

HF Trust Limited

HF Trust - Warwickshire 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

What life is like for people using this service:

Systems were in place to identify people's individual safety risks and to promote people's safety. Staff were available to meet people's needs and support them to enjoy activities and other opportunities to maintain their interests. Staff provided people with support to have the medicines they needed to remain well and encouraged people to follow good infection control and food hygiene practices.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005. People were encouraged to have choice and control of their lives and to make decisions about their care. Staff gained consent before supporting people.

People were involved in food shopping and planning and cooking the meals they wanted. Staff encouraged people to eat a balanced diet to maintain their health. People were supported to attend healthcare appointments when required to ensure their health was maintained and their needs met.

Staff treated people with kindness and knew what was important and mattered to them. Staff had received training in understanding equality and diversity to ensure each person's individual needs were met and their right to privacy was respected. People were supported to maintain their life skills which promoted their independence.

Care plans reflected people's needs and preferences and guided staff on how to respond to those needs in a way people preferred.

Staff felt confident in their roles and understood their responsibilities because they received on-going training and support from the manager. The manager was described as 'approachable' and frequently worked with people so knew them well.

People were encouraged to make their views about the service known and felt listened to. The provider had systems to check the quality of care provided so people continued to receive a service that met their needs and promoted their wellbeing.

More information is available in the full report

Rating at last inspection: Good. The last report was published on 29 July 2016.

About the service: HF Trust - Warwickshire DCA is registered to provide personal care to people with a learning disability or autistic spectrum disorder. There were seven people using the service at the time of our inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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.

HF Trust - Warwickshire 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out the inspection.

Service and service type: This service provides care and support to people in their own homes. At the time of our inspection, seven people were using the service. Five of those people were living in a 'supported living' setting, so they could live as independently as possible. 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 only.

The service did not have a manager registered with the Care Quality Commission. However, a manager had been appointed and had submitted their application to become registered with us. This meant that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was announced. We gave the provider 24 hours' notice because it is a small service and we needed to be sure that the manager and staff would be available to speak with us.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from the local authority who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection visit we spoke with three members of staff including the manager and two care staff. We also spoke with three people who invited us into their home. We were therefore able to see how staff

interacted with people and supported them.

We reviewed a range of records. For example, two people's care records and medication records. We also looked at records relating to the management of the home. These included meeting minutes and the checks the provider made to ensure the quality of care provided.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- The registered manager and staff understood their responsibility to safeguard people from abuse.
- Staff had received safeguarding training. They knew what action to take in the event of any concerns for people's safety or if they observed poor practice by other staff members. One member of staff told us, "If there was anything I wasn't happy with, I would have no qualms in saying 'that's not right' and reporting it."
- People told us they felt safe because there were systems in place so they could call for assistance outside their allocated care hours. One person explained if they were worried they would, "Speak to our staff, or we have got our care line and we can press it to say we are worried." The care line was linked to a 'telecare centre' which was covered 24 hours a day so assistance could be arranged.
- The provider continued to check the suitability of potential staff for employment prior to them supporting people who used the service.

Assessing risk, safety monitoring and management

- People's individual risks were reflected in their risk assessments, which gave staff clear guidance in reducing risks to people using the service. These included risks when people were in their home, or out in the community.
- People told us they felt safe because risks associated with their health conditions were minimised, even when staff were not around to support them. For example, one person who experienced epileptic seizures had an epilepsy falls pendant and bed sensor which were linked to the 'telecare centre'. This person told us, "If I have a seizure it will flash initially and I know they will come. It makes me feel that I will get help when I need it."
- People were supported to stay safe without compromising their independence. For example, one person enjoyed communicating with family and friends through social media. They told us staff had advised them how they could continue to do this whilst maintaining their privacy and safety.
- Staff encouraged and supported people to complete regular maintenance and health and safety checks of their homes. This gave people a greater understanding of the measures in place to keep them safe. One person explained, "It is important because if something goes wrong, say if some of the electrics didn't work, it wouldn't be safe for us."
- Each person had a personal evacuation plan so staff and the emergency services knew what support people would need to ensure their safety should their home need to be evacuated. One person told us, "We do fire drills."

Staffing levels

- There were enough staff available to support people with their needs and enable them to engage in activities and trips into the community. One person told us, "They (staff) are all nice because they do things with us and we go out and about."

- The manager acknowledged that due to staff vacancies they had to rely on agency staff to cover some shifts, especially at the weekend. However, they told us they booked the same agency staff in advance to ensure people received consistency of care from staff they knew and trusted.

Using medicines safely

- People's medicines were managed safely. Staff had to undertake training and have their competency checked before they could administer people's medicines. Staff competency was subsequently regularly checked.
- One person told us they were happy for staff to support them with their medicines. They told us, "Staff do it because it is very easy to forget or overdose yourself."
- Staff worked with people's GPs, so people's medicines were regularly reviewed.

Preventing and controlling infection

- People were encouraged and supported to keep their homes clean and free from any obvious risks associated with the spread of infection.
- Staff had received training in good hygiene and encouraged people to follow good food hygiene practices. For example, people checked fridge and freezer temperatures to ensure food was stored at the recommended temperatures.

Learning lessons when things go wrong

- The provider had a system to monitor any accidents, near misses and untoward incidents to identify any emerging trends or patterns and assure themselves appropriate action had been taken to minimise risks.
- There had been no accidents or incidents in the 12 months prior to our inspection visit. The manager assured us that if any did occur, learning would be taken from these and shared with staff to prevent any re-occurrence.

Is the service effective?

Our findings

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

Good: 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 had an assessment of their needs before they started to use the service. This was to make sure people's needs could be fully met and they were happy and confident with the support that was available.
- One person had moved into the shared living accommodation 18 months before our inspection. The person had met with staff and had several trial visits before a joint decision was made if the service was suitable for them.
- The views of other health and social care professionals was taken into account when developing care plans. This ensured staff had the information they needed to deliver care and support in line with best practice guidance.

Staff skills, knowledge and experience

- Staff had mandatory training that supported them to carry out their role of ensuring people's needs were met.
- Staff were encouraged to complete additional training to further develop their skills and knowledge. One staff member told us they had recently enrolled on courses in autism awareness and counselling skills. Another had recently completed learning in preventing falls and positive risk taking.
- Staff felt supported in their roles because they had both formal and informal opportunities to discuss their working practices with their manager. One staff member told us, "Because [name of manager] is hands on working alongside us, every day is like a supervision. We can say how we feel anytime."
- The manager assured themselves that staff put their training into practice by observing how they supported people and checking records they made, for example, medicines records.

Supporting people to eat and drink enough with choice in a balanced diet

- People were involved in decisions about food shopping and planning and cooking the meals they wanted. One person told us, "Everybody has a choice of what they would like. Some people don't like some things so they do an alternative."
- People enjoyed the independence of making their own drinks and preparing meals with staff support. One person told us their favourite food was shepherd's pie and said, "I cook it with help."
- Staff encouraged people to eat a balanced diet to maintain their health. One person told us they wanted to reduce their weight and attended a local slimming club with the support of staff.

Staff providing consistent, effective, timely care

- People had a health action plan which recorded all aspects of their health and wellbeing, including any health screening tests relevant to their age, gender and health needs.
- People were supported to attend regular appointments with healthcare professionals involved in their care

such as their GP, dentist, optician and speech and language therapist.

- People had emergency fact sheets to take with them if they needed to go to hospital. These sheets contained information about the person such as their next of kin, allergies and any medicines they were taking.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- People were supported to be involved in decisions about their care. One person told us, "You get choices about what you want to do." A staff member confirmed, "They are so able, they can discuss what they want to do. I can't make their choices for them."
- The manager recognised that where people had capacity, they were entitled to make their own decisions, even if it was not always a wise decision.
- Staff worked within the principles of the MCA and sought people's consent at all times. For example, the manager asked people for their consent before we were invited to look at their care plans.
- Nobody had any restrictions on their liberty that required the provider to make an application for a DoLS. This meant the provider worked in the least restrictive way possible when supporting the people who used the service.

Is the service caring?

Our findings

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with kindness and there was warmth in their interactions and exchanges with staff. One person described the staff as 'excellent' and another said they felt safe because, "I know staff are kind."
- Staff knew what was important and mattered to people. We saw staff sitting with one person and looking through photographs of their recent holiday. They clearly knew the person well and there were lots of conversations about their family and what they enjoyed doing.
- Staff cared about the people they supported and took pleasure in encouraging people to try new experiences to improve their emotional wellbeing. One person told us they had recently had their hair highlighted for the first time which they were pleased about. A staff member commented, "It doesn't feel like I'm coming into work because each day is so different."
- People felt valued because staff recognised their strengths and encouraged them to develop their skills.
- Staff were particularly sensitive when people needed compassionate support. For example, a bereavement workshop had been arranged which was specifically for people living with a learning disability to help them understand death and losing someone important to them.

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

- People were supported to express their views at reviews of their care plans and at meetings when all people were together. One person was involved in writing their own health action plan with the support of staff.
- Staff supported people to make their own healthcare appointments and make decisions about their healthcare needs. They provided assurance and encouragement by being by people's side. One person told us they had talked about managing their own medicines but said, "I think I would prefer to do it with staff."

Respecting and promoting people's privacy, dignity and independence

- Care plans were written to support people's privacy and dignity and promote independence. They were clear what people could do for themselves and when they need prompting, help or support.
- People were encouraged to maintain their life skills by participating in preparing food and drinks and cleaning their rooms.
- Staff encouraged people to live well together and educated them about respecting each other's space and independence.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.
- Staff had received training in diversity and equality and worked to those values by respecting each person's individuality.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care

- Care plans reflected how each person wanted to receive their care and support. They contained sufficient information and guidance for staff to be able to assist people in accordance with their needs and preferences.
- People told us they would be confident to say if there was anything they wanted changed within their care plans.
- The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information they can access and understand and any communication support they need. Each person had a communication plan that detailed what support they needed to communicate and understand information.
- One person used their own variation of Makaton (sign language). Information had been prepared with the support of the learning disability team to help new and agency staff understand the person's individual signs.
- The manager told us they used different methods to make information more accessible to people. For example, they were exploring the idea of recording one person's care plan on a CD so they could listen to the information and take a more active role in care plan reviews.
- People were supported and encouraged to engage in various opportunities that were of interest and value to them. For example, some people attended college and others a local work based project where they could choose to do different tasks such as helping in the garden or delivering leaflets for local businesses.
- People enjoyed showing us photographs of their recent social outings and trips. These included visits to musical shows, discos and parties. One person told us they had recently tried roller skating which they enjoyed. Another person told us they liked shopping and could go out alone or with staff.
- The care provided included choice, promotion of independence and inclusion. People living with learning disabilities were supported to live as ordinary a life as possible. The provider had recently held a 'Parliament Day, to support people's understanding of politics and their right to vote in elections.

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to complaints or any concerns raised. The complaints process was available in "easy read" format, to support people to understand how to make a complaint.
- People told us they were confident to raise any concerns. They told us they had raised an informal concern about a member of staff. This had been taken seriously and action had been taken in response to the issues they raised.

End of life care and support

- The manager had begun to put systems in place to ensure that, where appropriate, people's needs at the end of their lives were assessed and planned for.

Is the service well-led?

Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- A new manager had been appointed and taken up their role in July 2018. The new manager had worked for the service for several years and was very committed to ensuring people received high standards of care that promoted their independence.
- People knew the manager well and felt they were approachable.
- Staff spoke positively about the new manager and their knowledge of the people who used the service. Comments included: "I think she is very supportive. She is always on shift, she is not just a nine to five manager and will work evenings and weekends. The expectations she has of us, she also has for herself."
- Staff enjoyed working for the service, but said it had been challenging because of the high number of staff vacancies. The manager acknowledged that staff recruitment and retaining staff had been an issue which the provider was addressing. However, staff felt more immediate action should have been taken by the provider to support them in their roles. One staff member said, "They (people) are looked after really well and however short we are, everything is done to make sure it doesn't impact on them. It is just the staff having to carry the weight of things."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The manager had started their application to become registered with us and was receiving support and training from the provider to enable them to carry out their managerial responsibilities effectively.
- The manager understood their regulatory responsibility to inform CQC about key events that occurred within the service.
- Staff understood their roles and responsibilities. They received support through more formal individual supervision and appraisal sessions, as well as informal chats with the manager when they had concerns or issues which needed addressing.
- There was a system of internal audits and checks to ensure the safety and quality of service was maintained. Each month the registered manager completed an audit against the five key questions: Is the service safe, effective, caring, responsive and well-led? The audit identified areas where improvements needed to be made, the timescale for implementing the improvements, and where evidence would be located once the action had been completed.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People were encouraged to give feedback during their daily interactions with staff and at regular meetings. We saw at a recent meeting, people had asked for a staff rota. One person showed us the rota they now had

in the kitchen so they knew which members of staff were supporting them each day of the week.

- Some people were active members of the provider's 'Voices to be Heard' which was a forum where people could share their views and ask questions of the provider. One person told us, "You can have a say in what you want," and went on to explain they were involved in reviewing the provider's complaints form to make sure it was accessible to everyone who used services.
- Staff felt confident to share their views about the service. One staff member said, "If we raised something with [name of manager], she would certainly address it."
- Staff worked in partnership with other agencies and healthcare professionals to make sure people got the support they required to maintain their wellbeing and ensure positive outcomes for them.

Continuous learning and improving care

- The manager attended regular meetings with other managers within the provider group to share learning and identify good practice.
- The provider monitored the service so they could be assured people were receiving good care.