

HF Trust Limited

HF Trust - Bradford 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 

Overall summary

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, and to provide a rating for the service under the Care Act 2014. The inspection was announced, we notified the provider 48 hours prior to our visit.

HF Trust – Bradford DCA provides support to people of varying ages with learning disabilities, both in their own homes and in the community. This includes support with

shopping, personal care, eating and drinking and emotional support. On the day of the inspection five people were using the service. The service has been registered since November 2013.

A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives told us they felt safe in the company of staff. Systems were in place to keep people safe. These included assessing and managing risks to people, and safeguarding procedures to guide staff to identify and act on allegations of abuse.

Summary of findings

People and their relatives told us they received effective support, such as helping them achieve their goals, from staff who understood their needs. Effective training and support was provided to staff from the management team, to enable them to meet people's needs.

People told us they were well cared for. Staff treated people with dignity and respect and developed good caring relationships with people through personalised one to one support.

The service was responsive to people's changing needs and goals, for example in amending the support packages following feedback from people or their relatives.

The service was well led. Everyone said the registered manager was effective and dealt with any issues raised. Systems were in place to continuously improve the service based on the findings of audits and feedback from people and their relatives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People and their relatives we spoke with reported they felt safe when in the company of the staff who supported them. Staff we spoke with demonstrated a good understanding of the risks to the people they supported and how to keep them safe. This indicated people were supported by staff who protected them from harm.

Safeguarding procedures were in place and we saw how these had been followed to protect people from harm.

People said their freedom was not restricted and they were able to do as they chose. People's best interests were managed appropriately under the Mental Capacity Act (2005). Staff we spoke with understood how to protect the rights of people's who had limited capacity to make decisions for themselves.

Good



Is the service effective?

The service was effective.

People told us they were provided with effective care from staff who understood their needs.

Staff were provided with suitable support and training to enable them to develop the skills and knowledge necessary to provide effective care. A process was in place to match people with suitable staff to ensure their needs were met by staff with the right personal attributes.

Links with healthcare services were good. People's health needs were assessed and the service recorded the involvement of health and social care professionals to enable effective and co-ordinated care.

Good



Is the service caring?

The service was caring.

People and their relatives we spoke with told us that staff were kind, friendly and treated them well. They said they had developed good relationships with people.

Care plans contained a good level of personalised information which indicated the service had taken the time to get to know people, including detailed information on people's likes, preferences and histories.

Staff demonstrated to us they understood how to treat people with dignity and respect. Policies and procedures and training were in place to support staff in these areas.

Good



Is the service responsive?

The service was responsive.

People and their relatives we spoke with told us their needs were met. Care plan documentation showed people's needs had been assessed to allow staff to provide appropriate care.

Good



Summary of findings

The service had mechanisms in place to respond to people's changing needs, including using the feedback of staff, people and their relatives to make changes to plans of care. This ensured the service continued to meet people's needs.

People's comments, complaints and concerns were noted and acted on

Is the service well-led?

The service was well-led.

People who used the service, their relatives and staff all spoke positively about the manager, said they took an interest in people's care and were pro-active in dealing with any problems. This indicated the service was well managed.

Mechanisms were in place to seek feedback from people who used the service. For example periodic surveys were undertaken, the most recent of which showed all people were happy with the service.

The registered manager had undertaken a service wide audit and developed a service improvement plan with clear actions and timescales to further develop the service. This indicated the manager was committed to continuous improvement of the service.

Good



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Detailed findings

Background to this inspection

We visited the provider's local office on 15 July 2014. We used a number of different methods to help us understand the experiences of people who used the service. We spoke with two of the five people who used the service and three relatives. This included face to face meetings with two people. We spoke with four members of staff and the registered manager.

We looked at three people's care records and other records which related to the management of the service such as training records, policies and procedures.

This inspection was carried out by one inspector.

Before our inspection, we reviewed the information we held about the service. This included notifications and the provider information return (PIR), a document sent to us by the provider with information about the performance of

the service. We contacted the Local Authority and the local Healthwatch to ask them for their views on the service. As part of the inspection we also spoke with a social care professional who worked closely with the service.

This service had not previously been inspected by the Care Quality Commission and had been registered since November 2013.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People and their relatives who we spoke with told us they felt safe and comfortable when support workers visited their homes or took them out into the community. Nobody raised any concerns with us about the behaviour of staff. They told us they received one to one support from staff that they knew and trusted. People and their relatives said that they were kept safe by support workers when they attended activities and events in the community.

We spoke with staff about their understanding of safeguarding adults. Staff were able to clearly describe how they would escalate concerns throughout the organisation should they identify possible abuse. Staff said they were confident their manager would take any allegations seriously and take appropriate action to safeguard all involved. Staff were up-to-date with safeguarding training, which aimed to give them the skills and knowledge to identify and act on allegations of abuse.

The registered manager told us they had made one safeguarding referral since the service registered in November 2013. This had been correctly reported to the Commission and the Local Authority. We saw the service had been pro-active in organising a multi-disciplinary meeting to discuss the concerns and a plan of action had been put in place with assigned responsibilities. This indicated to us the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

The registered manager understood the Mental Capacity Act 2005 (MCA) and was aware of the recent supreme court judgement concerning restrictions on people's liberty. As a result they were in the process of reviewing all work practices to determine whether there were any overly restrictive practices. This demonstrated to us the manager was pro-active in taking action to help protect people's rights. We saw MCA had recently been discussed at a staff meeting and staff were able to clearly describe how they supported people with limited capacity to make decisions, for example through clearly explaining things and the use of pictures. The registered manager told us MCA was currently covered under safeguarding training but that they

planned to roll out dedicated training in the subject in the near future to provide staff with a high level of expertise. The workforce development plan confirmed to us that this was a priority.

Risk assessments were in place to protect people from harm. These were specific to the individual and covered areas such as behaviour, vulnerability and risks associated with eating and drinking. Staff we spoke with had a good understanding of the risks presented by the people they supported and knew what to do to keep them safe. The registered manager told us no incidents of harm had occurred to people since the service began operating in November 2013 and this was confirmed by looking at the incident log. This indicated to us that the risk management procedures were effective in keeping people safe. The registered manager told us they planned to review their risk assessment documentation in the coming year with the aim of making the format more accessible to people who used the service. This would enable people to become more involved in the risk assessment process.

People reported they had freedom and control of their lives and that staff did not impose any restrictions on them. We saw the provider had a positive approach to risk management, for example if a risk was identified to people whilst in the community, the risk was managed through the risk assessment process rather than preventing people from doing activities. This enabled people freedom and the opportunity to achieve their goals. One relative told us how flexible the service was, and that their relative could do any activity they wanted to.

Each person supported received one to one support. There were always at least two staff members matched to each person to cover staff absence and ensure continuity. People reported that support workers were always available when they wanted them and they never missed appointments. This indicated there were enough staff. There were robust recruitment procedures in place which included a DBS (Disclosure and Barring Service) check and obtaining two written references. This helped to ensure new staff were of suitable character. The registered manager also checked new staff suitability by ensuring they worked in the providers day centre before working alone in the community.

Is the service effective?

Our findings

People and their relatives who we spoke with told us they received effective care from staff who knew their likes, dislikes and preferences. For example, one person told us “She knows me well.” A relative told us “They are great, 9 out of 10.” People said the staff had been effective in helping them to achieve their goals, such as cooking more independently.

Staff we spoke with were able to confidently describe the care required by the people they supported. For example, the support they required with eating and drinking. Staff knew what people wanted to achieve and how they would support this. This confirmed people received care from staff who understood their individual needs and aspirations.

People were matched with staff using a matching tool. This included looking at staff skills, interests and personalities and arranging an initial meeting to check compatibility. People reported that staff were matched well to them. One person told us where there had been a poor match; management had taken action to address this and had provided more suitable staff. These showed systems were in place to ensure people were supported by staff with the correct skills and experiences.

We saw a programme of training was in place for staff. Staff were up-to-date in key topics which included safeguarding, manual handling, first aid and infection control. Some staff had completed specialist training to allow them to effectively care for people they supported, for example training in autism. This demonstrated to us staff were provided with suitable training so they could meet people's needs.

An induction programme was in place which included key topics and the completion of a workbook to demonstrate that they had learnt the required skills. The registered

manager told us staff were supported to do national qualifications in health and social care and staff confirmed this was the case. Staff reported that training was good and gave them the necessary skills to carry out their role. A workforce development plan for 2014/15 provided a clear direction and strategy for staff training. For example, a priority for 2014/15 was to ensure all staff were provided with Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training.

The service provided assistance to some people in cooking and supporting them at mealtimes. Where people had specific risks such as choking, care plans instructed staff how to provide effective support. One person told us how they were happy with the support staff had given them in cooking, shopping and maintaining a healthy lifestyle. We saw a plan was in place in order for this person to achieve this. The staff member who supported them was able to confidently describe how they had achieved this. This indicated people were provided with appropriate support with nutrition from staff who understood their needs.

Care plans contained a “health needs” section which clearly displayed the persons health conditions, health needs and the details of which health professional or organisation was responsible. This provided clear information to staff on how to support people in maintaining good health. We saw evidence in care plans the service had been in contact with families and/or healthcare professionals regarding health issues. The registered manager was able to give us examples of how they had promoted people's health, for example reminding people or their families that those with learning disabilities are entitled to a free annual health check from their GP. People's relatives told us they thought staff understood their relatives health needs and would take appropriate action if a health concern was identified. This indicated people were supported to maintain good health.

Is the service caring?

Our findings

People and their relatives who we spoke with told us that staff were kind, friendly and treated them well. They said they had developed good relationships with people. For example, one person said “(staff name) is my best friend; (other staff name) is lovely as well.” People and their relatives said staff listened to them and valued them as individuals.

Staff provided 1-1 support to people several times a week or month and this allowed them to develop meaningful relationships with them. The staff we spoke with were able to confidently describe people’s goals, aspirations and personal preferences. They all reported that they had the time to get to know people and develop strong relationships. The registered manager had a good knowledge of all people we asked them about. People reported they had a good relationship with the manager and knew them well. We looked at a recent feedback survey completed by people who used the service which showed they and their families were happy with the way they were treated by the staff.

People’s care plans were personalised and showed evidence that an effort had been made to understand the individual, and their personality. Information was included on their life history, to help staff understand the person, for example in one care plan it discussed a past trauma which needed to be considered when supporting that person. This indicated the service had taken the time to understand the people they were caring for to allow personalised care and support.

The registered manager told us people were involved in the creation and review of their care plan. We spoke with a relative who confirmed this was the case. Their relative had recently starting using the service and the manager had sent them a draft care plan to review and comment on if any changes were needed. This showed people and their relatives were involved in the creation of their care and support package. The registered manager told us they had not yet had to use advocacy services but we saw there were systems in place to access them for people if needed.

The registered manager and staff both told us how strongly they valued the voice of people who used the service in making decisions for themselves. Staff demonstrated they had a good understanding of how to achieve this for each individual, for example through non-verbal communication techniques when people could not speak for themselves. Staff and the manager told us they did not just rely on what people’s families wanted and took the effort to ensure that was also what the person wanted to do. This indicated to us that they valued people’s opinions and gave them a voice.

Policies and procedures were in place to ensure a consistent approach to dignity and respect, such as the equality and diversity policy and staff code of conduct. Staff had received training in equality and diversity and signed to demonstrate they had read policies and procedures. Staff we spoke with had a good understanding of how to ensure people were treated well and how to talk to them in a respectful and compassionate manner. People and their relatives reported their privacy and dignity was respected and they didn’t have any concerns about the staff who supported them.

Is the service responsive?

Our findings

People reported that staff provided responsive care, in changing activities and support to suit their preferences, goals and objectives. One person told us the service “listens to what I want and helped me to achieve my dreams.

The registered manager told us they visited people prior to using the service to ensure an initial assessment of their needs was undertaken. This was used to determine whether the service could meet their needs. We looked at people’s care records which showed people’s needs had been assessed. Each record, contained support plans which included a communication and behavioural profile. These provided staff with personalised information on how to ensure appropriate care. Support plans contained clear information for example in meeting their nutritional, personal hygiene and health needs. Care plans were regularly updated, to reflect people’s changing needs.

People’s care plans contained goals to develop their independence. For example supporting people to access a hairdresser and supporting them with healthy foods.

People and their relatives told us the service had achieved or was progressing well in achieving their goals. Staff were able to confidently describe people’s goals and how they had been met, for example assisting a person to cook for themselves. This demonstrated to us staff knew how to meet people’s needs and aspirations.

Mechanisms of communication were in place to ensure that if people’s needs or preferences changed, the care and support provided could be amended. These included discussions about people’s needs at staff meetings, staff supervision and through regular phone calls between

people, their relatives and staff. People reported they were able to contact their support workers to change their support times to respond to their schedules or needs. This indicated the service responded well to people’s changing needs.

Support was focused on ensuring people had good access to the local community and events. We saw that staff had listened to people’s preferences when planning social activities such as attending concerts, going to the gym or the cinema. We saw people were supported to access a range of social activities and there was a focus on developing relationships and social skills in the care plans we reviewed. This indicated the service promoted people’s social wellbeing and relationships.

People and their relatives reported that they had not had the need to complain, but if they did they would go to the manager and they were confident that action would be taken. We saw that people and their relatives comments were regularly logged within care files. The registered manager told us they routinely spoke with the five people they supported or their families and people confirmed this was the case. For example, one person wanted their support worker changing and this was identified through management making a routine call to the person, indicating the systems to obtain feedback were appropriate and worked. This system would require amending if the service expanded, as frequent, routine calls to people may not be possible. There were no formal complaints recorded but a policy was in place setting out how these would be dealt with. Information on how to complain was provided to people in the service user guide. This indicated an appropriate system was in place to listen and act on people’s comments and complaints.

Is the service well-led?

Our findings

The service had a registered manager in place and had reported all required notifications such as safeguarding incidents to the Care Quality Commission.

People and their relatives we spoke with all reported to us that the manager of the service was excellent, regularly spoke with them and was pro-active in making any changes to their support that they wanted.

Staff also said the manager was excellent and provided them with a good level of support.

Staff meetings were periodically held and there was evidence that senior management regularly attended. We looked at the minutes of these which showed staff were able to ask questions and openly discuss queries or concerns. The registered manager operated an on-call system which allowed staff to seek advice and support out of hours. Staff told us this was especially important as some support work took place late in the evening. This indicated staff were well supported by management.

The registered manager told us they currently supported five individuals but were looking to expand the service. They told us they were doing this slowly to ensure they always had enough staff to meet people's needs and the quality and personalised care offered by the service was not compromised. For example, new contracts were available, but they were not accepting them until new staff had gained experience and displayed competency in the providers day centre. This indicated to us the registered manager was dedicated in ensuring a high quality and personalised service.

The service had a clear set of values which were set out in its statement of purpose. Staff were taught about these during their induction. The provider based its ongoing strategy of support on a model called "The Fusion Model". This indicated several key objectives for the service, such as providing person centered support, choice and good communication. We saw a piece of work was in progress, whereby the staff and management team assessed whether the service was meeting the requirements of the model. This showed us the service was monitoring its performance against its set of values and objectives.

The registered manager had completed a service wide audit to assess where the service was doing well and where

it required improvement, during June 2014 and the results of this had been used to develop a service improvement plan. There were clear actions with timescales for completion. This showed us the service was assessing and monitoring its performance to drive improvement. We looked at the service improvement plan, for example one of the key improvements for the upcoming year was to create a communication passport for each person. This would provide clear information about the effective communication techniques to use with each person they supported.

Systems were in place to report, manage and analyse incidents. This was managed using a computerised incident reporting system. There had not yet been any incidents to review, however we examined the system which showed incidents were required to be investigated, lessons learnt documented, and details escalated to senior management to ensure they were aware of events in the service. This indicated a robust system was in place to manage and learn from incidents.

We saw the service had sought feedback from each person who used the service and/or their relatives through periodic questionnaire. We looked at the feedback from these questionnaires which was overwhelmingly positive and demonstrated that the service was effective in the support it provided. For example one person said "Service and help has been fantastic." And another person said "More than satisfied." This showed us the service sought people's views.

Records were well managed concerning the management of the service, such as staff files, staff training as well as people's care and support records.

The service worked with a range of partnership organisations including the local authority to ensure high quality care was provided. Care and support records contained details of all organisations involved in the persons care with clearly defined responsibilities. The registered manager was able to show us examples of where following incidents; they had worked in partnership with other organisations to ensure people's safety and welfare. For example, we looked at the actions from a multi-disciplinary meeting arranged by the service, following a safeguarding incident that the service had identified. This showed clearly defined actions for each partnership organisation to ensure coordinated and suitable support was provided for the person.