

HF Trust Limited

HF Trust - Stroud DCA

Inspection report

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10 October 2018
11 October 2018

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

HF Trust – Stroud DCA provides personal care in a supported living service to people with a range of needs including learning disabilities. At the time of our inspection visit the service was being provided to 47 people.

This service provides care and support to people living in ten 'supported living' settings, so that they can live in their own home 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.

Not everyone using HF Trust – Stroud DCA receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The inspection took place on the 9,10 and 11 October 2018 and was announced. This was the first inspection of the service. We rated the service outstanding overall.

HF Trust – Stroud DCA had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. This was particularly visible in the outstanding support people had received to develop their 'capable environments'. 'Capable environments' are characterised by; positive social interactions, support for meaningful activity, opportunities for choice, encouragement of greater independence and support to establish and maintain relationships.

We heard positive comments about the service such as "Very impressed" and "Support and care is of a very high standard".

The service was outstandingly caring and responsive. People were empowered to develop their independence and involvement in the local community. The service recognised the importance of the relationships people had. They were innovative in working to maintain and develop these. The provider used their innovative 'fusion model' to ensure staff had the skills and understanding to provide exceptional person-centred care.

People were protected from harm and abuse through the knowledge of staff and management. People were enabled to live safely; risks to their safety were identified, assessed and appropriate action taken. Suitable

staff were recruited using robust procedures. Action was taken to ensure people were safely supported with their medicines including checks on the accuracy of records.

People were treated with respect and kindness and their privacy and dignity was upheld.

People were supported by staff who had training and support to maintain their skills and knowledge to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received personalised care from staff who knew their needs and preferences. People and their relatives were involved in the planning and review of their care and support. There were arrangements in place to respond to concerns or complaints.

Quality assurance systems were in operation with the aim of improving the service in response to people's needs. The management were approachable to people using the service, their representatives and staff.

Further information is in the detailed findings below.

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.

Action had been taken to ensure a consistent and safe approach to maintaining people's medicine records.

People were safeguarded from the risk of abuse because management and staff understood how to protect them.

People's safety was monitored and managed.

Staff were recruited using robust procedures.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People benefitted from liaison with health care professionals where this was needed.

People gave their consent to care and their rights were protected because the service acted in accordance with the Mental Capacity Act.

Is the service caring?

Outstanding 

The service was outstandingly caring.

People were empowered to creatively develop their independence to their potential.

People were enabled to express their views, preferences and wishes.

People were treated with respect and kindness.

People's privacy and dignity was respected.

Is the service responsive?

Outstanding 

The service was outstandingly responsive.

Staff recognised the importance of people's relationships with others and supported them creatively to maintain and develop these.

People received individualised care and support.

People and their representatives could be confident that complaints would be thoroughly investigated, lessons learned and improvements made where necessary.

Staff were trained to support people at the end of their life.

Is the service well-led?

The service was well-led.

A registered manager was in post who was available to people using the service, their representatives and staff.

The service set out and followed its aims and values for providing care and support to people.

Quality checks were in operation to improve the service provided to people.

Good ●

HF Trust - Stroud 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.

We gave the service prior notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 9 October 2018 and ended on 11 October 2018. We visited the office location on 9 October 2018 to see the manager and office staff; and to review care records, staff records and policies and procedures. Following this we visited people in their homes and spoke with seven people and one member of staff. Following the inspection visit we contacted people's relatives by telephone and e mail to gather their views about the service provided. We received feedback from seven relatives of people using the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Staff described the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with correctly. Safeguarding procedures had been discussed at a staff meeting to ensure staff were fully aware of these. People told us they felt safe.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Risks to people were identified and managed. People had risk assessments in place which gave staff information on managing any identified risks such as a person's epilepsy, finances and behaviour. Where people were at risk of choking, guidelines were in place for staff to follow reflecting guidance from health care professionals.

Suitable staffing levels were in place to meet the needs of people using the service. Staff teams were allocated to work in houses to ensure they were familiar with people and their needs and people were comfortable to receive support from them. To cover absences, teams of relief staff were allocated to each house to ensure consistency of support. There was some use of agency staff although consistency was achieved by using staff familiar with the service and people's support needs. The Provider information return (PIR) stated. "The agency staff that we use are given shadow shifts in the houses where possible in order that there are never strangers providing support".

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We found some people's medicine records had not been maintained according to the registered providers policy. At one shared house we visited we found handwritten directions for giving people their medicines had not been signed by the staff who entered the directions on the administration chart or checked for correctness by a second member of staff. This could lead to errors in how people were given their medicines and did not follow the registered providers policy. We brought this to the attention of the manager for this house who checked to make sure the directions were correct and put in measures to ensure staff followed the correct procedure including more specific audit checks.

Where medicines had been given to people this had been recorded with no gaps on the records we examined. At other houses we visited, we found where there were handwritten directions, these had been completed and checked correctly. Audits of people's medicine administration records and medicine stock

levels were carried out. Protocols were in place to guide staff with giving people medicines prescribed on an 'as required' basis such as for seizures and for anxiety. Staff received training and competency checks for supporting people with their medicines. A procedure was in place to deal with any medicine errors.

People were protected by the prevention and control of infection. Staff had received training in food hygiene and infection control. Personal protective equipment was provided for staff use where required.

A system was in place to investigate and learn from accidents and incidents. These were recorded and reviewed by the relevant managers. An incident in another service operated by the registered provider had led to a review and improvements with the procedures for responding when access could not be gained to a person's accommodation.

Is the service effective?

Our findings

People were supported following evidence based guidance. Staff were trained to support people to manage their behaviour using recognised techniques. The provider was also following a national initiative to reduce the use of certain medicines for people with a learning disability with the aim of improving people's health and wellbeing. Technology was being trialled in the form of detectors to help staff support one person who was falling. Another person used technology to alert staff in the event of them having a seizure.

People using the service were supported by staff who had received training and support suitable for their role. Staff had received training in such subjects as, first aid, moving and handling and positive risk taking. Training had also been provided specific to people's needs such as autism and epilepsy. Staff had also completed nationally recognised qualifications in health and social care including the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff told us they received enough training for their role and their training was up to date. Staff attended individual and group meetings with managers and senior staff called supervision sessions, they were positive about the support they received.

People's care plans described their support needs in relation to their diet including likes, dislikes, allergies, intolerances and any nutritional needs. One person had specific needs around managing a dietary intolerance detailed for staff reference in their care plan. Pictorial menus enabled people to choose their meals. One person told us how they planned their menus and went shopping for the food items. They described the meals as "Very nice". Staff had received training in supporting people with eating and drinking difficulties.

People were supported to maintain their physical and mental health through liaison with health care professionals such as GPs and dentists. Seasonal health issues were addressed such as people having flu vaccines. People also received complimentary therapies such as aromatherapy. One person's relative commented positively about the support the person received to manage a health condition. People had health action plans and hospital assessments. These were written in an individualised style and described how people would be best supported to maintain contact with health services or in the event of admission to hospital.

The MCA provides a legal framework for making 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.

Assessments had been made of people's ability to consent to the care and support provided to them. People's care plans described if they needed any support with decision making in relation to the care and support they received. One person had a best interests decision made regarding hospital treatment following consultation with the person's relative and a health care professional. Another person had a best interests decision to enable staff to support them with the aid of closed circuit television in their flat.

Is the service caring?

Our findings

People were enabled and empowered to develop their independence to their potential. This followed the provider's innovative 'fusion model' described as "This involves enabling the personal growth and independence of the individual and not just doing things for them". As part of this approach, staff received training in person-centred active support (PCAS). Described in the PIR as "A way of encouraging greater independence and engagement of the person regardless of their level of disability. All staff, regardless of their role in the organisation, undergo a PCAS observation, which involves a trained assessor observing the member of staff providing direct support to a person, and assessing whether their practice reflects the principles of PCAS and is empowering".

In addition, where people lived had been planned with them to ensure they could develop links with the community based on genuine individual choice and they developed over time as people's needs and preferences changed. For example, to enable people to participate in their local community specific attention had been given to opportunities available to people to access services such as public transport and shops. This approach followed the principles of Registering the Right Support and other best practice guidance. To support people to make best use of these community facilities staff followed a positive risk-taking approach. People had risk assessments in place which enabled them to develop their independence and become involved in their local communities through managing identified risks such as road safety, use of a mobility scooter and accessing public transport. Staff had received training in positive risk taking in line to enable them to support people to develop their independence.

Staff supported one person to access the local town on a regular basis visiting a café and local shops. The person enjoyed visiting a local pub and staff responded to a request from the person to be able to access the pub on their own, liaising with the pub staff and being available if the person should require any support. The person had integrated well into the local community and was a familiar face in the town being treated positively by people in the local community.

Another person's relative acknowledged the person's increased independence, "He is doing things he never used to do. He shops for his own food". The family of another person noticed their increased independence on visits to the family home where they helped with meal preparation and washing up. One person had completed food hygiene training to enable them to safely prepare and cook their meals. Another person was supported to manage their finances for the first time. People were also supported in paid and voluntary employment.

Staff developed positive relationships with people and their relatives. People and their relatives commented, "Really helpful", "(The person) is very fond of the staff", "Really friendly" and "(The person) is well cared-for, seems very content both in his living surroundings and when I take him out". We observed staff communicating with people and treating them respectfully. A social care professional commented, "The staff have also demonstrated genuine care and compassion for the individuals". A person's relative commented, "He has good rapport with the staff who are very caring".

People's support plans were developed and reviewed through consultation with them and their representatives. The Provider information return (PIR) stated, "Everyone supported by the agency has an individual support plan, written with them which includes how they want to be supported with the different aspects of their life".

In addition, people were enabled to give their views about their support at monthly meetings known as 'Voices to be heard'. The PIR described these, "This is a forum for people we support to meet with their managers and the Regional Manager to discuss any issues that might be affecting their support service, to plan joint activities and to enable people we support to continue to network despite living in different homes". The forum enabled people to have a say on arrangements for celebrating Christmas with one person being supported to oversee the organisation of the events. Feedback about the events at a later meeting was positive.

People and their representatives were also able to give their views on the staff supporting them. The PIR stated, "As part of the appraisal process, people we support are asked to give feed-back regarding how staff support them. An accessible questionnaire is used for this or managers hold face-face discussions with the people we support". We saw an example of how a person's relative provided comments during the appraisal of the registered manager using their view of how care and support was provided to the person using the service as the basis for this.

The service had access to information about advocacy services and would sign post people to this if required. People had used advocacy services as part of the support they received to move into their current accommodation.

People's privacy and dignity was respected. Staff gave us examples and demonstrated an awareness of the importance of respecting privacy and dignity when providing personal care. Staff of an appropriate gender provided personal care to people and where people gave views about staff they did not wish to provide support to them they were listened to and appropriate action was taken. People confirmed staff knocked on doors before entering their accommodation. The service recognised where people should have flexibility and choice about their privacy and the amount of parental involvement in managing their support. This was addressed in a letter to people's relatives following a survey about the service in 2018.

Is the service responsive?

Our findings

The principles of Registering the Right Support and other best practice guidance encourages the development of 'capable environments' for people with learning disabilities. 'Capable environments' are characterised by; positive social interactions, support for meaningful activity, opportunities for choice, encouragement of greater independence and support to establish and maintain relationships. In accordance with these principles the service was exceptional at supporting people to maintain relationships that mattered to them. The importance of these relationships had been identified and staff worked creatively to ensure people were not socially isolated and existing relationships could be maintained and enhanced.

One person had attended a day centre for many years where they had made friends with other people. Changes to their care package meant they were no longer funded to attend the day centre. Recognising the importance of these friendships staff arranged for the person to visit the day centre for a few hours each week where they could meet their old friends and maintain their relationships. People were also supported to visit long standing friends receiving support from the registered provider living in other accommodation.

A married couple were supported to live together. The Provider information return (PIR) described how this had been achieved, "A married couple we supported in a large residential home which was been closed in November 2017, wanted to be able to live together in the community. We supported them to move to a ground floor flat in a cluster of flats. The flat was adapted to meet their needs with appropriate use of personalised technology to promote their independence and wellbeing. Additionally, staff recognised the need for the couple to go out socially together for a 'date night' for example for a meal without direct staff support. This was facilitated with staff providing suitable indirect support to enable the couple to spend some time together away from their flat.

People were supported to maintain links with their families where geographical distance may have been an obstacle. A person's relative commented on how a member of staff facilitated this, "From a family perspective, she has been excellent at communication with us and has a regular date once a week facilitating phone calls for (the person) and his mother. She is imaginative in finding things for (the person) to do and three weeks ago, when she found out that I was ill, helped (the person) make a card for me".

The PIR stated, "When one person was no longer able to visit their mother, and the journey was too long for her to complete on her own we were able to secure funding to enable us to employ a member of staff to drive her on both journeys so that the person we support could maintain this important relationship. We support a number of people to use SKYPE to keep in contact with their family and friends. With permission from the people we support key workers maintain regular contact with families and ensure that they know what is happening with the support we provide and suggestions or concerns can be quickly addressed".

People received care and support in response to their individual needs. People's support plans contained detailed information for staff to follow to provide individualised care and support and had been reviewed when necessary. People's support plans included a personal profile which gave staff key information about

them as a description of the person as an individual, hobbies and interests and other details such as their favourite television programmes.

People's communication needs were identified. Communication profiles described the support people needed to effectively communicate such as the importance of one person wearing their glasses and detailed information for staff such as, "It is a good idea to ask me to repeat what you have just said then you will know if I have been listening properly". A social care professional told us, "The staff that I have met have demonstrated a very thorough understanding of the individual's needs, preferences and wishes, especially for those who do not use verbal communication".

Consideration had been given to complying with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Information such as how to make a complaint had been made available for people in a suitable format using symbols and plain English. The PIR stated, "As part of the Accessible Information Standards we are working toward providing support plans in more accessible formats which suit the individual's communication needs. For example; using pictures and audio. This will ensure that the people we support can play a much more active role in their support plan and feel empowered and involved in all decision making around their life".

People were supported to take part in activities, hobbies and interests. such as swimming, dancing, walking and horse riding. Staff had supported one person to be able to display their collection of decorative tins which was now possible with living in their own accommodation. A relative told us how a person had been supported to have a weekend away with staff at a music event. The person was planning other events such as concerts with staff support. People's religious needs were known to staff who supported them to meet these such as supporting them to attend places of worship. One person received individual support described in the PIR, "One person we support has always said prayers at night before going to bed, although this person does not use speech we have asked their parents what they have said and staff now say this with him. We have found that they are calmer and able to settle quicker when their prayers have been said".

There were arrangements to listen to and respond to any concerns or complaints. These were investigated and responses given to complainants. Complaints led to improvements to the service provided and were reflected in reviews of people's support plans. People were given information about how to make a complaint in a suitable format using pictures and plain English. People and their representatives told us they knew how to make a complaint.

At the time of our inspection visit there were no people using the service being supported in the final days of their life although people had been supported at end of life in the recent past. Where possible, people had End of life plans in place describing their wishes and choices for their final days and beyond. Staff had received training to provide care and support to people at the end of their life. There was an expectation that wherever possible people would be supported at the end of their life in their homes and by staff familiar to them.

Is the service well-led?

Our findings

The service had a vision described as, "We believe in a world where anyone with a learning disability can live within their community with all the choice and support they need to live the best life possible". Throughout our inspection we found examples of managers and staff supporting people in accordance with the provider's vision.

The registered manager described one of the current challenges as recruitment and retention of staff. This had been identified for action and various measures were in place to address this including a dedicated member of staff looking at recruitment. Planned developments for the service included a system for streamlining administration tasks to enable staff to spend more time with the people they support.

The registered manager was accessible and approachable for people using the service and staff. Staff were positive about the management and were supported out of office hours by an on-call system. They told us management were "Very approachable" and responded appropriately if staff raised an issue. A person's relative described the registered manager as, "Exceptionally able, thoughtful and caring". Team meetings ensured staff were aware of any developments with the service and the expectations of the provider. A social care professional told us, "I feel the service is well led, and it is evident that information is shared with staff to promote the running of the service".

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The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by completing and forwarding all required notifications to support our ongoing monitoring of the service.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There were systems in place to monitor the quality of services and care provided to people. These included a monthly managers audit and a regional managers inspection. The managers audit was based on the Key lines of enquiry used in our inspections. Findings included for action in the most recent audit included, completion of staff training and updating information in people's support plans.

Satisfaction surveys had been sent to relatives and friends of people using the service and staff. Results of surveys were analysed, and a report produced sent in a letter to relatives and friends. Any issues raised were addressed with the conclusion, "Overall the feedback was positive, with our staff particularly recognised as

being committed, caring and going over and above their role". The staff survey results included a commitment to hold team meetings on a more regular basis and also concluded, "Most staff are generally happy" and "Everyone knew about the whistle blowing policy".