HF Trust Limited

HF Trust - Bedfordshire DCA

Inspection report

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11 November 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection visit took place on 8 November 2016 and this was followed by telephone interviews with people who used the service, their relatives and members of staff on 10 and 11 November 2016. The visit was announced as we needed to be sure that somebody would be in the office.

At the time of our inspection the service provided personal care and support for up to seven people with a learning disability within a supported living scheme. People lived in separate accommodation within a small radius of each other. Some of the accommodation was rented, but one person owned their home. Only two people were being supported with personal care.

The service had a registered manager but their registration had been cancelled the day before our inspection as they had taken up a new post in the provider's organisation. A new manager had been appointed and had made an application to become registered. 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. The former registered manager had continued to support the service throughout the new manager's induction period.

People had been involved in determining the level of support that they required and how this was to be provided to them. Regular reviews were held with people by staff with key responsibility for their support to ensure that the support provided continued to meet their needs.

People were safe and the provider had effective systems in place to protect them from harm. They were supported to access other healthcare professionals to maintain their health and well-being and were encouraged to be as independent as possible. They were assisted to maintain their interests and hobbies and to develop new skills. They were aware of the provider's complaints system and information about this and other aspects of the service was available in an easy read format. People were encouraged to contribute to the development of the service and to develop links with the local community.

Staff were well trained. They understood and complied with the requirements of the Mental Capacity Act 2005 (MCA). They were supported by way of regular supervision and appraisal. They were caring and promoted people's privacy and dignity. Staff were encouraged to contribute to the development of the service and were aware of their roles and responsibilities.

There were effective complaints and quality assurance systems in place.

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.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Risk assessments were in place and reviewed regularly to minimise the risk of harm to people. Staff supported people to manage their medicines safely.

Emergency plans were in place.

Is the service effective?

Good

The service was effective.

Staff were well trained and were supported by regular supervision and appraisal.

Consent was obtained before support was provided.

The requirements of the Mental Capacity Act 2005 were met.

Is the service caring?

Good

The service was caring.

Staff were friendly and caring.

People's privacy and dignity were protected.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Staff were aware of people's needs because there were detailed care plans in place for each person.

People were supported to follow their interests and to develop new skills.

People were encouraged to contribute to the running of the service.

Comments and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The management was supportive and approachable.

The provider had an effective system for monitoring the quality of the service they provided.

People's records were stored securely.

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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.

An inspection visit took place on 8 November 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The visit was carried out by one inspector. An Expert by Experience made telephone calls to people who used the service, their relatives and members of staff on 10 and 11 November 2016. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 also reviewed the information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with one person who used the service, a relative of another person who used the service, a senior support worker, the manager and the former registered manager. We reviewed the care records and risk assessments for the two people who received the regulated activity of personal care. We looked at staff recruitment, training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe. A relative of one person told us that they were assured of their relative's safety as there was an on-call system for them to ring if necessary, mobile contact numbers and a button for emergency call. Staff slept at the person's home overnight. They told us, "I have peace of mind."

The provider kept all their policies on a central hub to which all staff had computerised access. Policies were up to date and included ones on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. One member of staff told us that they had completed their safeguarding training about a year ago. They were able to demonstrate good knowledge of the types of harm that people could experience. They told us that they had raised a safeguarding alert with the manager who had referred it on to the local authority safeguarding team. The manager told us of steps that they had taken to protect people from financial abuse when it became known to them that some members of staff had been made aware of the access numbers (PIN) to people's bank accounts. This was against the provider's policy to protect people's finances. Family members had been contacted and were making arrangements to obtain new PINs for people. This protected people and staff from any abuse or allegation of abuse.

We saw that there were person centred risk management plans for each person who used the service which documented the names and roles of the people who had been involved in the risk assessment and decision making processes. We saw that people had been involved in identifying the risks and determining the level of risk that would enable them to maintain their safety and independence. The assessments covered risks in the home, such as hot meal preparation and control of hazardous substances, as well as risks in the community, such as using public transport and road safety, and risks associated with medicines administration. Each assessment identified possible risks and included details of what would reduce the hazard, the available options, the possible outcomes and the person's view as to how the risk should be managed.

Accidents and incidents were recorded within a centralised data base. The registered manager was alerted about incidents recorded and the causes were analysed regularly both by the service and the provider's centralised team to identify any improvements that could be made to prevent the occurrence of similar incidents in the future.

There were enough staff to support people safely. Staffing levels had been determined by the needs of the people who used the service and the levels of support that had been identified within their needs assessments. Some people needed very little support whilst others required support with various aspects of their daily life. One person had support overnight and this was scheduled into staff rotas. People were consistently supported by a small staff team of six, which promoted consistency in how people's care was provided.

The provider had a robust recruitment policy. This included carrying out relevant checks with the Disclosure

and Barring Service (DBS) to ensure that the applicant was suitable to work in the service, completing health questionnaires to ensure that applicants were mentally and physically fit for the role they had applied for and the follow up of employment references. These checks assisted the provider to determine whether the applicant was suitable for the role for which they had been considered.

People were encouraged to be responsible for their medicines, but where necessary were supported by staff to take them. Staff told us they had face to face medicines management training, with on-line follow up training. Practice had been observed and signed off three times before they were allowed to administer medicines alone. Risk assessments for the administration of medicines included details of the adverse effects specific medicines may cause of which staff were to be aware. People were responsible for ordering their own medicines, but staff checked that they had done so. We saw that care and support plans included the regular check of people's medicines to ensure that they had been taking them as prescribed.

Good

Is the service effective?

Our findings

People and their relatives told us that the staff had the skills needed to support them effectively. One person said, "My carers are very helpful." A relative told us that staff had received training in their relative's specific medical condition and had a good understanding of the management of it. They said, "Staff are trained in [name of the condition]." Staff told us that they were able to communicate verbally with people who used the service, and this enabled them to fully understand their support needs.

Staff received a full induction before they worked on their own with people. One member of staff told us, "New staff shadow existing staff and personality matches are taken into consideration." We looked at the training matrix which indicated that on-going and refresher training was closely monitored. The service used both e-learning and the delivery of face to face training sessions to ensure that staff had the training they needed. One member of staff told us, "I have raised with the manager the need for a face-to-face course on diabetes as a refresher for all staff." This had been taken on board and the manager told us that they were arranging for this to happen. The service used both internal and external training providers, including the local authority. Training provided by the local authority had included safeguarding and the Mental Capacity Act 2005. One member of staff told us, "Training is accessible very easily." They went on to tell us about the benefits they had found from person centred planning (PCP) training they had completed. They said, "PCP training has impacted massively on my practice by allowing me to use images and verbalisation to support pathways and reviews."

Staff told us that they received regular monthly supervision for which there was an agenda. They said that supervision was a two way conversation, during which they discussed their training and development needs, their morale, any concerns they had or any complaints they wanted to make. One member of staff said, "There is massive support for the staff. I can talk to the manager and the on-call manager at any time." They went on to say, "The level of training and management support enables me to progress."

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) 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. Applications for people who live in their own homes must be made to the Court of Protection. There had been no applications made at the time of our inspection.

Staff were able to demonstrate that they had understood the requirements of MCA, although they had not been involved in the assessment of people's capacity to make and understand decisions about their care. One member of staff told us, "MCAs are completed by the manager or social worker, documented and placed in the office. If a person understands, then verbal consent [to support] is sought." A relative told us that staff gave good guidance to the person to enable them to make their own decisions, although they would sometimes be involved in the decision making process. Care records we saw for one person included

a communication profile that advised that the person was able to make decisions and plan their care but required support with this. They were able to make informed decisions and the communication profile stated that staff should ensure that they explained the options and choices to the person fully.

People planned and prepared their own meals, as well as shopping for their food with the support of staff. One person told us, "I do my own breakfast." Staff encouraged people to eat and drink healthily. They gave support with menu planning and food shopping, as well prompting people to drink enough. A dietician had been involved with one person to encourage healthy weight loss, which the person had enjoyed.

We saw evidence that people had been supported to attend appointments with healthcare professionals. One care record showed that the person was supported to attend regular appointments with a chiropodist. The person told us that they were also supported to attend appointments with their doctor, the dentist and the optician.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and considerate of them. One person said, "Staff are kind. They are friendly and talk with me." A relative said, "The people who support [relative] are the most loving people around." They went on to say, "HFT are like substitute parents. What happens when we are no longer here? This service gives me peace of mind." In a recent feedback exercise one relative had said that their relative, "Appeared to be relaxed and happy."

People were treated with dignity and respect. A relative told us, "Staff are patient as hell." One care record showed that the person needed to be supported to have a full shave as they sometimes missed bits and staff supported then well with this. This was important to the person as they liked to be well presented.

People were involved in decisions about how their support was delivered. People told us it was their decision what they did and when they did it. Staff knew the people they supported and were able to tell us about their personal histories, likes and dislikes. One relative told us, "Staff understand [relative]." Care records included a support overview that contained 'at a glance' information about the individual and their support. One support overview stated that the person liked structure in their life and needed to follow routines to achieve this, and staff supported the person in a way that promoted this.

People were supported to be as independent as possible. One support overview showed that the person's mobility had decreased and they needed to use a wheelchair when they went out and about. They walked for short distances and then asked to use their wheelchair. Staff were to encourage the person to continue to walk as this would enable their mobility and independence to be maintained. The support overview also showed that the person was encouraged to make their own meals and complete household tasks, such as vacuuming and washing the floors.

Information about the service and the provider's complaints policy was included in the care records held in people's homes. This gave people information about how their support would be managed and they knew how to raise concerns.

Good

Is the service responsive?

Our findings

People had a wide range of support needs which had been assessed before the service was provided to them. People were involved in deciding the level of support they needed and the plans that were put in place to provide this. We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. Information from people's relatives and others who knew them well had been included when the plans were developed. Support plans included sections that identified what was important to the person and how they wished to be supported. This enabled staff to be able to support people in the way that they wished to be supported. The support overview within people's records showed staff the length of each visit, the general guidelines to be followed at all visits, what specific support was to be delivered at the visit and how the person liked this to be provided. One overview showed that the person was to be supported to shower Monday, Wednesday and Sunday, go shopping Tuesday and Wednesday and cook on Thursday. Daily records showed that this routine was followed. Each person had been allocated a key worker. We saw evidence that support plans had been regularly reviewed by key workers and with the involvement of people who used the service.

People were encouraged to follow their interests. One person told us, "I go to FAB Club once a fortnight to do activities such as craft. I go in a taxi on my own." They went on to tell us of other activities that they were supported with. These included shopping, watching football and rugby on television and going on holiday. They said, "I like going on holiday." A relative told us, "Activities are around the person's choice and pace" Activities their relative participated in included drama classes and a production at a local college, clothes and food shopping, bingo and holidays. They said that staff were very supportive and gave the person opportunities to explore their interests. We saw that one person attended a local hospital as an independent advocate volunteer.

The provider had an up to date complaints policy which was included in the folder in people's homes. There was a complaints form, Making Things Better' available to people who used the service. This was in an easy read format. People and their relatives were aware of the complaints system. One relative told us, "I have never had to raise an issue or complaint." Staff told us that they would support people if they wished to make a complaint and we saw that one person had been supported to make a complaint about a member of staff. This had been investigated and had resulted in disciplinary action being taken against the member of staff. Complaints were recorded within a central database which we saw. There had been only the one complaint recorded for the service. This was still in progress at the time of our inspection, awaiting the outcome from the disciplinary hearing. A member of the senior staff told us that once this had been resolved, they would have a chat with the person who raised the complaint to make them aware of the outcome.

Good

Is the service well-led?

Our findings

The registered manager's registration had been cancelled voluntarily the day before our inspection as they had taken responsibility for a different service within the provider's organisation. A new manager had been recruited and had been in post for seven weeks. They had applied to become the registered manager for the service. They had been supported throughout their induction to the service by the former registered manager, whose current office was located within the same building as the service. The new manager could contact them for advice, guidance and support at any time. A relative told us that they were aware of the management changes and knew who the new manager was. During a recent feedback exercise one relative commented that they were "Encouraged by the helpful new manager."

A relative told us that they were very happy with the support that their relative received. They said, "I would recommend HFT and recommend the staff." A member of staff told us, "Communication is very good. There is nothing to make me want to leave. I have never worked for a company I have enjoyed so much. "

Records showed that the service regularly asked for feedback about the service from family and friends of people who used the service. The responses to this had been collated and we saw that the comments were very positive. Family members had made suggestions in ways in which the service could be further improved, which included enabling people to meet new people in the community. As a result the manager was looking at ways in which community access could be enhanced. This showed that the service listened to people and their family members to constantly identify improvements that can be made to the service.

Staff attended regular meetings at which they were encouraged to contribute to discussions about service improvements. Minutes of a recent meeting showed that staff had discussed the completion of the Care Certificate, keyworker meetings, supervision and goal setting with people. Staff had been encouraged to make suggestions as to activities to be added to encourage people to socialise, including a party for Halloween and Christmas activities.

We saw that there had been a number of quality audits carried out, including direct observational supervision which looked at how the support was delivered. During these checks the manager had also looked at the support plans and daily records, health and safety and communication. We saw that during one spot check, a person had raised an issue about the use of their diary to list the names of the people who were to support them and the manager had arranged for this to be done.

There was an effective system in place to monitor the quality of the service provided. Compliance reports were generated automatically by the provider's computer system on a monthly basis from the information added by the manager. The manager received an email prompt produced by the system if the monthly report had not been completed after two weeks. An action plan was completed for any areas that did not meet the expected standard.

People's records were kept securely. There was a robust electronic data system (SPARS) that was password protected and could only be accessed by people with the necessary levels of authorisation. Hard copies of

records were stored securely in the manager's office.