

HF Trust Limited

HF Trust - Worcestershire DCA

Inspection report

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Date of inspection visit:
09 March 2016

Date of publication:
27 April 2016

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

This inspection took place on 9 March and was announced.

HF Trust DCA Worcestershire provides personal care and support for people in their own home. There were 19 people using the service when we inspected and there was a registered manager in post. 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 and associated Regulations about how the service is run.

All people felt the staff provided care that was safe and told us they had no concerns about their welfare. People also felt safe when staff were in their home or when they were with them while out of their home.

Staff knew what they would do if they felt a person was at risk of potential abuse and felt confident that any reported incidents would be addressed. People had their individual risks assessed so the staff knew how to respond to monitor and manage them. There were enough staff when people needed them in their home at the arranged times. People said they looked after their own medicines but staff would provide a check as a useful reminder.

All people we spoke with felt that the staff were knowledgeable about their roles and responsibilities. Staff told us they received regular training and supervisions which helped them provide care to people they supported.

People were involved in making decisions about their care and their consent was appropriately obtained by staff when caring for them. Care plans detailed what support people needed and provide guidance for staff on how best to meet the care people wished to receive. People were supported to make their meals or staff prepared them where needed. People were involved in planning their meals and food shopping. Healthcare appointments were arranged for people if they needed assistance and staff were able to go with a person if they requested support.

People told us they liked the staff and their care needs were supported well. They also felt encouraged to be involved in their lives and choices and were happy that their dignity and privacy was respected. People spoke with us about all staff being accessible and supporting them when they had queries or concerns.

Everyone we spoke with felt the management team were available to talk with and would listen and act on any feedback provided on the service. The management team had kept their knowledge current with support from the provider and external professionals. The staffing team felt the provider and management team led by example and that they regularly checked on the quality of the care that people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet the care and social needs and manage risks.

Is the service effective?

Good 

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People told us they enjoyed the meals that were made for them and it was what they wanted. People had accessed other health professionals when required to meet their health needs with staff support.

Is the service caring?

Good 

The service was caring.

People were happy that they received care that met their needs. People's individual preferences were recognised and their dignity and respect was maintained.

Is the service responsive?

Good 

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People who used the service and their relatives were confident to raise any concerns. These were responded to and action taken if required.

Is the service well-led?

Good 

The service was well-led.

People, their relatives and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

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Detailed findings

Background to this inspection

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

This inspection took place on 9 March 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

The provider had 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 also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with four people who used the service. We spoke with two staff, the registered manager and the area manager.

We looked at three records about people's care, minutes from staff meetings, feedback from people who used the service, complaint and compliments file, incident forms and quality audits about people's care that the registered manager and provider had completed.

Is the service safe?

Our findings

All people we spoke with said they felt safe while staff were in their home and that staff respected it was their home and possessions. Staff told us they knew they needed to provide support in a safe way and to keep people safe while in their home. The staff also felt they kept people safe while out in the local town and made sure they were not at risk of abuse or harm.

Staff knew the signs and types of abuse that people were at risk from and told us they knew what action they would take if they suspected any abuse or concerns. They provided examples of some of the signs people may display. For example, if a person's changed their behaviour or had unexplained bruising. They knew their senior or management team took action to help people keep safe.

People told us staff supported them with certain aspects of their daily lives and that they were involved in writing assessment of their risk of harm. For example, cooking their meals or support with finances. People and staff regularly reviewed these to ensure they remained current and showed the correct action to take. The provider had also considered and recorded any environmental risks to staff whilst they worked in people's home.

Where people had falls, accidents or injuries these were recorded and reviewed by the registered manager to identify if there were any actions which could be taken to avoid a repeat of the incident. For example, if a person may need advice or support from a specialist. The provider then reviewed these monthly to look at patterns or themes across the location as a system to check safe care. The area manager told us they would be made aware of any concerns and would receive guidance and support from their internal health and safety team.

People had a set number of care hours and told us staff were always with them as agreed and were flexible when needed if people had a change in their schedule. They also said they had the same group of staff that supported them. The area manager told us they ensured people received care from staff within the team and would only use agency as a last resort. They felt people benefitted from regular care staff that they knew. They also said that they and the registered manager also covered calls if needed in an emergency.

People also told they knew which staff would be supporting them and showed us their rota. All staff we spoke with said they worked as a team to cover shifts and the correct number of staff were on shift. They said that people would never be left without their support at the times agreed.

Three people we spoke with told us they looked after their own medicines, however staff did help them by checking they had taken them. Staff told us they looked at people's medicines to provide help with auditing and that people had taken their medicines. Staff were trained and had an understanding of what the medicines were for. Staff also helped people to check their prescriptions were correct and the pharmacy had supplied the correct medication.

Is the service effective?

Our findings

People told us the staff knew how to support them and staff we spoke with told us their knowledge was supported with training. All staff we spoke with were happy that the training gave them the skills to provide people with the care they needed to meet their needs. One member of staff said they had request a particular course around understanding learning disabilities as they had an interest in and this had been sourced.

All staff we spoke with felt supported and had regular supervision meetings with their senior or manager. This was to discuss their role and how they were providing care to people. They had also discussed people they cared for and reflected on how to improve the care for people. One member of staff said, "You do not have to wait for a supervision. If you have a question you just ask".

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. We checked whether the service was working within the principles of the MCA. People's consent to their care and treatment had been recorded their care plans. Records showed the involvement of the person's wishes and needs.

Two people we spoke with told us staff did what they wanted them to do and felt their choices were listened to. All care staff we spoke with understood the principles of the MCA and what this meant for people they cared for. They told us it was always about a person's choice and that they would never go against their wishes.

All people we spoke with told us they were involved in choosing their meals and either prepared them on their own or with support from staff. People also told us that staff could also support them to make drinks or got them drinks when they wanted. All staff we spoke with told us that where people needed help with meal preparation they followed the person's choice and offered encouragement for people to do as much as they were able. They said this amount of support varied from person to person and the type of meals prepared.

People told us if they wanted staff went with them to attend health appointments. For example, the GP or consultants. Staff also helped people with making regular appointments when asked by a person. Staff said that they worked well with people's local health professionals to help people get the care they needed. For example, community nurse teams and dentists.

Is the service caring?

Our findings

All people we spoke with told us they liked the staff who provided their care and support and were happy when they spent time together. Where people were with staff we saw how they were relaxed in each other's company. People also knew the staff in the office and were happy to contact them. When staff discussed people's health and well-being with us the conversations were respectful. We saw when staff were talking to people they were kind and helpful, and provided assurance to people where required.

People told us staff were part of their day to day lives and provided support, knew them well and what was happening in their day to lives. One person said, "They (staff) are really nice". Staff felt it was easy to get to know the people they cared for as they spend lots of times with them, were involved in all aspect of their lives and felt they had formed positive relationships with them. One staff member said, "You talk about their life, a bit about yours and I love getting to know them".

People we spoke with felt they chose their care and the staff were there to support them. They said staff asked how they liked things done and they had routines which they followed. Staff explained that it was expected and important to involve people in decisions about their care. For example, one member of staff told us how they involved them in decisions about what personal care goals they could achieve without the support of staff. This has allowed the person to make decisions and promote their independence.

All people felt staff provided them with the opportunity or encouragement to ensure they remained as independent as possible. Where staff spent longer periods of time with people they were given space in their home to spend time in the communal areas or time on their own. People felt that staff encouraged them to do things on their own. For example keeping their homes clean and paying bills.

People told us staff were respectful and were careful to ensure their privacy and dignity were respected. They said they were comfortable with the staff providing their personal care. Staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Staff described how they made sure that people were covered during personal care, and that they ensured that curtains were closed when required, so that people's dignity and privacy was maintained.

Is the service responsive?

Our findings

All people that we spoke with told us they felt supported in their care needs and told us that their care was reviewed and that they would be happy to discuss any changes with staff. They were fully involved in planning the care they wanted and needed and held the main care files in their homes. They also told us that they were able to update these plans when something changed. Staff told us that any changes were then made at the office to ensure the computer files were updated.

Staff we spoke with knew the type and level of care and support each person needed. They understood people's level of skills and what this meant for them. For example, they knew how the person would react to certain situations or requests. Staff also felt they recognised any changes in people's day to day health needs. This included looking out for infections or illness and staff would support the person to make health appointments.

The care people received had been recorded and the information was used to support each person when their care needs were reviewed each month. One person told us they had given permission to staff to use a key to enter their home if they were unwell or not able to get to the door. Staff we spoke with said that information was always shared amongst the staff and people's care records were updated. The three care records we looked at had been updated regularly or when a change had been required. The records showed people's choices and decisions and their hobbies or activities.

All people we spoke with told us about their paid or voluntary work, hobbies and what they enjoyed doing when out of the home. For example sports and swimming with support from staff. Each person had their own individual social lives and interests and were supported by staff where needed. People told us they got to see their families and friends and were supported to invite people to their home.

People we spoke told us that they were currently happy with their care and support. Three people told us they would not hesitate to raise a concern or issue with the staff, senior or management team. Records we looked at showed that people's complaints had been investigated and responded to by the registered manager. They also provided details of what the person could expect going forward. For example, the type of support staff were expected to provide when at the person's home.

The provider had a formal complaints process in place and this had been included in people's paperwork when they joined the service. The process gave people the names and numbers of who to contact and the steps that would be taken to respond and address any concerns.

Is the service well-led?

Our findings

All people we spoke with felt included and involved with the service they received. People liked that care and support was provided by a consistent staff team. People had the opportunity to share any topics or areas with a nominated regional representative. The representative then attended meetings to discuss these topics and views which were then taken to national meetings. For example, looking at benefit cuts and people's safety and diversity.

People told us they were asked for feedback and had completed questionnaires which asked about their care. We saw that questionnaires were also sent to health professionals and relatives. We saw that surveys had been available in alternative formats where people required. The results had been reviewed and the results were positive with any actions completed.

People knew the management team and told us all staff were approachable. Staff told us they felt able to tell management their views and opinions at staff meetings or raise things as needed. The registered manager felt supported by a staffing team which they felt were reliable and cared about people they supported. Staff reflected this when we spoke with them and were keen to have a positive role in people's lives.

The registered manager felt supported by the provider to keep their knowledge current. They had access to resources and advice through the provider's internal computer system. In addition the manager was involved in provider's forums and meetings with the provider's other managers. The registered manager told us they used these to discuss what was working well or if there were any changes needed. The registered manager also referred to many external agencies to support people. These included employment opportunities, accessing social clubs, befriending services and money advice.

The provider visited regularly and completed checks to see how the service was performing. This involved visiting people in their homes as well as looking at records. The registered manager had completed monthly audits which were checked by the regional manager and reviewed at their supervision to ensure any actions had been completed.

People's care records were stored on a computer system, with a paper copy in their home and a copy being held at the office. People had been supported to know that under some circumstances other professionals may need to view these. People had therefore requested a record so they would know who had viewed their information. We saw these records were kept and completed during our inspection.