HF Trust Limited

HF Trust - St Austell

Inspection report

Wheal Northey Centre
Trenowah Road
St Austell
Cornwall
PL25 3EF

Date of inspection visit:
24 May 2016

Date of publication:
20 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 24 May and was announced. We gave the provider 24 hours' notice of the inspection in accordance with our current methodology for inspecting domiciliary care services.

HF Trust – St Austell is a domiciliary care agency that provides personal care and support to people with a learning disability in their own homes. At the time of our inspection the service was providing a service to 22 people, 18 of those were receiving support with their personal care needs. The Care Quality Commission has responsibility for regulating personal care and this was the area of the service we looked at. These people were receiving a 24 hour supported living service. A supported living service is one where people live in their own home and receive care and support to enable them to live independently. The contractual arrangements for tenancy agreements and personal care are separate so people can choose to change their care provider and remain living in the same house.

People receiving a service were living in one of four supported living services. One of these was used by people who did not need support with their personal care and so we did not look at that particular service. One of the services was a complex of individual self-contained flats. Each person had their own front door and exclusive possession of the flat. A communal area was used by staff for meetings and supervisions and to carry out paperwork. In the other two services people rented a bedroom and only had exclusive possession of that area. Other parts of the house were shared areas such as kitchens, living areas and bathrooms. Staff sleep-in rooms were also used as office spaces where staff could complete paperwork or have supervisions.

There was a registered manager in post who was responsible for the day to day running 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.

People told us they felt safe. We observed people as they were being supported by staff. We saw people were relaxed and comfortable in their home and with the staff supporting them.

Staff had received training in how to recognise and report abuse or poor practice. Staff were confident any allegations or concerns would be taken seriously and investigated to help ensure people were safe and protected.

Risk assessments were in place to inform and guide staff so they were able to minimise any identified risk. People told us staff helped keep them safe while supporting them to maintain and develop their independence. We found one person's behaviour sometimes put other people or staff at risk. This had not been recorded in their care plan and there was no appropriate risk assessment in place. This meant staff would not be aware of the actions to take in this situation.

There were sufficient numbers of suitably qualified staff to meet people's needs. The recruitment and induction process for new staff was thorough and helped ensure staff were safe and suitably prepared to work with vulnerable people.

People received the support they needed to take their medicines as prescribed. Any medicine errors were investigated and recorded. Following an error staff were required to undertake refresher training or be re-assessed as competent to administer medicines by a senior member of staff.

People received support from staff who had the knowledge and skills to meet their needs. People told us staff knew them well.

Some people had restrictions in place in order to keep them safe. We looked at these people's files and saw there were no mental capacity assessments in place or any evidence of best interest discussions taking place. This meant people's liberty could have been unlawfully restricted as the provider was not working in accordance with the processes set out in the Mental Capacity Act (2005).

Staff talked about the people they supported affectionately. They demonstrated a pride in people's achievements and told us they enjoyed supporting people. Positive relationships had been formed between staff and people. We observed people chatting with staff and sharing any concerns they had with them. Staff were supportive and encouraging in their responses. They shared common values and a shared approach to support which centred on independence and community inclusion.

Care plans were well laid out and contained clear guidance for staff. Staff told us they referred to them regularly and found them to be informative and accurate.

There was a management structure in the service which provided clear lines of responsibility and accountability. People and staff knew who to speak to if they had any concerns and felt any issues would be addressed.

The manager and staff monitored the quality of the service by undertaking a range of quality audits and speaking to people to help ensure they were happy with the service they received. In addition regular audits were carried out by HF Trust's head office.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe and were comfortable and relaxed when they were being supported by staff.

People were protected by staff who could identify abuse and understood how to report any concerns and protect people.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Requires Improvement

The service was not entirely effective. There was no evidence of any mental capacity assessments or best interest discussions taking place in respect of potentially restrictive care plans.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with respect.

People received support from staff who knew them well and who promoted their independence.

People were supported to have meaningful involvement in the care planning process.

Is the service responsive?

Good

The service was responsive. Care records were personalised and were regularly reviewed and updated.

People were protected from the risk of social isolation.

People knew how to make a complaint and raise any concerns. The provider took these issues seriously and acted on them in a

timely and appropriate manner.

Is the service well-led?

Good

The service was well-led. There was a positive culture within the service which focused on independence and social inclusion.

Staff were well supported, motivated and inspired to develop and provide good quality care.

Quality assurance systems drove improvement and raised standards of care.

HF Trust - St Austell

Detailed findings

Background to this inspection

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

The inspection visit took place on 24 May and was announced. This meant we gave notice of our intended visit to ensure someone would be available in the office to meet us. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information held about the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law. We sent questionnaires to people, relatives and staff asking them for their views of the service. We received responses from three people who used the service, one relative and 14 members of staff.

During the inspection visit we spoke with the registered manager, training co-ordinator and two members of staff. We visited five people who were receiving care and support from the service and observed their interactions with staff. We reviewed three people's care files, looked at two staff records and reviewed a range of other records relating to the running of the service. Following the inspection visit we spoke with another three members of staff.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said. "[Staff name] is really lovely. I trust her." Everyone who responded to our questionnaire said they considered the service to be safe.

Staff had received training in safeguarding adults. Safeguarding and whistleblowing procedures were available and staff were required to read them as part of their induction and on-going training. Staff understood about different types of abuse and knew how to report any concerns or incidents of abuse or poor practice. Staff told us there were opportunities to discuss practice and safeguarding issues and said they would not hesitate to report any concerns. All staff who responded to our questionnaire said they knew what to do if they thought someone was at risk of harm.

Where concerns were identified the registered manager took the appropriate action, reporting these to the local safeguarding team and ensuring measures were taken to protect people from risk. Safeguarding was discussed during the interview and assessment process, induction and regularly in supervisions and staff meetings.

Assessments were carried out to identify any risks to people and the staff supporting them. These identified the level of risk as well as action needed to minimise the risks where possible. One person sometimes became anxious and could behave in a way which was difficult for staff to manage. There was clear guidance for staff on the action they should take. For example; "Leave flat, give him space and re-enter on a two to one basis."

From looking at one person's care records and talking with the registered manager we found they could sometimes behave in a way which meant other people and staff might be at risk. There was no risk assessment in place to guide staff as to the actions they could take if these particular circumstances occurred. There were no clear protocols in place to help ensure the appropriate actions were taken following any incident. This meant people and staff were not fully protected from an identified risk. We discussed this with the registered manager who said they would ensure this was addressed.

People told us staff supported and encouraged them to try new things and develop their independence. One person told us they felt some staff did more for them than necessary. They commented; "Sometimes I think I could do more for myself." However, another person stated; "Staff are keeping me safe but helping me with my independence."

There were staff vacancies at two of the supported living settings. The registered manager told us shifts were covered by a combination of regular staff, relief staff and agency workers. When it was necessary to use agency workers they tried to ensure workers who were familiar with the service were used. Staff told us this was important to help ensure a consistent approach. One person told us; "I don't like it when it's staff I don't know." A staff member said; "They [people using the service] have certain agency staff they prefer and we try and get them if we need to use agency."

People told us they received the support they needed and were able to access staff when they needed to. Staff felt staffing levels were safe. One commented; "We have filled any gaps in the rota using relief staff and agency. There's no pressure on us to do more hours than we want. It's totally my choice to do extra. It's all covered."

There was a robust recruitment process in place to help ensure staff had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Candidates were required to account for any gaps in employment history. Where negative references were received these were investigated by head office. People who used the service were involved in the recruitment process taking part in the initial interview. One person told us they had been part of an interview panel. They said; "I was scared at first but now I'm happy with it."

People needed varying levels of support from staff to take their medicines. Some people administered their own medicines independently; others required prompting and some needed to have their medicines administered. The level of support required was clearly indicated in peoples care records and appropriate risk assessments were in place. One person told us; "I set an alarm on my phone to remind me to take my medicine." This showed people were supported to find ways of developing their independence.

All staff had received training in the safe administration of medicines and this training had been regularly updated. Any medicine errors were recorded and appropriate investigations took place. Where staff were identified as responsible for errors they were not allowed to administer medicines until the investigation had been completed. Depending on the findings of the investigation they could then be required to undertake further training or undergo a competency assessment by a senior member of staff.

Medicine Administration Records (MAR) were completed correctly. There was corresponding information on what medicines people were taking, what they were for and any potential side effects. Creams were dated on opening to help ensure staff were aware when they became ineffective or at risk of being contaminated.

Care plans contained information about people's finances and how they needed to be supported to manage their money. One person told us they trusted staff to look after their money. Others received less support in this area for example, one person only needed help checking bank statements.

Requires Improvement

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for 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.

The registered manager told us the local authority were in the process of applying to the Court of Protection for one person because of some restrictions on their liberty which were in place to keep them safe. Care records indicated that other people also had restrictions in place. For example, one person was not allowed to access the community without support and staff needed to ensure they were in sight at all times. Another person had their medicines in their kitchen where they were stored in a locked cupboard. There was no evidence these two people had consented to these restrictions. There were no records that any capacity assessments had taken place to assess if they were able to agree to their potentially restrictive care plans. There were no records of any best interest discussions in the two people's files. This meant we could not evidence if the restrictions imposed were the least restrictive option.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People were supported by small teams of staff to help ensure continuity of care and support. Staff were normally based in one setting. This meant they were able to get to know people and their support needs well. People told us staff had a good understanding of their needs, particularly their key workers. Key workers are named members of staff who have oversight of specific individual's plans of care. This will include responsibility for keeping care plans and risk assessments up to date and making various appointments. One person commented; "He [key worker] knows me very well, he knows what to do."

Before staff worked on their own they completed a full induction programme which included shadowing experienced staff and getting to know the people they would be supporting. The registered manager confirmed staff new to care completed the Care Certificate, a nationally recognised training course. As soon as pre-employment checks were completed staff received log in details for HF-Trust's intranet and knowledge centre to enable them to access the on line training. In some services new employees were paired with a 'buddy' who they could go to for advice or with any questions. The registered manager told us; "It's not about supervising them, it's about supporting them." There were plans to widen the buddy scheme out to all services.

Each staff member had an on-going training programme to make sure they had the skills required to meet people's needs and to help ensure training remained relevant and up to date. Staff told us they were reminded when training required updating. If they had any specific training needs they were able to request they attend a course to address the gap. The registered manager told us of a recent incident when they had identified that the support for one person was not being delivered in accordance with the care plan. They, along with a training co-ordinator, had arranged a bespoke training workshop for the staff team to reiterate the importance of supporting the person as they wished to be supported and using a consistent approach. This demonstrated training was arranged to help ensure it was relevant to individual's specific needs.

Staff confirmed they received regular supervision sessions to monitor their development, performance and work practices. They also told us they felt well supported by the registered manager, seniors and their colleagues. Comments from staff included, "We're a close team, we all support each other" and "The senior is very supportive. Even if he isn't working, he says any questions or concerns, its fine; we can just give him a call."

People's dietary needs were assessed when required and any associated risks were incorporated into their care plan. Support plans clearly described how people needed and wanted to be supported with their meals and staff understood this information. People told us they were supported to make healthy choices. One person's care plan stated; "Support to maintain a healthy weight and lifestyle."

Records showed that, where appropriate, GP's or other healthcare professionals had been contacted as necessary. However, two people told us they had not seen a dentist for some time. Information about people's medical history and current needs had been documented as part of a 'hospital passport', which could be used should a person require an admission to hospital. This information is considered by the National Health Service to be good practice to help ensure people's needs and wishes are understood should they require treatment in hospital or other healthcare service. There was evidence other external health care professionals had been involved in people's care planning such as speech and language therapists.

Good

Is the service caring?

Our findings

People told us they were happy with the support they received. One person told us; "The staff are amazing!" Another said; "I can talk things over with staff." We saw people returning to their home after a day out and chatting with staff about what they had done and any concerns they had. They were relaxed and at ease with staff and able to discuss any worries freely. Staff were supportive in their responses.

Information required by staff, such as support plans, risk assessments and other daily records were kept in the supported living settings. Supervisions and some team meetings were also held at the supported living settings. We discussed this with the registered manager who told us all information was stored securely in areas which were not part of people's private spaces. Meetings such as supervisions were similarly held in areas not designated as people's private spaces. They said they would like to hold all team meetings at the services offices but this could be difficult to arrange. It is important in settings such as these that staff recognise they are working in people's private homes and this is respected. Staff told us they believed the settings felt like people's homes and were not "clinical". One told us; "Whenever we arrive on shift staff always knock at the door. And it is always answered by one of the people who live here. It's their home."

We visited people who were living in individual flats within a building. Staff knocked on people's doors and waited for a response before entering. People told us they had their own keys and locked their doors when they left the building. They told us they liked having their own flat and valued the independence it gave them.

People's preferred method of communication was recognised and respected. Some people had limited verbal skills and this was clearly recorded in their care plans. Staff were guided as how to communicate effectively with the person and what tools to use to support them.

The registered manager identified ways to include people in the care planning process in a meaningful way. For example, they used tools such as Planning Alternative Tomorrows with Hope (PATH). This is a person centred visual planning tool used to identify goals and ways in which people might achieve them. People showed us PATH's they had created and talked to us about the stages and goals they were working towards.

Observations and discussions with people and staff showed there were friendly, caring and supportive relationships in place. Staff spoke fondly of the people they supported and demonstrated a pride in their achievements. For example, one member of staff said; "[Person's name] has come on really well. He's talking a lot more now than he first did. I love supporting him." People told us they liked staff, particularly their key workers with who they had developed particularly strong relationships. Comments included; "He's very good. A good sense of humour, we have a laugh" and "She's really lovely."

People were supported to develop and maintain their independence. People told us staff encouraged them to do things for themselves offering assistance when needed. One told us; "She [member of staff] is really helping me to do more." A member of staff said; "We don't take over, we go at their pace. We're not doing things for people. And they're so chuffed when they've achieved something." Staff respected people's

privacy and dignity. People's preferences regarding the gender of their care workers was recorded and respected.

People were supported to maintain relationships with family and friends. Where family members lived some distance away people were encouraged to keep in touch using technology. In addition staff maintained regular email contact. The registered manager told us; "We work with family members as much as we can." One person had a relative who was in a care home due to their health needs. They told us staff supported them to visit regularly.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed prior to receiving support from the service. Assessments included information about the person's background, their likes and dislikes, weekly/daily routines and significant family and professional contacts. This information was used to match people as well as possible with an appropriate care team and to help ensure people's support was delivered in a way they wanted and preferred.

Care records and support plans provided staff with detailed information to enable them to provide personalised care and support, whilst encouraging choice and independence where possible. The information was well organised and highly descriptive of people's routines where these were important to people. The registered manager told us the care plans were a "tool" for staff to use to enable them to deliver support appropriately and in line with people's needs. Staff told us they found them useful and they accessed them regularly. Comments included; "They have good information about routines for when you are supporting people one to one. They're updated all the time so you can check before you support people." A new member of staff told us; "They're very clear with lots of information about people."

The care plans were updated regularly to help ensure the information was current and relevant. People were involved in the care plan reviewing process and the plans were signed to evidence they agreed with the contents.

Some people's support needs varied from day to day. For example, one person had erratic sleep patterns which meant the level of support they needed during the night fluctuated. The registered manager told us they were going to introduce a more flexible approach to their night time support arrangements to enable staff to respond to the persons changing needs quickly.

Part of the support provided by HF-Trust involved helping people to access the community and take part in meaningful activities. People were supported to attend college and/or work placements according to their preferences. In addition they were able to use local facilities to take part in leisure activities and meet with their peers. This meant they were protected from the risk of social isolation.

People said they knew how to make a complaint. Some people said they would speak to their key-worker or the senior support worker and others said they would be able to telephone senior staff or the registered manager at the main office. People had been provided with information about how they could make a complaint and the action that would be taken by the service to address their concern. Throughout the inspection we saw people's queries, concerns and day to day issues were addressed by staff in a prompt, reassuring and appropriate manner. Information on how to make a complaint and the complaint form were available in easy read format. This uses pictures and simple limited text to facilitate people's understanding of the information.

When complaints had been raised about the service records confirmed these had been dealt with appropriately and in line with the provider's policy and procedure.

Good

Is the service well-led?

Our findings

There were clear lines of accountability and responsibility in place. A registered manager was in post who had responsibility for oversight of the supported living services we inspected. A different registered manager oversaw the supported living setting where no-one was in receipt of personal care and was therefore not included in the inspection. At each supported living setting there was a senior care worker with responsibility for the day to day running of that setting and staff supervisions. Key workers were assigned to each person to oversee their care planning. Staff told us they felt supported by this system and there was always someone to ask for advice if they needed it.

Staff told us the registered manager was approachable and; "Very supportive." One told us that, due to recent changes around one person's support plan, they had been having a lot of contact with them to help ensure the changes were appropriate and met the person's needs. They told us the registered manager was knowledgeable about the person's needs and had a good understanding of the issues involved.

People told us they knew who was in charge and were able to describe the hierarchy of management to us. They said they knew who to approach with any concerns or suggestions about how the service was run. One said; "I'd go to [registered manager]. She's the manager."

Responsibilities were shared within staff teams. For example, named members of staff had responsibility for carrying out vehicle checks, water temperature checks and checks in respect of fire safety.

Staff told us they enjoyed their work and were positive about how the service was run. Staff retention was good and morale high. Managers were able to nominate staff who had gone "above and beyond" to deliver a good service for a 'Gem Award.' Successful staff were given a gift voucher as a sign of appreciation for their efforts. After 10 years with the organisation staff received a cash incentive.

Team meetings were held regularly. The registered manager told us they tried to make these interactive sessions giving staff opportunities to discuss themes such as safeguarding and communication. Staff told us they were a strong and supportive team. A new member of staff told us her colleagues had been; "Brilliant. All they focus on is the people we support. The support for me has been great. I can ask anything, no question is a silly question."

While talking with staff we noted a reoccurring theme regarding the importance of supporting people to be independent and social inclusion. This indicated staff held a shared ethos and approach to supporting people. Comments included; "We're supporting the guys to do what they want to do. It's about helping them to go out into the community and be accepted just like anyone else" and "We're supporting people to do daily tasks for themselves."

Information was used to aid learning and drive improvement across the service. Accident and incident forms were completed following any untoward event. These were recorded on-line and automatically an alert was sent to the regional manager to make them aware of the incident. They carried out regular analyses to

highlight any developing trends or patterns.

The registered manager and staff monitored the quality of the service. The registered manager carried out monthly audits looking at all aspects of the service. Action plans were developed following the audit to address any highlighted issues. They also developed a monthly managers report.

In addition audits into specific areas were carried out by representatives from HF Trust head office. For example, there had been a financial audit two weeks before the inspection visit. This showed the service was regularly monitored both internally and externally to help ensure the quality of the care being delivered.

HF Trust circulated quality assurance surveys to people, staff, relatives and professionals once a year. This was done nationally and local significant results communicated to the regional team. The last survey had taken place in July 2015 and the results were positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's mental capacity to consent to their care and support had not been assessed when required in line with the Mental Capacity Act (2005).