HF Trust Limited

HF Trust - Avon DCA

Inspection report

128 Richmond Road
Montpelier
Bristol
BS6 5ER

Tel: 01179243152
Website: www.hft.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 26 October 2016 and was announced. We told the provider 72 hours before our inspection that we would be visiting. This is in line with our current methodology for inspecting domiciliary care services. HF Trust-Avon DCA was last inspected on 22 October 2013 and met the legal requirements at that time.

HF trust-Avon DCA is registered to provide personal care and support for people with learning disabilities. At the time of our inspection, there were 29 people receiving personal care and support in three supported living properties. We visited the registered office. This was located in the premises where 18 people were receiving a 24 hour supported living service. A supported living service is one where the contractual arrangements for personal care and tenancy agreements are separate. We inspected the personal care people received.

There was no registered manager in post. 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. Two senior managers from the provider's quality and improvement team were providing full time support to the service. They are referred to in this report as the 'managers.'

People and their relatives spoke positively about the care and support they received. They told us that staff were, "Very very good" and that, "Staff are wonderful." People told us that staff were respectful and kind.

People who were supported by the service felt safe. Staff understood how to safeguard people and knew the actions to take if they suspected abuse.

Risk assessments were completed and plans were in place to reduce risks associated with people's health and personal safety. Risks to people's safety arising from their environment had not been fully considered and plans were not fully in place to keep people safe in their environment.

Care plans reflected that people's individual needs, preferences and choices had been considered and then acted upon. Staff were knowledgeable about people's individual needs.

There were recent improvements in the leadership and management of the service. The senior managers monitored the quality of the service and sought and acted on people's feedback. Quality assurance systems were in place to monitor and mitigate the risks relating to the health, safety and welfare of people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people arising from their environment were not always identified and actions were not in place to reduce the risks of harm.

Plans were in place to provide support to people in the event of an emergency.

Staff had been trained and recognised their role in safeguarding people from harm and abuse.

Staffing levels had improved in recent months and were sufficient to meet the personal care needs of people.

Is the service effective?

Good

The service was effective.

People's health care needs were effectively managed. People were supported to have regular health checks. Advice, guidance and support provided from health professionals was acted upon.

The rights of people to consent to care and treatment were upheld because staff acted in accordance with the Mental Capacity Act 2005.

Staff had the skills to provide the care and support people needed.

People were advised about making healthy food choices and supported with the preparation of their meals.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected and maintained. Staff reassured people when they needed it. People felt comfortable and confident as they made decisions about their day to day activities.

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

Staff told us how they provided people with privacy they needed.

Is the service responsive?

Good

The service was responsive.

People were involved and received personal care in the way they preferred. Their needs, wishes and preferences were taken into account.

The care records reflected people's choices and were written in a person centred way. People were protected from the risk of social isolation.

A complaints procedure was in place and this was easily accessible.

Is the service well-led?

Good

The service was well-led.

Quality assurance and monitoring systems were in place and agreed actions were taken to address identified shortfalls.

People who used the service were positive and told us their views and feedback were listened to and acted on.

Staff felt well supported by the managers and the senior staff. Staff were motivated and committed to providing a personalised service for people.

HF Trust - Avon 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 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.

This inspection took place on 26 October 2016 and was announced. This meant the provider and the staff knew we would be visiting. The inspection was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service. We read previous inspection reports and we looked at notifications we had received for this service. Notifications are information about specific events the service is required to send us by law.

On the day of the inspection, we spoke with seven people who received a service and one relative. We spent time with people in their flats and in communal areas. We observed the way staff interacted and engaged with people. We spoke with the two manager's and three members of staff.

The following day we spoke with two members of staff and a person who received personal care in one of the other supported living properties.

We read three people's care records. We looked at medicine records, staff recruitment files, quality assurance audits, service user feedback surveys, staff and people's meeting notes, complaints records, staff training records and other records relating to the monitoring and management of the service.

Requires Improvement

Is the service safe?

Our findings

People were not always kept safe because environmental risks had not been fully assessed. For example, we found risk assessments had not been completed for the risks of burns from hot surface radiator temperatures. Risk assessments had not been fully completed for all of the windows above ground floor level. They were not all restricted. This meant people were at risk of harm and injury from falling from height. The senior managers told us they would take immediate action. They told us they would complete risk assessments. They also contacted their health and safety team for further advice and guidance.

Other risks to people were assessed. Detailed management plans were in place to reduce or mitigate the risk of harm and injury to people and to help keep people safe. These included risks associated with eating and drinking, falls and moving and handling, finances and travelling outside of their home.

People needed varying levels of support with their medicines. Medication files provided details about people, their allergies and details of the medicines they were taking. The level of support people needed was assessed and recorded using a 'My medication' document. One person told us they were supported by staff to take their asthma medicine. They told us staff also accompanied them when they attended review visits to the asthma nurse.

Staff had received training in the safe administration of medicines and their competency was assessed before they were allowed to provide support to people. The provider's auditing system had identified shortfalls in the management of medicines. For example, people had not always received medicines at the right time and when they needed them. An action plan was in place to address the identified shortfalls.

People told us they felt safe in the supported living environment. Comments included, "I feel quite safe" and "I always feel absolutely safe, all the time." One person told us they had been worried about their personal safety when they were out of their home. It was agreed the person would use a phone to make contact with staff, if they were worried. This made them feel safe. Another person told us their safety had been considered after they returned from a stay in hospital. They told us their supported living arrangements had been changed so they could be supported with personal care in a ground floor area so they did not need to negotiate the stairs.

A focus for the service for October 2016 was a 'Stay safe month.' This included involvement of staff and people living in the supported living service. As part of this focus, people had discussions about the security of the building. A contractor was booked to visit the premises to discuss security arrangements. Safety information and reminders were displayed on the notice boards. These contained suggestions and tips for raising people's awareness of their personal safety and the safety of the property.

People told us they were aware of staff shortages. One person told us, "They're [staff] stretched because of staffing levels." However, people also told us their care needs were being met. A relative also told us there had been staff shortages, but the situation had improved recently. We spoke with the senior managers who told us how they had used agency staff to cover the shortages. They told us they had recruited and were

continuing to recruit new staff to fill the vacancies at each of the three supported living services.

We spoke with staff who told us that vacancies within the staff team had been well-managed. They told us the impact on people receiving a service had been minimised as regular bank and agency staff were used to cover the shortfalls. They told us that people had always received the support with the personal care they needed. They also told us that one to one time with people had occasionally been compromised because of the shortages.

People were protected from the risk of abuse and staff understood their responsibilities with regard to keeping people safe, and for reporting concerns. They had received training, and were able to describe actions they would take if they suspected abuse. One member of staff told us, "I am confident we all know what to do. None of us would tolerate abuse and we would report straight away to one of the managers." Staff knew they could contact the local authority safeguarding team to report concerns. Staff were confident they could whistle blow to the management team or to the Care Quality Commission if they had concerns about other staff care practices.

Accidents and incidents were recorded by staff and monitored by the management team. We saw that appropriate actions were taken. For example, one person fell on a regular basis. They were provided with protective equipment to reduce their risk of injury. Monthly analysis of accidents was undertaken by the manager and the provider's health and safety team so that emerging trends could be identified and acted upon.

Staff were safely recruited. Staff completed application forms prior to employment and provided detail about their employment history. People who used the service formed part of the interview panel and their views and feedback were considered as part of the recruitment process. We spoke with people who spoke positively about their involvement in the interview process. Previous employment or character references had been obtained. Disclosure and Barring Service (DBS) checks were completed. The DBS check ensures that people barred from working with certain groups, such as vulnerable adults are identified.

The provider had arrangements in place to deal with emergency situations, to ensure continuity of service. For example, plans were in place to support people if they needed to be moved from their homes in the event of an emergency. We saw a summary of personal emergency evacuation plans (PEEPs). These are records that confirm the help and support people require if they need to be moved in an emergency situation. One person living in the supported living service we visited told us about the fire safety procedures in place. On arrival, we were greeted by the person and asked to sign into the visitors' book. The person told us this was so they would know we were in the building if there was an emergency such as a fire.

Good

Is the service effective?

Our findings

Staff spoke positively about the support and training they had received. One member of staff told us they had received a three day induction and three days of shadowing more experienced staff. They told us this had prepared them well to carry out their role.

The staff induction programme encompassed the Care Certificate. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. At the time of our inspection staff who had been employed recently were completing the Care Certificate.

Staff told us the training programme had improved since the senior managers had been providing full time support to the service. Shortfalls in the provision of staff supervision and appraisals had been identified. A plan was in place and dates of meetings confirmed, to address the shortfalls. Supervision and appraisal meetings provided the opportunity for staff to discuss their progress and agree areas where they may need further support and direction.

The provider identified training topics that were considered as mandatory, to enable staff to carry out their roles and responsibilities effectively. This training included moving and handling, health and safety, first aid and medicine management. Refresher and update training was provided and recorded on a training matrix.

People were supported to meet their health needs. Records confirmed where people had attended appointments, for example, with psychologists, social workers, practice nurses, dentists and GP's, People were supported by staff or relatives to attend appointments when needed. One relative told us how staff supported their daughter to attend health appointments when needed.

Staff told us if people were suddenly unwell, they would call for medical assistance themselves if it was needed. Staff told us they had been sufficiently trained to recognise emergency situations. For example, one person had regular seizures. Staff were knowledgeable about the actions to take to effectively support the person. The care records also provided a detailed risk assessment and management plan for staff to follow.

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.

Staff received training about the MCA as part of their induction. They told us they understood they needed to obtain consent from people before they provided care and support. We saw where written consent had been obtained, for example, for one person who used a sensor pad at night. This was to help alert staff if the person had a seizure. However, it had since been agreed this person no longer had the capacity to make this

decision. A referral had been made to the local authority requesting they make an application to the court of protection for a deprivation of liberty authorisation for this person.

People told us how they planned, shopped and prepared their meals, with assistance and support as needed. One person told us they took it in turns to cook on a Sunday with some of the other people living in the same premises. Staff told us how they supported and encouraged people to make healthy food choices. Staff also acknowledged that people were able to choose and make their own decisions. In one person's care records it was noted, 'Can sometimes forget to eat as he is very busy' and 'Remind to take a packed lunch if he is going out.'

Good

Is the service caring?

Our findings

Everyone we spoke with was positive about the caring attitudes of the staff team. Comments from people included, "Love all the staff, fantastic" "You can't fault the staff team, very, very good" "Can't think of anything that needs to be better." A relative said, "Staff are wonderful."

When we visited people in their home we could see they were relaxed and happy with staff. We saw people being treated with warmth, affection and kindness. The staff we spoke with told us how they provided a caring service for people. There was lots of laughter throughout the day as staff engaged with people. When people wanted to show us around their home, this was encouraged by staff.

Staff supported people to make their own decisions by taking the time to explain to people and wait for them to respond. The staff we spoke with knew people well. Staff respected people's privacy. They knocked on doors and waited for people to answer before they entered.

Throughout the day, staff demonstrated how they respected people. They checked people were comfortable, and supported and encouraged people to feel valued and listened to. For example, one person spent time shredding paperwork during the day and another person spent time sorting through paperwork. The person commented about the amount of work they had completed. A senior manager told them how useful their activity had been. They suggested the person should take a well-earned break from the task they were undertaking. The person was clearly pleased with the useful activity they had been undertaking. They showed us how much they had completed and told us it was, "Hard work but look at all I've done."

Staff took time to talk with people. Throughout the day we saw staff in discussions with people. Staff reassured people when they provided support. Staff provided guidance, reassurance and assistance to people. People were encouraged and discreetly prompted. For example, one person told us about their mobility challenges following an accident they had earlier in the year. They told us the level of mobility they were hoping to achieve. We heard staff telling the person how well they were doing. They spoke positively to the person about how much their mobility was continuing to improve.

People were supported to participate in 'Voices to be Heard' groups. HF Trust facilitated the groups as part of their support network for people. In addition, people were supported and encouraged to express their views at house meetings. At a recent meeting people expressed concerns that their dining room was sometimes used by 'non-residents' for meetings. It was agreed this would not happen again, unless the people living in the supported living service gave their permission. This meant people could feel confident their views were listened to and that they really mattered.

Compliments were collated in a folder. Five written compliments had been received in the year leading up to our visit. One compliment received from a health professional and relatives of a person living in one of the supported living services stated the person was "Happy since he has lived here."

Good

Is the service responsive?

Our findings

Staff provided the care and support people needed. They encouraged people to do what they were able for themselves, and helped them with what they were not able to do independently. Information about people's individual needs, preferences and abilities were documented. The records confirmed who was involved with their care, such as relatives and health and social care professionals.

The care and support plans were written in a person centred way and described how to provide support or prompts that encouraged people's independence. For example, one care plan stated, "Remind [person's name] to brush teeth am and pm and to do so for two minutes."

We saw where people had discussed and agreed what they were able to do themselves, whilst acknowledging their limitations. A member of staff told us the aim of the care, support and prompting was to optimise people's independence. This included the support people needed with their emotional well-being. For example, one person's care plan provided detail about what may cause the person anxiety and how to support the person through those occasions.

Staff told us they read people's care and support plans on a regular basis. This meant people could be confident they were receiving care and support as they needed and in line with their current and individual preferences. Care and support plans were reviewed with people and relatives where appropriate, annually or when there were significant changes. Following a review one person's records stated, "[Name of person] is currently happy with his support plan which we have read through." Actions were being taken to address shortfalls identified by the provider to make sure the communication plans provided sufficient details to accurately reflect people's current needs.

People told us they knew how to make a complaint. People we spoke with were aware of the current management arrangements and told us they would speak with one of the managers if they needed to. The provider had a complaints procedure available for people and their relatives which was available in an easy read format. A complaints folder provided details of the 15 complaints received in the year leading up to our inspection and the actions taken in response. The provider had noted in their quality assurance monitoring report that actions were required to make sure responses were completed in the timescales stated in their complaints policy.

People were supported to access the community and take part in meaningful activities. People were supported where needed and encouraged to commit to work placements. One person told us they were going out to work when we visited. They returned later in the day, they looked happy, and told us their day had been busy. In addition, people attended local leisure and social activities and events. This meant people were protected from the risks of social isolation.

House meetings were held and these gave people the opportunity to discuss issues of importance to them. A meeting was held on 7 October 2016 and people who attended confirmed they would like the meetings to be held each month. At the meeting they discussed the topic of the month, arrangements for recycling, the

purchase of new furnishings, a replacement cooker and the provision of a summerhouse. Actions had been taken forward and were being implemented at the time of our inspection.

Good

Is the service well-led?

Our findings

There had been no registered manager in post since June 2016. However, the provider had made arrangements for the service to receive additional support during the time the post was vacant. We were told after the inspection that a new manager had been appointed.

People spoke positively and told us the service was well-led and well-managed. They told us improvements had been made by the interim managers. People had opportunities to provide feedback and we saw that actions had been taken. One person told us, "It's a lot better now they're [name of senior manager's] here. Things are getting done".

Staff were positive about the support and direction they received. They told us there had been significant improvements in the leadership within the service in recent months. Additional staff had been recruited and the providers reward and incentive schemes were being implemented. Staff told us the actions taken made them feel more valued.

The managers told us about the actions taken by the provider to make sure staff felt valued across the organisation. The chief executive had arranged to attend 'roadshows' during the year so that staff could express their views directly to them. In addition 'Going the extra mile' awards had been introduced to recognise efforts of nominated staff who worked above and beyond the expectations of their role.

Quality assurance systems were in place to monitor the health, safety and welfare of people being supported by the service. The provider had systems in place to assess and monitor the quality of the service. The managers explained the quality assurance process was based around the five key questions the Care Quality Commission (CQC) asked during inspections. This was to make sure they covered all key areas. Some of these systems had not been effectively operated earlier in the year. The shortfalls in safety within the environment we identified had not been picked up as part of the provider's quality assurance process. Other shortfalls, for example, with medication management and staff supervision had been identified in the recent audits completed and improvement plans were in place. Progress was being monitored to ensure the service worked to consistently achieve the standards expected by the organisation.

Policies and procedures were available. These were up to date and reviewed on a regular basis. This meant people were provided with up to date care because staff had access to up to date information.

People were provided with a range of information in easy read and pictorial format. People were supported as needed to enhance their understanding of the information available to them.

The provider had a statement of purpose that was available to people, visitors and staff. This provided details about the aims of the organisation. The provider stated their values relating to individuality, diversity, empowerment, achievement and speaking up. Although staff were not able to fully describe the values of the organisation, they told us they were proud to work for HF Trust. They told us that people's independence and quality of life were important and really mattered to the organisation.