

HF Trust Limited

HF Trust - Avon DCA

Inspection report

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Date of inspection visit:
19 January 2023

Date of publication:
23 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

HF Trust – Avon DCA is a domiciliary care and supported living service. People are supported in 3 houses in Bristol and Bath. The properties provide self-contained flats with some shared spaces. There are two supported living houses in Bristol which can accommodate up to 9 and 17 people. The house in Bath provides support to up to 3 people.

At the time of our inspection, 28 people were receiving support from the service in these properties, but only 15 received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support:

Risks to people and the service were assessed, monitored and managed with people so they were protected, informed and their wishes respected. This meant people were supported to take appropriate risks and enjoy their lives safely.

Staff supported people to make decisions following best practice in decision-making. Staff encouraged people and promoted their independence. Staff communicated with people in ways that met their needs.

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 access specialist services when this could better meet their needs or improve their quality of life. There was a desire for people to achieve the best outcomes possible.

Right Care:

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply their knowledge.

There were enough appropriately skilled staff to meet people's needs and keep them safe. There was a core

staff team who provided consistency.

People received kind and compassionate care from staff who knew them well. Staff ensured support was provided which met people's individual needs.

Staff worked with people to assess and manage the risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Staff protected and respected people's privacy and dignity. They understood and responded to their individual and cultural needs and actively promoted individual equality and diversity in their support of people.

Right Culture:

People, relatives, staff and professionals all felt the service was well led. The management team had good oversight of the services. The provider's monitoring processes were effective in helping to ensure people consistently received good quality care and support.

Staff understood their responsibilities and the part they played in achieving the best outcomes for people and focused on supporting them to live the best life possible. Staff had the knowledge, skills and attitude to provide responsive and compassionate care that was tailored to people's needs and aspirations.

A core staff team provided consistent care with support from bank and agency staff. In some supported living houses, staff turnover was very low.

People and their relatives were asked for feedback, and this was valued. Staff encouraged people to be involved in developing the service and this enhanced their quality of life. People and relatives were confident in raising concerns and told us these would be noted and acted upon.

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 12 August 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was 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 - Avon 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 one inspector.

Service and service type

This service is a domiciliary care agency and supported living service. It provides personal care and support to people living in 3 '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.

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 (CQC) 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 the registered manager was on maternity leave. Effective cover arrangements had been put in place and clearly communicated to CQC.

Notice of inspection

We gave a short period notice of the inspection because people are often out, and we wanted to be sure there would be people to speak with us. We also needed to make sure the managers would be available to support the inspection.

Inspection activity started on 18 January 2023 and ended on 27 January 2023. We visited the location's

registered address on 19 January 2023.

What we did before the inspection

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 spoke with three people living at one of the supported living settings face to face, and a person from another property by telephone. We spoke with the relatives of 3 people who received support from the provider. This included the relative of a person who lived at the third supported living setting. We received feedback from 5 professionals who worked with the service. We spoke with 6 members of staff, including the Area Manager and Area Support Manager.

We reviewed records relating to people's care and the running of the service. This included 3 people's care records and medication records. We viewed staff files online to check information about recruitment procedures and staff support. We looked at documents including rotas, audits, policies and procedures and quality assurance records.

We considered all of this information to help us to make a judgement about the service.

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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to empower and protect them from abuse. Staff at all levels received safeguarding training and worked well with other agencies to help keep people safe.
- Systems and processes were in place to help protect people from abuse, harassment and neglect. A safeguarding policy provided guidance to help keep people safe. We saw evidence that this guidance had been used creatively to manage a number of complex situations.
- Everyone we spoke with told us they felt safe with staff, and people appeared comfortable in the service we visited. One relative said, "Oh my goodness, yes, absolutely [Name] is safe".
- Professionals who worked with the service felt people were protected from abuse. They told us about the complex emotional and practical issues faced by some people and praised the innovative and person-centred approach staff took to support them.

Assessing risk, safety monitoring and management

- Risks to people and the service were assessed, monitored and managed so that people were protected, and their wishes respected.
- There was a proactive approach to managing risks and people were involved where possible. Staff gave people information to enable them to make informed choices which balanced restriction and safety. This meant people were able to take acceptable risks and enjoy their lives safely.
- Some people used personalised technology devices and equipment to increase their independence, safety and control.
- Staff knew how to support people who presented a risk to others in a way which protected their dignity and rights. Information about risks was clearly recorded and guided staff about how best to support people sensitively. This information was regularly reviewed and updated.
- Systems were in place to ensure the living environment and equipment were safe. Personalised plans were in place for managing emergency situations. This helped staff to support people to stay safe.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff had received training in this area, and we saw them applying their knowledge when they supported people. For example, asking for consent and empowering people to make decisions and choices about their support and routines.
- One professional noted, " I have found that they consider the mental capacity act in the work that they do and that they work well to communicate quite complex situations / scenarios in a proactive manner through use of social stories and consistent approaches whilst seeking additional support from external agencies when indicated".
- Some people had been assessed as lacking mental capacity for certain decisions. Capacity assessments and best interest decisions were recorded, and information was provided in a format which best suited the individual.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Regular bank and agency staff were used to ensure continuity of care when necessary.
- Staffing rotas accurately reflected the levels of staff required and on duty.
- Staff knew people well and were well matched to people's needs, preferences and interests.
- People and their relatives gave positive feedback about staff. Comments included, "The staff are really, really good. They are very, very supportive of [Name]" and "I think they're terrific".
- Professionals were complementary about staff. One told us, "I found the team manager and members of staff to be professional and caring. They have supported the individuals involved with my service in a sensitive manner that has taken account of their individual needs".
- The provider had a robust recruitment process to ensure staff were suitable to work with people who needed support. This included obtaining previous employment information, receiving references and Disclosure and Barring Service (DBS) checks being carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were safely managed, stored and administered.
- Records showed people received their medicines as prescribed. Records were kept clearly and accurately and this helped keep people safe. When medicine errors occurred, these were reported and managed appropriately.
- Staff received training, and this was regularly updated to ensure they were competent in managing medicines.
- People's needs in relation to medicines were assessed and regularly reviewed. Some people had received information about medicines in a way they could understand and were encouraged to increase their independence in administering their own medicines if possible.
- Audits were carried out to check practice and ensure standards were maintained. Action was taken if necessary if there were shortfalls relating to medicines management.

Preventing and controlling infection

- We were assured that people were protected by the prevention and control of infection as far as possible. This included the safe use of personal protective equipment (PPE) as required.

- Infection prevention and control policies and procedures were in place and were being updated to ensure they reflected current guidance about coronavirus.
- All the areas we visited were clean, tidy and hygienic.

Learning lessons when things go wrong

- The management team were open and willing to learn and took actions when things went wrong.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- Accidents and incidents were recorded and regularly monitored and analysed. Themes or concerns were highlighted, and changes made where necessary.
- There was a process for managing complaints, and people's relatives told us they were able to raise concerns and felt confident issues would be addressed.

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 for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives gave us positive feedback about the service, staff and management team. People said there was a "friendly feeling" at the service. Comments from relatives included, "It has a real family feel. It ticks all the boxes for [Name]" and "[Name] is being looked after in the best place".
- Staff were proud to work for the service and were positive about the culture. One staff member said, "This is a really positive home. The staff are motivated to enable people to achieve their goals. We're always thinking of new ideas to help develop people's independence".
- There was a clear, person-centred culture which was open and empowering for people. Equality and diversity was actively promoted in all aspects of the service and we were told about innovative pieces of work which had positively affected people who used the service and staff.
- The service was consistently well led, and managers were role models who displayed a supportive leadership style and prioritised high quality, compassionate care. The management team were visible, approachable and well known in the service. We saw them responding to issues and working directly with people who they clearly knew well.
- Professionals gave feedback about the leadership of the service. One health professional described a manager as, "Very supportive, skilled, measured and professional" and felt the manager held people's needs and wishes at the heart of what they did.
- Staff spoke highly of the local management team. One said, "[Name] is really supportive. Any time, you just have to ring them" and another added, "My manager is really supportive and understanding".
- Feedback about the wider organisation and recent changes was less positive overall. However, the staff we spoke with were aware there were organisational reviews in place, and they remained committed and hopeful about the future.

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

- The managers were open and honest and understood their responsibilities in the event of something going wrong or a near miss.
- Relatives and professionals told us they usually found communication with the service to be clear and responsive. They felt this had improved recently.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A well-established team of managers led the services and were clear about the responsibilities of their roles. They had relevant skills, knowledge and experience and oversight of the parts of the service they managed.
- Staff understood their responsibilities and the part they played to achieve the best outcomes for people and support them to live the best life possible. Staff received training to ensure they were skilled and able to meet the needs of people effectively.
- Action was taken to address any concerns about staff performance or improve standards. Staff wellbeing was promoted, and regular meetings provided an opportunity for staff to raise concerns and make suggestions.
- People's relatives told us the staff team consistently delivered good quality support. Comments included, "The staff team were amazing through Covid. So adaptable" and "I have the greatest respect for staff. [Name] always has a keyworker who gets on with him. They find out what he likes. That's not always easy".
- Legal requirements were met by the management team. For example, keeping up to date with government guidance about coronavirus and sending CQC notifications. Notifications are information about important events the service is legally obliged to send us within required timescales.
- Governance, management and accountability arrangements were clear. Systems and processes were in place to identify and manage risks and monitor the quality of the service. For example through checks, audits and performance monitoring.
- Regular audits included checks of health and safety, care records, safeguarding and staff training. This monitoring helped to manage risks, provide accountability and drive ongoing improvement. Actions were taken when shortfalls were identified.

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

- People, relatives and staff worked with managers to develop and improve the service. This was achieved through regular keyworker and other meetings, surveys, phone and face-to-face contacts.
- People and their relatives found the management team approachable. One relative told us, "[Manager Name] is a star. They really fight [Name's] corner and bring out the best in him".
- Some people were involved in the provider's 'Voices to be Heard' forum. They shared views, gave feedback on a wide range of matters and attended regular meetings and events to shape services and drive ongoing improvement.
- Some relatives were actively involved in the wider organisation. They felt well informed and able to share views and concerns which the provider acknowledged and acted on where possible.
- Staff said they felt able to raise any concerns or make suggestions about how they could improve the support or wellbeing of people who used the service. Regular handovers, team meetings and ongoing support helped keep staff informed and involved.

Continuous learning and improving care

- The management team used information from audits, complaints, feedback, accidents and incidents to inform changes and improve the service.
- Staff supported people to access specialist services when this could better meet their needs or improve their quality of life. There was a desire for people to achieve the best outcomes possible.
- The provider promoted best practice and kept up to date with national policy to inform service developments.

Working in partnership with others

- The service worked closely with other professionals to support care provision and joined up care. For example, learning disability specialists, social workers, speech and language therapists and GP.
- Health and social care professionals gave us positive feedback about the service. One told us, "In my work I

come across many supported living provisions and would certainly hold [service name] in very high regard in terms of standards and service delivery".