

HF Trust Limited

HF Trust - West Midlands

DCA

Inspection report

The Dingle Centre
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Tel: 01952435840

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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 - West Midlands DCA is a domiciliary care service providing care and support to nine people with learning disabilities and other complex health needs in their own homes.

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

People received safe and effective care and support. Risks were assessed and managed to enable people to live independent lives. Staff were vigilant to identify risks and take action to ensure people remained safe.

People received timely support from a consistent staff team. Overall systems used for the management of medicines were effective and changes to monitoring processes immediately following the inspection will make the overall monitoring process more robust.

People's needs were assessed and reviewed to ensure their care needs were met. Care plans were detailed and effective to ensure staff always had access to the most current information.

Staff received training relevant to their role and had good support from the registered manager and their colleagues.

Staff sought people's consent before supporting them and decisions about people's care and treatment were made in line with law and guidance. People received enough to eat and drink to maintain their health. People were supported to access healthcare, and other agencies, when required. The registered manager worked in partnership with health and social care professionals to ensure consistency and ensure people received appropriate support.

People's care was responsive to their changing needs. People, and their relatives, were involved in the assessment and planning of their care and good communication was central to enable people to work together to ensure people's needs were met fully. People knew how to raise a concern and always felt listened to.

People, staff and professionals felt the service was well managed. People, and staff, had regular opportunities to share their views about the service. The provider carried out audits to ensure the quality of care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected:

This was a scheduled inspection based on the previous rating.

Rating at last inspection

The last rating for this service was good (published December 2016).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 August 2019 and ended on 6 August 2019. We visited the office location on 6 August 2019.

What we did before the inspection

We used the information we held about the service to plan the inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used this information to plan our

inspection. We also used information the provider sent to us in the Provider Information Return (PIR) to formulate our inspection plan. A PIR is key information we require from providers on an annual basis giving us key information about the service. We also sought feedback from the local Healthwatch and the local authority. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with four people who used the service. We also spoke with the area manager, the registered manager and five support staff. We reviewed a range of records. This included three people's care records and medicine administration records. We also looked at quality assurance records, as well as two recruitment and training records.

Following the inspection, we received written feedback from a social care professional who had recently worked with the registered manager.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe when being supported.
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff told us they knew how to share concerns and were confident concerns would be listened to and acted upon.
- The registered manager was aware of the procedures to follow to report abuse in order to protect people and the provider had used the process effectively to safeguard one person who used the service.

Assessing risk, safety monitoring and management

- People had risks to their personal safety identified and managed effectively.
- Staff were aware of risks associated with the people they supported and told us how they supported people to be as independent as possible while managing the risks. One staff member told us how they adapted tasks to ensure people could maintain their safety and independence. One staff member said, "We are constantly looking for hazards. We do health and safety checks at night and involve the people who live in the houses with this."
- One person told us how they checked the smoke alarms in their home. They told us how they did it and why. This showed that people would know how to respond in the event of a fire to keep themselves safe.
- The registered manager reviewed risk assessments to ensure they reflected people's needs and they liaised with the person and, if necessary, their family, staff and other professionals to do this. One staff member told us, "Risk assessments are updated if something changes as are the support plans."

Staffing and recruitment

- People told us that they liked the staff who supported them, and the registered manager told us staff were matched carefully to the people they supported to ensure a positive working relationship could be developed. Feedback demonstrated this process had worked effectively.
- People told us that staff arrived at their homes on time. Some people received 24 hour support and staff told us they shared information between teams to ensure continuity of care.
- Staff were employed in sufficient numbers to ensure people had consistency and the provider was currently over recruiting to ensure additional staff were available to support at times of shortage.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed although the recording of one particular medicine was not

always clear. The procedure of administering paracetamol was not well documented although had been supported by a health care professional. The registered manager agreed to undertake a review of processes to ensure recording and administration was clear. Following the inspection, we received information to demonstrate the issues discussed had been addressed and actions taken to ensure staff were aware and checks were in place to reduce likelihood of errors.

- One person told us how staff helped them to take their medicines. They were happy with the support they received.
- Staff told us they received training to support a person in an emergency situation. They told us, "We have a protocol to support the use of rescue medicines. We have received training to use it and although I have not had to I am confident I could do so safely if required."
- Staff told us they received training before they were able to administer medicines and were observed until confident. All staff we spoke with were confident to administer medicines safely and understood the importance of following guidance from health professionals.

Preventing and controlling infection

- People were protected from the risk of cross infection. Staff told us they had access to personal protective equipment and they used it appropriately. They understood the importance of using it to protect people from cross infection.
- Staff had received training in safe practices to control the risk of infection.

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. Accidents and incidents were reported promptly and documented. The registered manager told us how they monitored trends and took action when necessary to change support to keep people safe.
- Staff told us how they reflected on their practice and held regular meetings to share concerns and issues to ensure improvements were continually made to the care provided. Staff told us they were part of an online support group, so they could liaise with colleagues, share experiences and request support should they need to.
- One staff member told us of an error they had made. They said they felt well supported through the process of reviewing their practice and had received re training and support from the registered manager. This had reinforced their role and they had learnt from it.

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 good. 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

- The people we spoke with knew they had care and support plans and told us they had been involved in producing them.
- Plans seen were detailed and personalised. People's needs, and preferences were identified before they received support to ensure staff could meet those needs. This included information about people's life experiences, individual preferences and health care needs.
- Care plans were updated when people's needs changed. One staff member told us, "Care plans are detailed as we are lone workers. Any changes are made promptly."
- In discussions staff were knowledgeable about people's needs and preference, including little details that made care personal. Staff spoke positively about the level of information they received and felt it enabled them to deliver good quality care.

Staff support: induction, training, skills and experience

- Staff spoke very positively about training opportunities. One staff member said, "Training is brilliant. Some is on line and some face to face." Another said, "Training is second to none."
- Staff told us that training was tailored to meet the needs of the people they supported. For example, one staff member said that the positive behaviour training was centred around meeting one person's individual needs, so they could offer that individual, individualised and effective support.
- Two staff told us they received a good induction. One staff member, who was new to a support role, said it had been particularly good to give them the knowledge and understanding they needed. They said they had received regular and ongoing support from colleagues as well as doing the written and practice elements of the induction.
- Staff felt well supervised and supported. One staff member told us, "We have a very supportive team and the manager is also supportive." Staff felt team work was a strength of the service provided. They told us about regular opportunities to discuss their performance, team meetings and on-line support when needed. They told us that this support enabled them to be effective in their role.

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

- Where people received support from staff to eat and drink they received sufficient and appropriate help to ensure they maintained their health. People kept food diaries and one person told us how they were changing their diet due to a health condition. They said that staff were helping them to do this.
- Staff told us they knew people's dietary needs and preferences, and this enabled them to promote a healthy and varied diet in line with individual tastes. Staff told us they promoted healthy eating by offering healthy options. Staff also recognised that people made their own choices and often ate what they

preferred. Staff were aware of the rights of people to make their own choices and their duty of care to support people to remain healthy.

- Where people had specific dietary needs, staff were aware of these and care plans offered detailed guidance about how people's meals should be prepared, and the support people required to eat safely.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with outside agencies to ensure people's needs and changing circumstances were shared when appropriate.

- The registered manager described how they worked with partner agencies to ensure people received care that met their changing health needs. For example, one person had had issues with the food they were eating. They were referred to the Speech and Language team (SALT) who assessed them and offered guidance to reduce the likelihood of them coming to harm while eating. Guidelines were seen in this person's care plan and staff were aware of this.

- One staff member said they had received support guidelines from a health professional and they had cascaded this to the whole team. Staff were knowledgeable of the support required and this meant they could offer consistent and effective support.

- Some people's support needs had increased, and the registered manager liaised with outside agencies to ensure the person's accommodation was suitable. A social care professional told us, "[The registered manager] has supported [a person] to look for alternative accommodation and gone out of their way to do this."

Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with external professionals such as the district nursing team and behavioural support teams to ensure people received the right support. Information reflecting joint working was seen on the care files we reviewed.

- One staff member shared an example of how they had made a suggestion to support one person's health condition to the person's relative and then to the GP. The GP had taken on board the staff members knowledge of the person and agreed the change. This had had a positive impact on the person's quality of life.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- People told us staff asked permission before carrying out any care tasks. One person told us, "They ask me if I want any help." Staff reflected this was their approach during discussions.

- Records reflected appropriate assessments of people's capacity to make decisions about their care had been carried out and recorded. Where people were unable to consent to their care this had been recorded and explained so that staff were aware.

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were well treated and supported. One person told us, "The staff are kind."
- Staff respected people's equality and diversity. In discussions staff demonstrated a kind and empathetic approach towards the people they supported. One staff member told us, "I do what I can to help and I ask how the person wants to be helped. I treat people as I would want to be treated."
- Staff were aware of people's individual needs, including their sexual, cultural and religious needs. These were reflected in care plans. People's individuality was promoted, and records reflected people's protected characteristics. This ensured that people received personalised care.

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

- People told us they were supported to be involved in decisions about their care. People were in control of all aspects of their lives and staff supported people as required to achieve goals and aspirations as well as managing activities of daily living.
- People told us about their plans for the day and for their future. For example, people had chosen where they would like to go on holiday and which staff they wished to support them. This had been arranged and they were very much looking forward to the trips.
- Staff described how they offered people choices and delivered care with consideration for people's personal preferences and routines. For example, staff offered people choices about the clothes they wore, the food they ate and what they would like to do during their day. Support was very much centred around meeting people's individual needs and choices but again this was flexible.

Respecting and promoting people's privacy, dignity and independence

- All the people we spoke with were complimentary about staff support. They said that staff treated them well.
- Staff shared examples of how they actively promoted people's privacy and dignity while offering support. For example, staff knocked before entering people's homes and their private space.
- People told us staff encouraged them to be as independent as possible. One person told us they did not like doing household tasks but said that sometimes they took part. Other people enjoyed doing their own personal care and household tasks.
- People were supported to remain in touch with their families and friends thus maintaining links with people that were important to them and enhancing their quality of life. Staff knocked before entering people's homes and their private space.

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 remained good. 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

- Care and support was planned in accordance with people's needs and preferences. Care records were detailed and reflected people's individual wishes and included details about people's preferences. A social work professional reflected positively on this saying, "I feel [registered manager] takes a really person-centred approach and encourages and enables people".
- People, and their relatives, were involved in the development of care plans and plans were flexible. This ensured staff could meet people's expectations as well as their changing needs.
- People had their care and support needs reviewed to ensure they reflected current needs and preferences. Staff told us reviews happened when needs changed. Where people's needs changed, for example, due to a decline in health, their needs were promptly reassessed with health professionals as appropriate.
- Staff said care plans were person centred and informative. One staff member told us, "They [the care plans] are there to refresh and are useful to refer to." Our review of the plans supported this.

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 provider met the accessible information standard. Staff shared numerous examples of how people received information in a range of formats. For example, written information could be shared in large print or in pictorial format. One person viewed pictures to enable decision making and one person had a voice controlled 'gadget' that spoke sharing appointments and other information of interest. This meant the person could retain more control of their life, especially when staff were not there.

Improving care quality in response to complaints or concerns

- People said they would speak with staff or the registered manager if they were unhappy about anything. The registered manager said they received calls daily from people when they wished to share information or had a worry. This informal approach meant the registered manager was aware of how people were feeling and so could respond promptly to support them.
- The provider had a system in place to ensure the effective management of complaints. Staff told us how they would escalate concerns to the provider (on a person's behalf) with the confidence that the issues would be immediately addressed.
- Staff told us that if they raised a complaint they were confident the concerns would be followed through.

End of life care and support

- At the time of this inspection no-one was receiving end of life care. However, people's care plans had the facility to reflect how they would like to be cared for at the end of their life. Staff were mindful of the sensitivity around approaching this subject with the people they supported. The provider delivered an end of life training course for staff in preparation for this time in a person's life.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager worked with their team to ensure the service was delivered based around the needs and wishes of individuals.
- The registered manager was aware of their responsibility to be open and transparent with addressing issues and investigating complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Everyone spoke highly of the registered manager. A senior manager told us, "[Registered manager's name] goes over and above. [Registered manager's name] got their head down and got on with the job." They went on to say they were 'overwhelmed' by their commitment. Staff also spoke highly of the registered manager. One said, "We have a good management team behind us." Another said, "[Registered manager's name] is a fantastic boss and this is a great company to work for."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the responsibilities of their role and acted in accordance with them. Notifications of incidents, events or changes that happen to the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and incident notifications.
- The service had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service. Outcomes were shared within the staff team to drive improvement.
- People knew the registered manager very well and we observed open and relaxed interactions which meant people felt confident to share their views and opinions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service, and staff, told us how they felt fully involved and consulted in relation to how their support was delivered. Staff shared examples of how the registered manager had listened to their ideas and acted upon them to improve people's quality of life.
- Staff had opportunities, both informal and formally to discuss issues and make suggestions for improvements and changes. For example, they attended regular staff meetings and one to one sessions to discuss issues.

- People's views and opinions were valued. People's individuality was respected. Care plans were very detailed about people's views, choices and decisions.

Continuous learning and improving care

- The provider and the registered manager told us how incidents or accidents were reviewed and discussed in staff teams. The provider said that any learning from them would be taken on board and actioned to prevent possible reoccurrence.
- Staff shared experiences of issues impacting on their ability to provide effective support. They told us the registered manager had listened to staff and taken on board issues. For example, some staff were under pressure to work on shift as well as carry out senior responsibilities. The registered manager had listened to staff and was addressing the issue by giving senior staff more 'office' time.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. Staff shared examples of how this positive joint working had positively impacted on people quality of life
- Staff had good relationships with health and social care professionals.

Leadership and management

- The service was well managed and well led. All staff knew their roles and responsibilities and communication between staff was effective. One staff member told us, "Communication is the key." All agreed that communication within the service was good.
- Staff valued that the registered manager would support staff to deliver care when needed. One staff member told us, "[Registered manager's name] is supportive and gets stuck in." People who used the service told us they saw the registered manager regularly and we heard people arranging meetings at the time of our inspection to reflect effective communication between the registered manager and people who use the service.
- A social care professional told us, "I know from my work with [registered manager] and HFT, the registered manager always makes themselves available for people to talk to about any issues or if they just want a chat. I have been really impressed with their work."