018 and ended on 31 January 2018. One inspector visited the office location on 31 January 2018 to see the registered managers and office staff; and to review care records and policies and procedures.

We also reviewed statutory notifications that the service had sent to CQC. A notification is information about important events which the service is required to send us by law. Before the inspection, we had asked the provider to complete 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

We spoke with 10 people who used the service, one relative, three registered managers and five care staff. We looked at records including three care plans, six staff files including recruitment information. Following the inspection, we contacted all the care staff and six social and health care professionals, and heard back from three care staff and one professional.

# Is the service safe?

## Our findings

The service continued to provide safe care to people. People told us they felt safe. One person told us, "Not worried here. Nice and I like living here." A relative said, "Much happier since she [person] has been at [address]. More independent. Very happy with what they are doing for her. Keeping her safe and managing risks well. Loves going back to the house after visits to us. Quite happy with the way they are weaning her off us."

Staff had completed safeguarding training and understood their responsibility to identify and report any concerns related to abuse. Staff were confident action would be taken if they raised any concerns. A member of staff told us, "There was an incident with someone I supported and it was reported to safeguarding and measures put in place to further protect the person in respect of the incident." Records showed that all concerns had been reported, investigated and appropriate action taken to keep people safe from abuse.

People's care plans contained risk assessments and where risks were identified there were plans in place to manage the risks. Any risks present, such as receiving medicines, had plans in place to ensure the person was not overly restricted. A member of staff said, "Yes all areas are risk assessed. One [person] I support is able to self-medicate and there is a risk assessment in place for this. All the others also have risk assessments in place setting out the support needed by staff with their medications." Risks were regularly reviewed and any changes identified.

People felt there were enough staff to meet their needs. A person said, "Lots of [staff] around. People [staff] at night help me. Buzzer – come." Another person said, "My key worker is here to help me." Staff told us they felt there were enough staff. Staff comments included; "The house I support is adequately staffed." Another member of staff said, "We are currently well staffed and whenever additional help is required we have a bank of relief staff to support us." The provider had safe recruitment and selection processes in place.

Medicines were managed safely and people received their medicines as prescribed. One person told us, "Help me take my tablets. Bring them and watch me take them." Staff's competency was checked to ensure they were safe to administer medicines. Medicine administration records (MAR) were completed fully and accurately. A member of staff told us, "I am observed giving medication and signed off as competent yearly." Where people were prescribed 'as required' medicines (PRN) there were protocols in place identifying when the person may require the medicine.

The provider had effective systems in place to monitor accidents and incidents to identify trends and patterns. These were reviewed by the manager and the provider. Accident and incident reports identified what action had been taken at the time and on-going. For example, a person was not contactable and staff found out the person's mobile phone battery had gone flat. Guidance was updated to ensure staff checked this each time the person went out. We also saw team meetings had de-briefs after incidents and discussed 'near misses'. This evidenced the service learnt from incidents and errors.

Staff were clear about their responsibilities to follow infection control procedures to minimise the risk of infection. A member of staff told us, "I have received training and I understand that it is my responsibility to ensure the prevention and control of infection to ensure that the environment is clean and safe and that where appropriate PPE is worn." There were maintenance records that showed equipment and the environment were monitored. Any issues were addressed and resolved promptly.

# Is the service effective?

## Our findings

The service continued to provide effective care and support to people. People's needs were assessed gathering information from the person themselves and those who knew them well, both personally and professionally. These assessments were used to develop care plans to guide staff in how to support people to achieve effective outcomes for people. Staff we spoke with knew people well and were guided by the information in people's care plans to ensure people were supported to achieve those outcomes.

People were supported by staff that had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received induction and completed training when they had started working at the service. A member of staff said, "I had a 12 week online training programme to complete, as well as several face to face trainings. I have also attended an autism awareness course which is specific to who I support which gave me a better understanding and insight". Staff members told us they were well supported through supervisions (a one-to-one meeting with their line manager). A member of staff told us, "My manager is very approachable and understanding to all of her staff. We have our supervision meetings every three months. We learn about our strengths and weaknesses. Every time the manager asks us if there is any training we would like to complete."

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA) which ensured their rights were upheld. The MCA provides a legal framework for making 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. A member of staff told us, "I have had training on the MCA and was involved in using this where a [person] I support had to be assessed to see if she had the capacity to understand her condition and how her eating habits were impacting on this. The outcome was that she was assessed to have the capacity."

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In supported living services applications must be made to the Court of Protection via the local authority. At the time of our inspection the service had made 15 applications which were awaiting authorisation. We saw evidence that the registered managers regularly checked for updates about the progress of the applications and monitored to ensure the least restrictive option was used.

People were fully involved with choosing menus, taken shopping for food items and were involved with meal preparation if they chose to. A person commented, "Made a pasta bake. Very nice." Another person said, "Nice meals and can have anything I want. Choose my meals." A member of staff said, "I ask the person I support what they would like to eat for lunch. And at the end of the week, we make a food planner of different choices and what they would like to eat so they are still in control of what they eat but with suitable nutrition."

People were supported to maintain good health as they had access to a range of medical services, such as GP's, dentists and opticians. A relative told us, "Ongoing support from the mental health team. On the ball



here with aspect of medication and medical care. Surgery very obliging." Another relative said, "[Staff] managing concerns over her future health issues very well."

## Is the service caring?

### Our findings

The service continued to provide a caring service to people. People and their relatives told us staff were kind and caring. A person told us, "Helpful nice carers." Another said, "[Name of staff] is my key worker. Nice person takes care of me." And another person said, "Anything I want they [staff] do for me." A relative said, "The staff are exemplary carers. Can't speak more highly of them and all the devotion. Understand [name] and all his needs." Another relative said, "Carers wonderful. One made us a calendar with a picture of our [relative] doing things during the year. A new picture for each month. So touched by this."

We visited various addresses during the day and in all we observed that staff were kind and supportive in a person centred way. The staff knew people well and took time with people to find out what they wanted, listening and responding to requests. A relative told us, "[Staff] know how to care for her. Likes to wear the same clothes but staff very patient with her and do get her to change eventually."

People were involved in their care. One registered manager said, "People are involved at all levels of care planning and their families. It is their lives and important to know what they want." Throughout our inspection we observed staff involving people in their care. A member of staff told us, "I always ask who I'm supporting what they would like to do, give them different options and choices, and always make sure it's what they want to do."

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. The language used in the care plans was respectful. Staff referred to people by their chosen name, listening to people, and taking time to find out what they wanted. A person told us, "Staff knock on my door before they come in." People had privacy when they chose. For example, a person enjoyed listening to their music. We saw that once they had finished watching an episode of their favourite TV programme they went to their room to put their music on." Staff were aware of the importance of confidentiality and we saw people's confidential information was stored securely.

People were supported to remain as independent as possible. We saw staff encouraging a person in positive ways. For example, appropriate praise and encouragement to make decisions and be involved. The person told us, "Sometimes I help with the cleaning." One member of staff told us, "We support Person Centred Active support and the individuals I support are at the centre of everything. They are involved in their own care and how they would like to be supported to live their lives, I feel this is very important and empowering to the people I support."

The provider's equal opportunities policy was displayed in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation. We saw that when staff were interviewed a question was included about what to consider in respect of supporting people around relationships and sex. This meant the provider had understood the importance of staff having a good understanding of how they would be expected to support people to have full lives.

## Is the service responsive?

### Our findings

The service continued to be responsive to people's needs. The care plans were detailed providing guidance for staff on how people's physical needs should be met. Care plans also included information relating to people's emotional needs and social preferences. The registered managers and staff knew people well explaining people's likes, dislikes and preferences.

People had opportunities to engage in activities that were meaningful to them. We saw that people were encouraged and actively supported by staff to follow their particular interests and encouraged to interact with their local community. This included playing snooker, swimming and gaining voluntary employment in some cases. One person had access to electronic equipment to help them do their shopping on-line. Another person enjoyed taking photographs and had a digital camera. People had been on holidays they had chosen and had a choice of which member of staff supported them. We saw one person had been on a variety of holidays, swimming with dolphins, spending time at a holiday park where they'd won an archery medal. The person told us, "Next holiday is a cruise and I want [staff name] to come with me."

Community links and relationships were facilitated and encouraged to ensure that people did not become socially isolated. People in one of the premises had good links with their next door neighbour who came in whilst we were there bringing their two dogs which people loved.

People's communication needs were recognised and accommodated by the staff. Staff had received advanced communication training, basic Makaton and the use of body language in non-verbal communication. People communicated through gestures facial expression and meaningful sounds. Some people used Makaton and we observed staff communicating in peoples' preferred methods of communication, such as signing, appropriate tactile gestures, reading body language and verbal skills.

People and their relatives felt confident to raise concerns and felt any issues were dealt with in a timely manner. A relative said, "Staff very good. Helped us through any concerns we have." A member of staff said, "Yes we have regular house meetings where [people] can have a platform to air any complaints or grievances they may have. All the housemates have easy access to a complaints form which is written in an accessible format for them. They are also aware where they can go to talk to someone at the office if the complaint is against a staff member. They are also encouraged to go to My Life My Choice (a user-led Oxfordshire based self-advocacy organisation) and Voices to be Heard meetings run by the [Trust]. Complaints records showed that the manager had investigated all complaints and resolved them to the satisfaction of the complainants.

End of life care was considered. Care records included people's end of life wishes where they wished to discuss this area of their care. Health professionals were involved in supporting people's needs at this time to ensure appropriate arrangements were well managed.

## Is the service well-led?

### Our findings

The service continued to be well-led. There were three registered managers in post each responsible for a group of houses. HF Trust had a clear vision and strategy to deliver person-centred support. We saw the registered managers understood their responsibilities in line with this to deliver what was required both to people in the service and the staff. The atmosphere in all the premises we visited was positive. In particular, staff reported a huge improvement in one of the premises that had experienced some issues prior to the inspection. A relative told us, "When [name] chose to move to [name of address] the management was less than satisfactory. Now it's completely turned around in 18 months The manager has got a group of dedicated staff. Absolutely brilliant."

Staff were positive about the three registered managers. A member of staff said, "I do feel supported by staff and by all levels of management. I am able to raise any concerns that I might have about any aspect of the job knowing I will be listened to and treated fairly." Another member of staff said, "At the moment we have the best management I have experienced in my time working for HF Trust. They are well organised, approachable, flexible and willing to listen."

Records of staff meetings showed that staff were involved in the development of the service. A member of staff said, "We hold staff meetings every two months. All staff were invited to attend including relief staff. We are all given the opportunity to raise any concerns we might have which is recorded in the meeting minutes."

People in the service and their relatives felt communication was effective and that they were involved and their feedback was sought. "A relative told us, "They send questionnaires around once a year. Just filled one in." Another relative said, "Feedback works both ways."

The registered managers monitored the quality of the service provided. This information was used to support and evaluate performance to ensure safety and to drive improvement. This included audits in areas such as care plans, medicines, training and health and safety. Findings from audits were analysed and action plans created to drive continuous improvement. We were told by one of the registered managers how the process of being in serious concerns had led to them evaluating the service they offered and the importance of learning from this experience. The registered managers felt encouraged by the feedback they had received which meant the service had moved out of the local authority's 'serious concerns' measures.

The service worked closely with other agencies. This included the local safeguarding team, the Care Home Support Service, the Commissioners of the service and local GP's to support care provision.

The registered managers were aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.