

HF Trust Limited

HF Trust - Oxfordshire DCA

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

HF Trust Oxfordshire DCA is a supported living and domiciliary care service providing personal care to people with a learning disability and/or autistic people living in shared or individual accommodation. Personal care is help with tasks related to personal hygiene and eating and any wider social care provided. At the time of the inspection the provider supported 82 people in 24 supported living settings across Oxfordshire.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Not all premises were of a quality to meet people's assessed needs. In one setting, a person was at risk of harm due to their support needs increasing. The registered manager had identified this and was in the process of evaluating suitability of premises.

We have made a recommendation about consulting current and best practice guidance about expected standards of supported housing accommodation to reduce the risks of people living in potentially unsafe premises.

Most staff understood how to protect people from poor care and abuse. However, we found not all processes had been followed when people were potentially at risk of further harm. The registered manager had reflected on this and taken action to ensure reporting and investigation took place in line with the provider's policy and procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to have as much choice, control and independence as they could.

Staff had received training and had competency assessments to ensure they had the skills to work with people.

Right Care:

People and their relatives told us they received care from staff who were kind and compassionate. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough suitably skilled staff to keep people safe. People who had individual ways of

communicating could interact comfortably with staff because staff had the necessary skills to understand them and knew them well.

Right Culture:

There was an effective registered manager in place who had identified where improvements were needed. The registered manager ensured people were supported by staff that knew them well so they could be responsive in supporting people's needs. People received good quality care and support because trained staff could meet their needs and wishes. The staff we spoke with felt the registered manager was approachable and supportive and took action when needed.

People and their relatives had confidence and felt well supported by the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 March 2018).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HF Trust - Oxfordshire DCA on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below..

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

HF Trust - Oxfordshire DCA

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 24 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service is also registered for domiciliary care providing personal care to people living in their own houses, flats or specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to visit the office and had to be sure the registered manager would be in to support the inspection.

Inspection activity started on 19 April 2023 and ended on 2 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the location's office on 19 April 2023. We also visited 10 supported living settings on 25 April 2023 and spoke or observed 23 people who used the service. We also spoke with 10 relatives to seek their feedback about their family member's experience of care provided. We spoke with 16 staff including the registered manager, area support manager, 7 cluster team managers (each responsible for management of certain premises) and care staff. We reviewed a range of records. This included 10 people's care records and a range of medicines records. We looked at 3 staff files in relation to recruitment and supervision. We spoke with 1 professional who worked with the service. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. This meant there could be an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We were not fully assured the provider was keeping people safe through assessing and managing all risks to their health and safety. Although CQC does not regulate premises in supported living settings, we assess whether the provider is doing all they can to ensure people are safe from risks such as the premises and deployment of staff.
- One of the premises did not have any staff between 10 pm and 7 am although staff were immediately next door. Due to an incident that had occurred, we reviewed people living in the property to see if the risks had been safely assessed and if measures had been put in place to reduce the risk of harm.
- The suitability of 1 of the premises was in the process of being reviewed by the provider and relevant landlords. The suitability of the premises needed considering in line with people's changing support needs and the resulting risks from this.

We recommend the provider consult with, and act upon, current guidance about 'what good looks like' in supported housing accommodation to ensure people's assessed needs can be managed in safe settings.

- The registered manager responded immediately to confirm they had carried out a further assessment for a person living at 1 of the premises and put in extra technology to alert staff that the person was potentially at risk. The registered manager also told us they had been having ongoing discussions about the suitability of 2 of the premises with the relevant housing providers. We saw evidence of this.

Systems and processes to safeguard people from the risk of abuse

- There were systems to safeguard people from the risk of abuse. However, we were not assured oversight in this area was as robust as it could be, to ensure the provider was doing all they could to investigate concerns at the earliest stage possible.
- CQC received a notification about concerns a person may be at risk of abuse. When this was reviewed, it was found this had not been acted upon within appropriate timescales in line with the provider's policy and procedures. This could have caused potential abuse to continue. The registered manager had investigated this and put in extra training and support to ensure appropriate reporting and investigation took place at the earliest opportunity.
- People and their relatives told us they had no concerns and felt safe with the support they (or their relatives) received. A person said, "Yes, I feel very safe. I like the staff and they help me". One relative said, "Yes [my relative] is safe. If there are any bumps or bruises which occasionally happens, I'm always told about them and why or how they have happened."
- One member of staff told us, "I would raise concerns with manager. If not happy would go above. I

wouldn't hesitate to go above especially if it was a safeguarding issue". Another member of staff told us of the actions they would take if they felt somebody was being abused. Staff were aware of the whistleblowing procedures. A whistle blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

Staffing and recruitment

- People received care and support from staff who worked regularly at the service. The provider did all they could to ensure any temporary staff were familiar with people and what their support needs were. This helped ensure consistency of care and support people were provided. A relative commented, "They seem to be lucky with the agency. They seem to be experienced and know [them] well. They know [their] needs. [They have had] continuity with carers".
- Both permanent and temporary staff had an induction, appropriate training to meet people's needs and management had effective oversight to ensure staff were working safely and effectively.
- People were protected from the risk of receiving care from unsuitable staff. The provider carried out all relevant checks before new staff began at the service. The checks included written references, proof of identity, confirmation of previous training and qualifications and checking if staff had any criminal records.
- People and their relatives felt there were enough staff working at the service. A relative said, "He gets the support which needs to be provided" and, "There is more part time and agency staff. It makes it difficult for the managers. Hopefully it will be addressed in time. Where there are agency staff, they are the same agency staff the whole time."

Using medicines safely

- Medicines were managed safely. People received their medicines in a safe way and systems ensured timely administration of medicines.
- Staff were trained to administer medicines. Staff (including agency staff) had to undertake training before they could administer medicines and received regular competency checks to ensure they administered medicines safely.
- Where people were fully supported by staff, we saw medicine administration records were appropriately completed without any gaps or errors. There were processes to identify issues and errors. Audits showed issues had been identified and acted on promptly.

Preventing and controlling infection

- There were policies and procedures regarding the prevention and control of infection. Staff had received training and were aware of their responsibilities in this area.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Learning lessons when things go wrong

- The registered manager acted in a transparent manner during the inspection and had reflected on improving areas such as reporting of incidents at the earliest opportunity.
- There were systems to identify where improvements were required, and this was monitored regularly.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted safe and person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We reported in the safe domain of this report that some areas of the service needed to be improved. The registered manager had already identified learning in these areas and had evidenced that plans were in place to make the required improvements.
- The registered manager ensured they visited the supported living settings regularly to ensure people were receiving the care they required.
- People and their relatives told us they had confidence in the overall management of the service and in the cluster managers of the supported living settings. A person commented, "I like living here. [Cluster manager] is a good manager and I like talking to [them]". Relatives' comments included, "The biggest thing is that [cluster manager] communicates with us and we communicate with [them]", "[Cluster manager] is very approachable, very helpful. A credit to the house and the business. Excellent at keeping in touch. The best manager there" and "As a manager [they are] good. [The manager] keeps us informed of information."
- Staff had a good understanding of their roles and responsibilities. They felt supported by management and had received the appropriate training and support to meet people's needs in a safe and person-centred way. This meant people's rights were respected and their aspirations promoted.
- The registered manager knew and understood that they were required to be open and honest in the event of something going wrong with people's care. Every relative we spoke with said they were kept updated of any concerns or incidents. A relative said, "Once [medicine] wasn't administered. They let us know straight away."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We did not look at the key question of caring in this inspection. However, during the course of the inspection we observed several interactions between people and staff. This showed caring, friendly relationships and appropriate, respectful communication. People were clearly comfortable with staff and happy to approach them.
- Relatives reported no concerns about the culture of the service. Comments included, "All of them are very good. [My relative] likes the meals they cook. There is nobody [they do not] like. They take [my relative] for coffee and shopping. [My relative] is fond of the manager."
- All staff reported good leadership they trusted, and good culture of mutual support. Managers spoken with were knowledgeable about people and ensured staff could access information

readily. Staff were well supported and supervised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people who used the service and their relatives. Relatives' comments included, "It is usually an email questionnaire, a quality survey. They listen to feedback" and, "They report back the percentage of people that have said certain things".
- Staff felt engaged with and reported working well together. Comments included, "We work well together here. All very helpful to each other."
- Feedback was sought from staff on a regular basis. We saw a recent theme had been about pay levels and the provider had reviewed this and made amendments to improve this.

Continuous learning and improving care; Working in partnership with others

- We reported in the safe domain of areas where improvements were required around ensuring the accommodation was of a suitable standard to meet people's needs and where learning had occurred about timely reporting. The registered manager had shown transparency and had evidence that actions had taken place to ensure improvement was ongoing.
- We saw evidence of involvement from health and social care professionals to ensure people had the appropriate input from the right services.