HF Trust Limited

HF Trust - Kingston DCA

Inspection report

Springfield Resource Centre
Springfield Place
New Malden
Surrey
KT3 3LJ

Tel: 02089429769
Website: www.hft.org.uk

Date of inspection visit:
11 October 2017
12 October 2017
17 October 2017

Date of publication:
17 November 2017

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

HF Trust Kingston Domiciliary Care Agency (DCA) provides care and support for 14 people with learning disabilities, who live in their own homes in the borough of Kingston. This service includes assistance with bathing, dressing, eating and medicines, home help covering all aspects of day-to-day housework, shopping, meal preparation and household duties. We only looked at the service for the 11 people receiving personal care during this inspection as this is the service that is regulated by CQC.

At the last Care Quality Commission (CQC) inspection in October 2015, the overall rating for this service was Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

People remained safe in their homes. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with people's homes, to help keep people and staff safe. Recruitment practices remained safe. Medicines continued to be administered safely. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People continued to be supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. We observed staff gave people time to make their own decisions and gave them the encouragement and support to do so. Staff were providing support in line with the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their needs. When required staff supported people to access a range of healthcare professionals.

Respondents to our survey said staff were caring, kind and efficient and respected their privacy and treated them with dignity.

People's needs were assessed before they started to use the service and care was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

Staff we spoke with described the management as approachable and easy to get on with. Systems were in place to monitor and improve the quality of the service. The provider had effective quality assurance systems to monitor the scheme's processes. These systems continue to help ensure people received the care they needed as detailed in their support plans.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

HF Trust - Kingston DCA

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This comprehensive inspection took place on 11, 12 and 17 October 2017 and was announced. The location provides a domiciliary care service and the registered manager was sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

Before the inspection CQC sent out a total of 37 questionnaires to people using the service, their relatives, community based health and social care professionals and staff who worked for the provider to get their views about the service. We received a total of nine replies from people using the service, staff and community professionals. We also emailed three staff working for local authority commissioning teams to ask for their opinions of the service. We received two replies. We have included the comments we received in this report.

During the inspection we went to the provider's registered office which is located within a day centre that many people the provider supports attend. We spoke with three people using the service, the registered manager, and another manager who is currently registering with CQC as a manager for this service, the regional manager, three staff and the administration staff. We visited and spoke with four people and the four related staff in their own homes on the second and third days. Not everyone was able to verbally answer our questions, but with the help of staff, sign language and people's reaction to our questions we

were able to understand their answers. We reviewed the care records of four people who used the service and looked at the records of four staff and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People continued to be safe with the service they received from the provider. Four people we spoke with agreed they felt safe in their own home with the care staff that came in to support them. Results we received from our survey sent out before the inspection also indicated people felt safe from abuse and/or harm from their care staff.

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern about a person.

The provider continued to keep people and staff safe through individual personal risk assessments and risk assessments of the home environment. The personal risk assessments had been developed with the person in order to agree ways of keeping people safe whilst enabling them to have choices about how they were supported. These covered the range of daily activities and possible risks including activities, travelling in the community, medicines administration and finances. We observed the finance processes in two of the houses and could see that these had good safeguards to ensure people's money was kept safe, in a way that people agreed with.

The registered manager told us "Risk assessments are kept under review and updated in a timely fashion taking into account positive risk taking balanced with people's capacity to make decisions and choices." Risk assessments of the home environment helped to ensure staff were working and caring for people in a safe environment.

Results from the survey sent out before the inspection showed that people felt that their care workers did all they could to prevent and control infection, for example, by using hand gels, gloves and aprons. Staff received infection control training as part of their induction and were required to refresh this training every three years. These procedures helped to ensure the safety of staff and the person in their home.

Recruitment practices remained safe. We looked at the personnel files of four staff and saw the necessary recruitment steps had been carried out before they were employed. This included a completed application form, notes from the staff's interview, two references, and proof of identity and criminal records checks. Care staff had been assessed as fit for work through a completed health questionnaire. The provider also had a lone worker policy which helped to keep staff safe in their work. These checks helped to ensure that people were cared for by staff suitable for the role.

The service continued to have a robust system in place for the investigation and monitoring of incidents and accidents. Following an incident or accident an investigation would be carried out and an action plan developed if necessary. This process helped to keep people safe and avoid a reoccurrence of the accident.

Medicines continued to be administered safely. The registered manager told us "People are supported to be

involved with their medicines as far as is practicable in respect of their capacity." Capacity assessments and risk assessments were in place for all the people they supported in respect of medicines. Medicines e-learning and observations by a manager were completed during induction and refreshed annually, face to face medicines training took place every 3 years. Where medicines errors occur, they were investigated fully, reported to all relevant agencies and any subsequent learning was shared through team meetings. The provider had a zero tolerance policy in respect of medicines errors and staff were subject to individual performance management measures in all instances. The checks made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Good

Is the service effective?

Our findings

People were cared for by staff who continued to receive appropriate training and support. Staff continued to have the skills, experience and a good understanding of how to meet people's needs. Results we received from our survey sent out before the inspection showed that people received care and support from familiar and consistent support workers and people agreed their support workers had the skills and knowledge to give them the care and support they needed, which helped them to be as independent as they could be.

Results we received from our survey sent out before the inspection and staff we spoke with confirmed that staff completed an effective induction which prepared them fully for their roles before they worked unsupervised. That the training they received enabled them to meet people's needs, choices and preferences and they received regular supervision and appraisal which helped to enhance their skills and learning. The registered manager told us "Normally staff receive supervision at least six times a year, this has been slightly disrupted due to senior staff sickness but staff have continued to have access and support from senior staff when they have needed it." Staff we spoke with confirmed what the registered manager told us.

Staff also received support and training around any specific needs of an individual person. Specific training was arranged through the providers' internal specialist skills team or externally from the local learning disability support team.

The registered manager confirmed "New staff go through an initial three day induction process and work with more experienced staff on shift. The effectiveness of training is monitored by senior support workers whilst on shift, observations by cluster managers and ad-hoc visits by the area manager." Further information stated staff go on to undertake a twelve week induction programme that meets both the care certificate and the providers operational standards. This included face to face training, e-learning, shadowing and knowledge tests to ensure they have the skills and confidence to perform their role. Staff were able to tell us the recent training course they had attended and were positive about the benefits this training had on the support they gave people.

Records showed that staff had received training in 'Understanding my responsibilities under the Mental Capacity Act.' Staff told us they encouraged people to be as independent as possible by letting people do things for themselves as much as they were able to. Staff gave examples of encouraging people to undertake their own personal care, choosing what they would like to eat and if they were able, helping to prepare it. Some people also managed their own medicines and finances.

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 so that they can 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff continued to support people to eat and drink sufficient amounts to meet their needs. People's dietary requirements were detailed in their care plans for those who needed support with food preparation. Where people lived with others there was a shared amount of money for purchasing food and everyone was involved in writing shopping lists, shopping for the food and preparing and cooking. If staff had any concerns regarding a person's nutritional intake they could refer them to the speech and language team [SALT], who could undertake an eating and drinking assessment and provide recommendations where required. Records showed that staff were trained in food nutrition and food safety.

Staff continued to support people to meet their health needs. Each person had a current health action plan and hospital passport. A hospital passport is a booklet designed to accompany the general notes that medical professionals refer to when treating a patient. It contains essential and useful information for professionals about the particular needs, likes and dislikes of a person and helped to reduce the incidence of distress or misunderstanding. Staff would assist a person to contact their GP or other healthcare professionals as necessary. Where appropriate referrals were made to the health team as a response to any incidents, accidents and/or changes in physiological and psychological health needs of a person. The provider worked in partnership with the local community learning disability team, SALT, psychologists, psychiatrists and social workers. This knowledge of people and the training and support staff received had helped to ensure an efficient service that was person centred.

People who have chosen to had developed with staff support an end of life plan and where appropriate these have been shared with families.

Good

Is the service caring?

Our findings

The service continued to be caring. When we visited people in their homes we could see they were happy and relaxed with staff. We saw people being treated with kindness and compassion with the support they received. People we met at the day centre, who were also supported through HF Trust were communicative, in their own way and happy to let us know they were pleased with the service they received. One person told us about a recent important event in their life and the help staff had given them with all the arrangements.

Results we received from our survey sent out before the inspection showed respondents were always introduced to their care and support workers before they provided care and were happy with the care and support they received, that their care worker always treated them with respect and dignity and were caring and kind. The provider continued to recognise the importance of providing the same staff consistently over time so they knew the people they support well. The provider did not use agency staff but filled any gaps in staff absences through illness or sickness from their own bank staff.

People's care records continued to be well written and informative, giving details of people's support needs, their personal history and daily activities. Also a section called 'About Me' this was written in the first person and described who the person was and what they liked and disliked. This information helped staff to care for people appropriately.

We continued to see that where people shared a house there was a 'Grumble' book. Anyone could write in this book with their concerns or comments and these would be actioned and signed off by staff once the concern had been rectified. House meetings occurred monthly and individuals were supported to raise any issues they may have, whether with staff or their house mates, accessible notes were produced for all meetings. 'Voices to be Heard' meetings were held across the service, which give individual people the opportunity to raise any issues that could then be raised with the providers head office or with the Kingston Learning Disabilities Parliament. These forums helped to give people a voice in the care and support they received.

We also looked at the monthly 'key worker' meeting notes. These discussions were documented in an easy read report, which staff and people signed, where they were able to. These meetings gave people the opportunity in private to raise issues they may have. The registered manager also interacted with people on a regular basis, which also gave people the opportunity to raise any issues they may have.

Staff continued to treat people with respect and were able to explain what they would do to ensure a person's privacy and dignity were maintained at all times. One staff member commented "It's about finding the right balance of supporting a person to do things for themselves, such as showering or shaving but being available if help is needed." The registered manager told us "The values staff hold are assessed through the recruitment and selection process and the induction process includes training on dignity and respect, professional practice and decision making and the Mental Capacity Act."

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. Staff assessed people's support needs and this information was used to plan the care and support they received. Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing support to them in an individual way. The person using the service was involved in the development and review of their care plan. The care plans we looked at evidenced that the person had signed their plan and a copy was kept in their home.

Staff told us as they got to know a person, if their support needs changed this information would be fed back to the registered manager, so that appropriate changes, with the person's agreement could be made to the person's care plan. People were able to contribute their views and preferences to the process and to the reviews of their care.

Results we received from our survey showed respondents were happy to be involved in decision-making about their care and support needs and to have the autonomy to decide who the provider should involve when they had important decisions to make.

Community professionals who responded to our survey and email request for information stated the provider acted on any instructions and advice concerning a person's support needs they gave them and the provider co-operated with other services and shared relevant information when needed. The respondents also said the managers and staff were accessible, approachable and dealt effectively with any concerns raised.

The registered manager and staff told us people were supported to access activities that were important and relevant to them and which help to protect them from social isolation. Staff explained they had adopted a positive risk taking approach which has resulted in people trying new things and taking on new challenges. Some of the people supported had limited communication skills and staff had worked as a team to come up with new ideas to support people to try different things. People were supported to go horse riding, trampolining, and cycling. People also enjoyed going to the gym, bowling and swimming. While we were at one house a person was preparing to go cycling in the park with a staff member, who although they did not cycle themselves was willing to give it a go. Another person who loved cycling had recently had a fall from their bike and staff were encouraging them to try again. We found that peoples' choices were not limited and staff had risen to the challenge of finding new activities that they may enjoy.

The registered manager had also responded to people needs by fund raising for a garden shed where one person could spend time alone, listening to their music without disturbing other people. The person with support would also help to erect the shed, which would help them to make it their own. Also they had secured funds from a charity for one house of five people to have a 'family' holiday. The registered manager told us, people often were very busy and missed the opportunity to spend time altogether, so a holiday would give them that opportunity. People were already making decisions on where they would like to go and what they would like to do on this holiday, planned for 2018.

Other people had paid employment and one person told us about their job at a nearby theme park, they had been working there for four years and staff said they had grown to be an important part of the team. The same person also organised the music for the 'Boogie' nights put on at a local night club especially for people with learning or physical disabilities.

The provider continued to have good arrangements in place to respond appropriately to people's concerns and complaints. There was an easy read version of the complaints process. The registered manager explained that any complaints or concerns received were reviewed, investigated and responded to in a timely manner. Documents we looked at confirmed what we were told. They continued to say the complaints process provided them with the opportunity to improve the service appropriately. People who responded to our survey agreed the provider responded well to any complaints or concerns they raised.

Good

Is the service well-led?

Our findings

The service continued to be well managed. People knew the registered manager, support staff and admin staff by name and were able to communicate with them at any time. The registered manager said they and the other senior managers made themselves available to both the people they supported and the staff team. "We have an open door policy and respond appropriately to any issues raised in a timely fashion." Staff told us "I enjoy working here, the people I support are great," "We have fun in a professional way" and "You only get out what you put in and we like to do our best for people."

Staff respondents to our survey said they felt confident about reporting any concerns or poor practice to their manager and that managers asked what they thought about the service and they felt their views were taken into account and that staff in the office give them important information as soon as they needed it. We found staff were positive in their attitude and they said they were committed to the support and care of the people using the service.

There was a registered manager at the service and another senior manager who was registering with CQC as a manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

Managers undertook monthly audits of the service including incidents, accidents, and complaints and developed an action plan to outline the measures needed to improve the service. Managers observed staff practice informally on a regular basis and addressed issues both on the spot and during supervision. Each month staff received a briefing and these were discussed at team meetings delivering organisational and industry news to inform how internal and external factors might impact upon staff or their day to day work. Staff were also encouraged to add items to the team meeting agenda, which could be used for general discussion. The provider also produced a weekly communication briefing about changes throughout the organisation. This all helped to keep staff up to date with current good practice.

People's opinion of the service was gained during their key worker monthly sessions and any suggestions fed back to the managers. A recent survey of family and friends had resulted in a poor return rate and the provider was looking at new ways of engaging families to give their opinion of the support their relative received. The registered manager told us they had good relationships with families and gave several examples of supporting people to keep in active contact with family and friends. As they regularly spoke to families they felt they could use that opportunity to gain feedback that could be built into an action plan to improve or enhance the service they gave. There was also a family and friends forum that would feedback information to HF Trust on any concerns or ideas they had about the service delivery. The provider had not

held a trust wide survey since July 2014, but it was expected one would be initiated soon.