HF Trust Limited

HF Trust - Cornwall DCA

Inspection report

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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

HF Trust – Cornwall DCA is a domiciliary care agency that provides personal care and support to people with a learning disability in their own homes. It is part of a national provider, HF Trust who manage a range of services for people with learning disability throughout the country. At the time of our inspection the service was providing a service to 24 people, seven 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 supported living service in one of four houses. 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. The number of hours of support these people received varied from seven hours a day up to 24.

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 were happy with the support they received and felt safe. We observed people as they were being supported by staff. We saw they were relaxed and comfortable in their home and with the staff supporting them. Staff were warm and empathetic in their approach to people and there was laughter and gentle teasing between people and staff. Relatives told us they were confident their family members were safe and one commented; "We all work together, they know [person's name] and me and my family."

Staff knew the people they supported well and had a good understanding of their needs. Sometimes agency staff were used and there were systems in place to help ensure they had access to all important and relevant information to enable them to support people according to their plan of care. Recruitment practices were robust and people were involved in the process in a meaningful way. The induction process covered all relevant training and this was refreshed and updated regularly.
Staff were positive when talking about the people they supported and spoke of them with affection. This was reflected in the written documentation which emphasised people's abilities and positive characteristics. People were supported to access the local community and take part in activities, work placements and attend college. Technology was used to help people develop and maintain their independence. For example, one person had automated alarms on their doors to enable them to be on their own without support when they wished while staying safe.

Some people had restrictions in place in order to keep them safe. The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Mental capacity

assessments and best interest meetings had been carried out as required. Senior staff had identified where it might be necessary to apply to the Court of Protection to authorise a deprivation of liberty and highlighted this to the local authority.

Care plans were kept on HF Trusts electronic system. These contained a great deal of information which was often repetitive and might be difficult for staff to assimilate. Accompanying 'Who Am I' documents were more succinct and relevant to people's everyday needs. Paper copies of these were kept at people's homes as working files which staff could refer to at any time.

There was a management structure in place which provided clear lines of responsibility and accountability both at local and regional level. There had been recent changes to the way the staff team was structured within the supported living settings. Although staff had concerns about the impact of this they told us that it would be reviewed and were confident any concerns would be listened to and 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. Staff received regular training in safeguarding and knew the local protocols for reporting any suspected abuse.

There were sufficient numbers of staff employed. People were supported by small teams of staff who knew them well.

The arrangements for the prompting of and administration of medicines were robust.

Is the service effective?

Good

The service was effective. Staff received regular supervision and training was updated as required.

People were supported to access other healthcare professionals as they needed.

The registered manager and senior staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

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 recognised what was important to and for people..

People were supported to develop and maintain their independence.

Is the service responsive?

Good

The service was responsive. Staff had access to information regarding people's care which was regularly reviewed and updated.

People were protected from the risk of social isolation and took

an active role in the community.

People knew how to make a complaint and raise any concerns.

Is the service well-led?

Good

The service was well-led. There were clear lines of responsibility and accountability in place.

Staff had regular opportunities to share examples of good working practice and learn from each other.

The management team were kept updated about any developments within the care sector by HF Trust. This information was then shared throughout the staff team.

HF Trust - Cornwall 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.

The inspection visit took place on 1 September 2016 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.

During the inspection visit we spoke with the registered manager and three 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 four staff records and reviewed a range of other records relating to the running of the service. Following the inspection visit we contacted another two members of staff, two relatives and three external healthcare professionals to hear their views of the service provided.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said. "I do feel safe, and I get to do what I want." A relative commented; "They're absolutely brilliant, I can't fault them. They treat him like a brother. We know he's alright." An independent healthcare professional stated; "The organisation is excellent in notifying me of any safeguarding concerns and are clearly competent with appropriate safe care for its clients."

Staff had received training in safeguarding adults. Safeguarding and whistleblowing policies were in place which included details of how to recognise the various types of abuse. Staff knew how to report any concerns or incidents of abuse or poor practice both to HF Trust management and outside the organisation if necessary. They told us they would not hesitate to report any concerns.

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. They covered a range of areas such as risk from choking, accessing the community, finances and risks associated with restricted mobility. These identified the level of risk as well as action needed to minimise the risks where possible. Risk assessments were designed to encourage people to be independent and live their lives as they wished. For example, one person did not want to be supported at certain times of the day. Technology was used to help ensure the person's home was secure at all times to enable the person to be independent and stay safe.

Some people could become anxious in certain situations and their care plans described how staff could avoid this escalating. For example, one care plan stated the person could become "panicked" and went on; "Being within distance from home or other staff prevents me from feeling like this." Any incidents were recorded and, where necessary, risk assessments and care plans updated to reflect any subsequent changes to the way people were supported.

There were sufficient numbers of staff available to help ensure people received support in line with their plan of care. The registered manager told us staff retention was good and there were a core group of staff in place who were very familiar with people's needs. A member of staff commented; "There are a few pivotal members of staff." It was sometimes necessary to use agency workers due to vacancies or unexpected absences. In these circumstances the registered manager tried to ensure workers who were familiar with the service were used. People told us they always knew the staff who supported them. One commented; "I'm happy with them, there's enough." Another person who did not receive 24 hour care told us staff turned up on time and never left early.

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. People who used the service were involved in the recruitment process taking part in the initial interview. The registered manager told us this was useful as it showed how candidates were able to engage with people and gave people an opportunity to be meaningfully involved in the process.

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. All staff had received training in the safe administration of medicines and this training had been regularly updated.

Care plans included easy read booklets with information on what medicines people were taking, what they were for and any potential side effects. The booklets included photographs of the actual medicines to help enable people to understand the information. Staff explained how they supported people to make informed decisions regarding their medicine. For example one person enjoyed a pint of beer but the medicine they were taking meant this might make them sleepy. Staff had explained the potential side effects and the person had opted to only drink occasionally.

We checked Medicine Administration Records (MAR) at one supported living setting and saw these were completed correctly. The amount of medicine in stock tallied with the amount recorded. Regular audits were carried out to help ensure any errors were quickly identified.

Care plans contained information about people's finances and how they needed to be supported to manage their money. There were robust systems in place to protect people's finances. Any purchases were recorded and receipts kept. People were supported by staff to withdraw their money from the bank and this meant bank staff were familiar with their needs. Audits were carried out by internal and external auditors at regular intervals. People told us they trusted staff to look after their money. A relative told us staff always discussed any unusual or large purchases with them before going ahead with the purchase.

Crisis management plans were in place for each service outlining the action staff should take in the event of an emergency such as adverse weather, pandemic or fire.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. An external healthcare professional stated; "I find the staff who work in these services knowledgeable and very supportive of the clients they support." People were supported by small teams of staff to help ensure continuity of care and support. Staff were normally based in one or two settings. This meant they were able to get to know people and their support needs well. The registered manager told us; "We maintain consistent teams. Generally people know who supports them." New staff were required to work some shadow shifts before starting to work alone to help them get to know people and vice versa.

Sometimes it was necessary to use agency staff to cover shifts due to unexpected absences. One person had recently been supported by an agency worker who was new to the service. A "Hymn Sheet" had been developed which outlined the persons needs and explained what was important to them and how to avoid them becoming distressed or anxious. The information was detailed and focused on how the agency worker could support the person to stay in control of their emotions. A member of staff familiar with the person told us this allowed the agency worker immediate access to relevant day to day, important information which they might overlook if they relied on the larger and more general care plan. The "Hymn Sheet" helped ensure they had the information they needed at hand to enable them to support the person according to their needs and offer a consistent approach.

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. When people live in their own homes any applications to deprive people of their liberty must be made to the Court of Protection. The management team had identified where such an application might be necessary and had highlighted this to the local authority. Mental capacity assessments and best interest meetings had taken place where appropriate and were recorded as required. Staff had liaised with health and social care professionals in order to help ensure people's rights were protected. From our discussions with staff and management we found they had an understanding of the need to gain consent from people when planning and delivering care. There was a mental capacity policy in place which included the most up to date information.

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. 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.

There was a training programme in place to make sure staff had the skills required to meet people's needs and to help ensure training remained relevant and up to date. Areas covered included safeguarding, mental capacity, food hygiene and infection control as well as more specialised subjects such as dementia awareness and epilepsy. Staff were also required to complete a training module on lone working.

Staff received regular supervision sessions to monitor their development, performance and work practices. Supervision was viewed as a two way process with staff having an opportunity to contribute to the items for discussion. A member of staff commented; "Any concerns I may have can be raised and discussed."

The registered manager and staff worked with the local Speech and Language Therapy team (SALT) to support people who might be at risk from choking. Some people needed to eat a soft diet, this was documented appropriately and SALT plans were available for staff to follow. Staff discussed how to support people with menu planning, healthy eating and exercise at team meetings. Daily records contained information about what people had eaten during the day. The information lacked detail and recording was inconsistent. For example, one person's records showed they had eaten breakfast but there was no reference to any other meals. The registered manager said the person had possibly been visiting relatives but this was not clear from the records. We discussed the need to record this information with the registered manager who told us they would identify when it was important and for whom and ensure it was done effectively in order to create a meaningful record.

Care plans contained sections entitled "My Health" which outlined people's specific health conditions and details of any medicines they were taking. Records showed that, where appropriate, GP's or other healthcare professionals had been contacted as necessary. For example, it had been identified one person was at risk of becoming socially isolated. The registered manager had arranged for a psychologist to work with the person. They told us the additional support had been of great benefit and the situation was now; "Much improved." External healthcare professionals told us the registered manager and staff communicated well with them. Comments included; "The way the HFT is organised from registered manager, senior support worker and support workers makes assessment and reviewing client needs easy. It is a good line of communication and I find it accessible and communication is cascaded up and down the ladder between us in a confidential manner" and "They have raised their concerns appropriately about people's health with GPs and our team."

Good

Is the service caring?

Our findings

We visited five people in their homes and observed staff interacting with people. People were relaxed with staff and we heard people laughing and joking. There was a lot of gentle teasing which people clearly enjoyed and the atmosphere between staff and people was light and friendly. People turned to staff for reassurances about what their plans for later in the day were and there were obvious trusting relationships in place. Staff told us this was an important and rewarding part of their role. One commented; "I enjoy being able to see him engage with things and sharing a laugh together."

We visited people with the registered manager and another member of staff. When we arrived at people's homes the registered manager knocked on the front door which was always answered by someone living there rather than staff. One person enjoyed showing us around their home. This demonstrated people had a sense of ownership for their houses. In one person's home there was a noticeboard in the kitchen and a member of staff told us this was for staff information. It is important in supported living settings that people's homes are primarily treated as such rather than places of work. Following the inspection we were told the staff information had been removed from the notice board and was now being kept in a cupboard with the person's permission.

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.

Observations and discussions with people and staff showed there were friendly, caring and supportive relationships in place. Staff spoke fondly and positively of the people they supported. Information in care plans emphasised people's attributes. For example, in one care plan was written; "Wonderful imagination" and "Very charming, gentle and considerate." Guidance for staff emphasised the importance of supporting people with encouragement and referred to the need to use positive reinforcements.

Staff recognised what was important to people for their emotional well-being and happiness as well as their health needs. For example, one person liked to change her hairstyle and wear colourful jewellery. They were supported to regularly visit a salon to have their hair and nails done. Staff told us they would offer the person a selection of hair clips and hair straighteners every morning so they could choose what style they wanted to wear for the day.

People were supported to develop and maintain their independence. A relative told us; "it's important she do things for herself and they're very good at encouraging that." One person found it difficult to make decisions. Staff worked to achieve a balance between them having choice in their day to day life without overwhelming them. The registered manager told us; "We try to give him as much control as possible without giving him too much responsibility." One person had lost their front door key several times. They had agreed that, after locking their door at night, they would give the key to staff to look after. This demonstrated steps were taken to prevent an identified risk while ensuring the person maintained a degree of autonomy and independence.

People's privacy and dignity was respected. Staff supported people with their personal care where necessary while encouraging them to do as much for themselves as possible. Care plans clearly described what support people needed in this area. In one person's records it read; "I am a very private person and don't like staff to see me naked." An external healthcare professional said: "I have only ever observed their staff treat clients with dignity and respect. Their staff have a very good sense of humour and are friendly and respectful when entering a client's property."

People were supported to maintain relationships with family and friends. A relative told us; "It's a very comfortable house and always feels very welcoming." Where family members lived some distance away staff maintained regular telephone contact. One person had a relative who was in a care home due to their health needs and staff supported them to visit regularly. A relative told us; "They know us all really well. We're like a big family really." One person liked to visit their parents' place of rest at the local crematorium and staff supported them to do this regularly.

Good

Is the service responsive?

Our findings

Care documentation was completed on the providers support planning, assessment and recording system (SPARS). The care plans were large and contained a lot of information which was sometimes repeated. For example in one plan we saw some specific information about a relative repeated on three different pages. This meant staff reading the documents for the first time would need to filter information and decide what was relevant which might result in some information being overlooked or discounted. We discussed this with the registered manager who told us this was due to the way SPARs operated automatically pulling information into various sections.

Accompanying 'Who Am I' documents were more succinct and contained relevant and important information such as descriptions of routines, information about was important to and for people and sections on communication styles and health conditions. These records were personalised and guided staff on how to support people well in all aspects of their lives. Copies were kept at people's homes to enable staff to have easy access to them at all times.

The care plans were updated regularly to help ensure the information was current and relevant. People and their families where appropriate, were involved in the care plan reviewing process and the paper copies of plans were signed to evidence people and/or their representatives agreed with the contents. Relatives confirmed they were invited to care planning reviews and were kept up to date with any developments. Comments included; "Information is very important, you're kept aware of who, where and why" and "Anything happens, even something small, they contact me."

There were systems in place to help ensure staff were up to date with any changes in people's needs. Where people received 24 hour care staff handovers took place between shifts to alert staff to any changes. This was supplemented by daily records and diaries. Where people did not receive 24 hour care staff were more reliant on handover files where any relevant information was recorded. One member of staff commented; "We [staff] all know what's happening." Regular team meetings were held for each supported living setting at six weekly intervals to allow staff to exchange ideas and any experiences of supporting people. One person's health needs were changing over time and the approach to his support had altered accordingly to allow them to continue living with the same people and in the same place. The care plan stated; "[Person's name] is happy to continue with his routine at a slower pace." An external healthcare professional stated; "[Staff] have changed their support to one of the people who live there [supported living setting] in order to meet his changing needs in a very sensitive way. They are providing a very calm and predictable environment."

Daily records were completed but contained little information other than bullet lists of activities people had taken part in and some information about what they had eaten during the day. There was nothing to record whether people had enjoyed various activities or what had worked well in terms of their support. A member of staff told us that any significant information would be recorded on SPARs and they would indicate this on the daily records.

There was an on-call system in place and people who were not receiving 24 hour support had access to the on-call rota to enable them to ask for support if they needed it out of their normal hours.

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 a range of activities according to their preferences. Some people had taken part in work placements and voluntary work. We heard examples of how people were involved in their local community. One person had taken part in a recent carnival parade and won a prize. People were well known in the local area as they often walked into the town centre and accessed the amenities. When we commented to one person that they looked familiar the member of staff supporting them laughed and said; "Wherever we go someone knows [person's name]." This demonstrated people had a community presence and were protected from the risk of social isolation.

People had access to the complaints procedure which was also available in easy read format with pictures, symbols and simple text to aid people's understanding. People said they would talk directly to staff with any concerns. Relatives told us they had not had reason to complain but were confident the registered manager or a senior support worker would respond to any worries they had. When complaints had been raised about the service these had been dealt with appropriately and in line with the provider's policies and procedures. Complaints were monitored locally, regionally and nationally.

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 as well as the outreach services. There had been a recent restructuring of senior support workers. Where previously each supported living setting had a senior support worker working within the team and overseeing the service the hours available to fulfil this role and been reduced. These workers now had fewer administration hours to carry out managerial duties such as planning the duty rota, care plan reviews, supervisions and supporting less experienced staff. In order to alleviate the pressure on senior support workers the registered manager told us they were planning on taking over staff supervisions although this would impact on their workload. The new system was being reviewed after three months when staff would have an opportunity to feedback their thoughts on the new arrangements. Senior support workers told us they had concerns about how they would fit everything in but were confident their views would be listened to and taken into account at the planned three month review.

Staff told us the registered manager was approachable and they were well supported. We visited people in their homes with the registered manager and it was clear people knew them well and had regular contact with them. The registered manager also reported feeling well supported by the regional manager. They attended monthly manager meetings and were able to talk with the regional manager at any time. A range of training specifically geared to managers was available, for example, managing conflict and negativity.

HF Trust organised regular regional days which were attended by regional managers. They passed on any information from these events to the registered managers who in turn communicated it to their own staff teams. In addition the organisation produced staff newsletters and circulated regular email updates. All staff had work email addresses so they were able to access this information.

Staff told us they enjoyed their work and were positive about how the service was run. One commented; "The supported people are always at the heart of everything we do." The registered manager said they felt HF Trust as an organisation had a person centred approach to care which was underpinned by the use of Person Centred Active Support (PCAS) principles. All staff received PCAS training and senior staff regularly carried out observations to check the approach was being adhered to. The registered manager told us; "It allows us to look at how much support we give and if it is appropriate. It's getting staff to see things from people's point of view." A relative told us; HF Trust is very good, I've never heard anything against them." A member of staff told us; "The support plans, risk assessments and HFT policies and procedures are all excellent tools to ensure that staff work consistently to deliver safe and effective support."

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. One person could become anxious or distressed and their behaviour and emotional state was more closely monitored in order to pinpoint any patterns or triggers. These records were reviewed regularly both by the registered manager and HF Trusts positive behaviour lead. This meant any increase in the person's anxiety levels could be quickly identified and action taken. The

registered manager told us this approach had led to a decrease in the number of occasions the person became distressed.

The registered manager and senior support workers monitored the quality of the service at each supported living setting. The registered manager carried out monthly audits looking at all aspects of the service. Care plans were reviewed annually and as required. Risk assessments were audited by the regional manager.

In addition audits into specific areas were carried out by representatives from HF Trust head office. For example, there were robust systems in place for auditing people's finances and medicines. 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 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 largely positive. Easy read surveys were completed by people with the support of staff. Staff told us they spoke with people on a daily basis to check they were happy with the support they received. Any concerns were acted on quickly and adjustments to people's plan of care made as necessary. An external healthcare professional commented; "If there are ever issues …..the team will notify me for either re-assessment or for me to escalate this to Adult Social Care or Health Care services."