

HF Trust Limited

HF Trust - Forest of Dean

DCA

### Inspection report

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Date of inspection visit:  
17 December 2018  
18 December 2018

Date of publication:  
15 February 2019

### 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:

HFT Forest of Dean is a service who provide care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. At the time of our inspection there were five people receiving a service. 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.

Not everyone receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

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

What life is like for people using this service:

People told us they felt safe. They were protected from potential abuse and discrimination. Risks to people were identified, assessed and action had been taken to reduce these or remove them. Medicines were managed safely and staff provided the support people needed to take their medicines as prescribed. Enough suitably recruited and skilled staff were deployed to meet people's needs.

People's health needs were assessed and people had access to a variety of healthcare professionals to support them. People were provided with the right amount and type of food to meet their health needs, and were supported to do their own food shopping and prepare their own meals. People's religious preferences were being met.

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 supported this practice.

Staff were kind and caring towards people they supported. They maintained people's dignity and privacy. People's choices, preferences and wishes were known to the staff who had taken time to find these out. Care plans gave staff guidance on how to meet people's needs. Further detail about people's care needs was also communicated to staff by means of staff handover meetings and daily notes.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection:

The last inspection was on 24 May 2017 when the service was rated as 'Requires Improvement' overall. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment was not always provided in a safe way and not all risks to service users had been assessed and fit and proper persons had not always been employed. The provider sent us a detailed action plan at that time. At this inspection we found significant improvements and the breaches of regulation 12 and 9 had been met.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

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 was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# HF Trust - Forest of Dean

## 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.

The inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

This service provides care and support to people living in 'supported living' settings, so that they can live in their own home 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. Not everyone receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

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:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we

needed to be sure the management would be in the office. We visited the office location on 17 December 2018 to speak to the registered manager and office staff; and to review care records and policies and procedures. On 17 and 18th December we visited five people who receive a service from HFT Forest of Dean in their homes.

#### What we did:

Prior to the 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 and deaths. We used information the provider sent us in the Provider Information Return. This is 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 also sought feedback from the local authority and health care professionals. We used all this information to plan our inspection.

During the inspection, we spoke with one person who used the service and spent time observing staff interacting with people who had communication difficulties.

We spoke with five members of staff which included two service managers and the registered manager. We also spoke to one relative of a person using the service and one health and social care professional who has regular contact with the service. We reviewed a range of records. This included three people's care records. We also looked at five staff recruitment files and the home's training record. Other records reviewed included a selection of audits and the service improvement plan.

# 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.

At our previous inspection this domain was rated as Requires Improvement. The service had made significant improvements in the areas of assessing risks to people and medicine procedures and this is now rated as Good.

Assessing risk, safety monitoring and management:

- Risk assessments in relation to personal care and activities had been completed to reflect current risks to people. One relative said, "They always complete risk assessments for activities, we are all discussing one for a new activity and I am involved in that".
- Regular health and safety checks and cleaning schedules were in place and any environmental issues were reported appropriately.
- A record of incidents and accidents was kept which showed these were appropriately responded to. The action taken was reviewed and lessons learned to ensure this action remained effective in preventing future incidents and harm to people.
- Where people showed anxiety, or had incidents of challenging behaviour, care plans gave staff all of the relevant information and staff told us these were detailed and informative. All of the incident reports were analysed and observed antecedents were identified. This supported the staff team to identify patterns and themes and implement strategies to try and reduce the incidents from occurring.

Staffing levels:

- The manager routinely reviewed the staffing numbers with the provider. Each person was allocated individual support hours as per their contract.
- New staff had been recruited so that there were enough staff with the right skills and experience to look after people.
- Staff recruitment records showed appropriate checks had been completed to help protect people from those who may not be suitable to work with them.
- Staff we spoke with told us the use of agency staff had improved since our previous inspection and the current staff teams worked closely to ensure people had independence and were given choices. One relative said, "The staff are so amazing now, things have improved 100%".

Safeguarding systems and processes /Learning lessons when things go wrong:

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and for staff. On-going action plans were in place to improve areas of the service since our last inspection.
- Staff knew what action to take if they suspected abuse or poor practice. One person told us, "I talk to staff if

I have a problem. They help me".

- The registered manager reported and shared appropriate information with the provider and relevant agencies to safeguard people.
- The provider's policies and procedures supported people's and staff's diversity and equality and any form of discrimination or harassment was not tolerated.

Using medicines safely:

- We observed people receiving appropriate support to take their medicines safely.
- Medicines were delivered to people's home in time for people's use. They were securely stored and returned to the pharmacy if not used.
- Staff who administered medicines had received training and their competency was checked.
- Medicine administration records (MAR) showed that people had received their medicines as prescribed and these were checked to ensure there were no recording errors.

Preventing and controlling infection:

- The provider ensured staff were trained in infection control. People told us staff washed their hands and use disposable gloves and aprons where required.
- The staff had access to protective personal equipment such as gloves and people's care plans highlighted the importance of using these.



# 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.

At our previous inspection this domain was rated as Requires Improvement. The service had made significant improvements in the area of staff knowledge, skills and experience and this is now rated as Good.

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

- People's immediate and ongoing needs were fully assessed which included ensuring people had adequate nutrition and hydration. Treatment and care was planned and delivered in line with professional standards and guidance. For example, behaviour support plans were developed in accordance with nationally recognised behaviour support principles.
- Staff respected people's choices and their diverse preferences when planning their care.
- The service worked in collaboration with a range of external health and social care services including the Community Learning Disability Team (CLDT). People with swallowing problems were assessed by Speech and Language Therapists (SLT).

Staff skills, knowledge and experience:

- People told us the staff knew how to support them. One person said, "I go out lots, I have a lot of friends and staff know me and what I like to do. They help me go food shopping as well".
- The services training record showed staff had been provided with relevant training to meet people's needs and develop in their roles. The record showed when staff were due to re-refresh their training. A three-day autism training had been made available to staff to attend.
- The Care Certificate had been introduced and newer members of staff were completing this as part of their induction. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care.
- The manager had ensured that each member of staff had been provided with an opportunity to discuss their training needs, performance and any concerns they may have. Staff had regular supervisions and an annual appraisal to monitor performance.

Eating and drinking:

- Staff supported people to make their meal choices. We were able to see one person's kitchen and they showed us the food they had bought earlier that day at the local shops. They told us, "I can choose what I want and I make a list".
- People's nutritional needs and choking risk had been assessed and the food provided met people's dietary needs. One person said, "Staff help me make my meals but I try to do it myself"

- Cultural and religious food preferences could be met when required.

#### Health care support:

- Staff worked together with other health and social care professionals to deliver effective care and treatment
- Arrangements were in place with local GP surgeries so that people received the support they needed from a GP.
- People were also supported to access opticians and dentists where appropriate. In each care and support plan, support needs were available for staff with regard to attending appointments.

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

- The service obtained consent to care and treatment in line with legislation and guidance. For people who lacked mental capacity to consent, written records showed mental capacity assessments and best interest decisions had been completed and documented to comply with legislation. Care was delivered to people in the least restrictive way.
- Staff had sought appropriate authorisation when restrictions had been placed on people, in their best interest, to ensure they would remain safe.
- People's rights to make their own decisions were respected and people were in control of their support.

# 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:

- Staff treated people with kindness, respect and compassion. Feedback from people was positive about the way staff treated them. One person said, "Staff are here with me all the time unless I am sleeping. They help me lots and we play games, draw pictures and today we are making paper aeroplanes".
- Staff understood people's personal, cultural, social and religious needs.
- People's independence was supported. One person said, "I go to volunteer work and I like doing things by myself when I can". One relative said, "It's fantastic, they offer choices and there are lots of activities on offer. I have no complaints".

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

- The staff team discussed with people and helped people explore their needs and preferences in relation to support received.
- Care plans outlined people's communication needs and gave guidance to staff on how to support these. One person had specific guidelines about Makaton signing. Makaton are signs and symbols used to support spoken language to help people communicate. Guidance for staff explained what they said or did and how staff should respond. For example, if one person made both hands into a fist and put their thumbs together this meant 'Car' which told staff they wished to go for a drive or out for an activity.

Respecting and promoting people's privacy, dignity and independence:

- People told us their privacy and dignity was maintained when staff delivered their care. One person said, "I need help in the shower and this is fine".
- Care plans highlighted what people could do independently and any area that they required staff support with. One person had been walking more frequently to improve their mobility with staff offering choices of shopping locations and was able to put all of their shopping away into cupboards independently.
- People's care plans highlighted the importance of respecting privacy and dignity.
- Information about people's care and treatment was kept secure and confidential.

# 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.

At our previous inspection this domain was rated as Requires Improvement. The service had made significant improvements in the area of care plans and communication and this is now rated as Good.

How people's needs are met

Personalised care:

- People's care plans outlined how people's care was to be delivered. Staff attended handover meetings when they first came on duty to keep updated with people's needs and any changes in their care. Daily notes were completed for each person every day to ensure staff were communicating effectively. Communication books were in place for people who had appointments or specific information to be handed over.
- Staff knew people well and supported people in line with their preferences. The support plans detailed people's preferences which were followed by staff when they provided support to people.
- People's care was reviewed with them and their relatives, where appropriate to do so.
- The provider's equality, diversity and human rights policy set out the provider's approach to how people's care would be planned and delivered in line with their diverse needs and preferences.
- People were provided with opportunities and support to socialise and take part in organised activities. One person said, "I like going to play football". One relative said, "There is so much to do and they are always looking at new opportunities. My relative is settled and has come on leaps and bounds".
- Arrangements were in place to support those who found socialising more difficult and who were at risk of self-isolation. Activity planners were analysed and a graph completed to detail the percentage of activities completed. One person's graph showed that they engaged far more in activity in the morning and plans were put in place to encourage further participation or identify why this was the case.

Improving care quality in response to complaints or concerns:

- People, relatives and other visitors to the service could raise a complaint. They were confident their concerns would be addressed. An easy read complaints form was available for everyone using the service. One relative said, "It has changed so much, I really have no concerns or complaints now. It's a lot better than it was".
- The provider's complaints policy and procedures were displayed and outlined how complaints would be responded to. These could be provided in different formats to meet people's needs, for example, large print or a different language.
- A record was kept of all complaints which recorded how each complaint had been managed, the actions taken and the outcome. This record showed that people's complaints were responded to according to the provider's policy and procedures. We saw records that showed us complaints had been managed

effectively.

#### End of life care and support:

- No-one was nearing the end of their life at the time we visited the service.
- Staff told us they would support people at the end of their life to have a comfortable and dignified death. There were well established links with GPs, pharmacies, community nurses and the community palliative care team to support people's end of life needs.
- Advanced care plans were being implemented for people's end of life care and treatment wishes as well as their pastoral and religious preferences for that time.
- Where appropriate, relatives and representatives were involved in people's end of life care and given support where needed.

# 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.

At our previous inspection this domain was rated as Requires Improvement. The service had made significant improvements in areas of governance and leadership including over-arching quality assurance and regular audits and this is now rated as Good.

Leadership and management:

- The registered and regional managers were both very much involved in the day to day running of the service including working hands on, alongside staff where required.
- All people and relatives we spoke with praised the management and told us the service was well run. One person said, "I can talk to staff and the manager". The regional manager visited the service every month and produced a quality assurance report based on their findings.
- The registered manager told us that since our last inspection they had been actively involved in improving areas such as; recruitment, staff retention, training and ensuring staff teams worked closely together. They told us significant improvements had been made through action and improvement plans and these were still active an on-going.

Plan to promote person-centred, high-quality care and good outcomes for people:

- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.
- Senior staff monitored staff practices closely, supported staff and care processes were structured to meet people's needs effectively and compassionately.
- Short, medium and long-term goals had been introduced for each person to ensure outcomes were monitored. Staff told us they were always looking at how people's lives could be better quality and improved.
- Where previous mistakes had been made, lessons had been learnt, and there was an open and transparent culture in place.

Managers and staff were clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- The management team was supported by new and existing staff who were committed to the service's success.

- Regular senior manager meetings were held to ensure any issues were discussed and records showed these were addressed and had positive outcomes for people supported by the service.
- Arrangements were in place for a daily review of all risks and quality issues with the senior management team which resulted in these being promptly addressed.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. Provider support ensured the registered manager could meet regulatory requirements.
- Effective auditing and a regular review of the service's on-going action plans ensured necessary actions for improvement were closely monitored, by both the registered manager and provider.

Engaging and involving people using the service, the public and staff:

- Stakeholders' views and concerns were encouraged, heard and acted on to shape the service and culture. Regular meetings were held with people, relatives and staff had an open-door policy which supported good communication.
- The views of people and their relatives had been formally sought by the provider in 2018. The results were analysed and produced findings and next steps. One area of improvement was communication which had been highlighted by most family carers. The results were shared with senior managers of the provider and an action plan implemented to address any areas that had been identified.
- Managers were open to receiving feedback and suggestions which could help improve the overall service provided. One relative we spoke to said, "Communication is excellent now, much better than it used to be. I am fully involved and I get regular phone calls. The new manager is fantastic. I would give her 100%".

Working in partnership with others:

- The service was well respected in the local community and had established links with local businesses and transport services.
- Close working arrangements with local NHS hospitals and commissioners of health and social care helped people access and sustain the support they required.