

HF Trust Limited

# HF Trust - Worcestershire 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

About the service: HF Trust - Worcestershire DCA provides personal care services to adults with a mental health issue and a learning disability, living in either their own home or supported living. At the time of the inspection there were 15 people receiving support with personal care.

People's experience of using this service: People using the service benefitted from good care, delivered in a manner which was personal to them and based on their assessed needs. Relatives we spoke with praised both the care staff and the management for the work they did in ensuring good quality care was provided.

People told us they felt safe when being supported with care and said all the staff worked in a way that respected their privacy and dignity. People knew care staff well and welcomed them into their homes and their lives. Staff told us they felt supported by the senior support worker and organisation. People and relatives felt involved in care decisions and determining how they could be best supported.

People we visited looked happy and relaxed and spoke fondly and positively about staff. Staff we spoke with had a good understanding of people as individuals and the care and support they required. Relatives told us they felt involved in the care process and that they could contact the service at any time. The service supported people to engage with their local community and assisted them to attend a range of appointments.

Staff told us they were happy working for the service and there was a good team in place. They confirmed they could access a range of training and could contact senior staff in the organisation. Quality checking processes were in place, although these had faltered recently due to the absence of the registered manager and staff changes. We have made a recommendation about the management of the service. Staff felt confident about the future of the service.

Rating at last inspection: At the last inspection the service was rated as good. (report published April 2016).

Why we inspected: This was a planned inspection based on previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with schedule for those services rated as good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective?

Good ●

The service was effective  
Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive  
Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led  
Details are in our Well-Led findings below.

# HF Trust - Worcestershire 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was undertaken by one inspector.

**Service and service type:** This service is a domiciliary care agency. It provides personal care to people living in their own houses or supported living accommodation. It provides a service to adults with mental health issues or a learning disability.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection site visit because the service is a domiciliary care service and we needed to be sure there would be someone at the office.

**Inspection site visit activity** started on 27 March 2019 and ended on 28 March 2019. We visited the office location on 27 March 2019 to see the senior care worker and office staff; and to review care records and policies and procedures. During the week commencing 8 April 2019 we also spoke with two staff and the registered manager.

**What we did:** Prior to the inspection the provider completed a PIR (provider Information return). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by

law.

During the inspection we spoke with the senior care worker, the regional manager and the service administrator. We visited four people in their own homes and spoke to them about the care they were receiving. We also spoke with one relative who was visiting a person at the time of our inspection. Following the inspection, we spoke with two support workers and the registered manager over the telephone. We looked at a range of records including four care records of people who used the service, medicine records, staff recruitment and training records and a range of other policies and quality monitoring documents.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People we spoke with told us they felt safe when being supported by staff. One person told us, "I feel safe. They are just so nice."
- Policies and procedures regarding safeguarding were in place and staff had received training in this area.
- The senior care worker told us there had been one recent safeguarding incident. We saw this had been dealt with appropriately.
- Staff demonstrated a good awareness of safeguarding issues and had a clear understanding of action they should take if they had any concerns. They told us about action they had taken over a recent concern.

Assessing risk, safety monitoring and management.

- Risks associated with the delivery of care were assessed. Actions for staff to follow that mitigated risk had been detailed within care plans. One staff member worked alone one night a week, accompanying people out in the community. Whilst a system was in place to check the staff member was safe and had returned home, we discussed with the senior how this could be made more robust.
- Risk assessments regarding the home environment had been undertaken as part of the assessment process.
- Plans were in place to deal with unforeseen circumstances, such as poor weather conditions. A remote telecare service also supported most people to seek help of hours, but the senior told us people had their mobile number to contact them, if necessary. People had emergency information in their care files that could be taken to hospital with them. Each care plan contained a 'missing person' information sheet with details that could be immediately passed to the police to help trace the individual, if required.
- There had been no recently recorded accidents and incidents. The senior told us this was because the service was small and care delivered was generally low risk.

Staffing and recruitment.

- People told us there were enough staff to support them. At the time of the inspection there were seven staff employed by the service. People said they were familiar with all the staff and knew which staff members would be supporting them at each visit. One person told us, "We get different girls but know them all. We get on alright with them." People told us staff were rarely late and there had been no missed calls. A person told us, "They always come; they never let me down."
- Staff had mixed views on whether there were enough staff to deliver support. One staff member felt there were not enough staff to support people to do additional activities. For example, one person had secured a voluntary job with a local charity, but needed support to attend. The person had only been able to visit two times out of seven because staff were not always available. Another staff member felt the service had been through a 'sticky patch' but there had been improvement in recent weeks.
- The senior support worker told us recruitment was in progress and agency staff were used for a specific

and dedicated event.

- The provider had in place detailed and appropriate recruitment practices including the checking of references and carrying out Disclosure and Barring Service checks (DBS).

Using medicines safely; Preventing and controlling infection.

- People told us they were well supported with their medicines. In most cases staff simply checked or prompted people to take their medicines. People would record they had taken them on the medicines administration sheet themselves. People told us, "They check I've taken my medicines in time" and "I do my own medicines, they just prompt me to take them."
- Where staff were supporting people more directly with medicines, such as administering eye drops, more detailed information was available for staff to follow and the administration was recorded.
- Staff had received training in the safe handling of medicines and had their competency assessed and checked.
- Staff had received health and safety training that included elements of infection control. People told us staff helped them keep their homes clean and tidy.

Learning lessons when things go wrong.

- The senior care worker told us about how they had encountered some concerns with one pharmacy when a person went to collect their medicines. They had worked with the person and another local pharmacy to put in place an improved system which better supported the person to collect and manage their own medicines. This had helped to reduce the person's anxiety.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's needs were detailed and covered a range of areas. Outcomes were identified and care delivered in line with these. People's personal preferences and choices were incorporated into care plans. One person told us, "I'm in charge but they make sure I'm okay."
- Where care needs changed then care records were updated to reflect these changes.
- Staff spoke about being flexible. They told us they worked with the person and rearranged the week to fit in with what they wanted to do and how they felt. One staff member told us, "You watch their body language, ask questions. If they are not happy then you do something different. You rearrange the week to suit them. You can always go shopping on another day."

Staff support: induction, training, skills and experience.

- People told us they felt staff had the correct skills to support them. One person told us, "They know what to do to help me."
- Staff told us they had access to a range of training. One staff member told us, "We have non-stop training, although you have to sit in front of a computer to do it. You get reminders. We have constant training with everything. I have done NVQ level 3 through the company."
- The service maintained an overview of staff training and could identify when mandatory training was due for renewal and arranged for staff to receive additional training.
- Staff told us they had an induction and records showed they shadowed more experienced workers prior to working individually.
- Records showed, and staff told us they received regular annual appraisals. We found supervision meetings with staff had been less regular. The senior told us this had been due to the registered manager being away and that they had only recently taken over as senior. Most staff had received a supervision session at the beginning of 2019. One staff member told us, "I had supervision a few weeks ago. It is stepping up now to having it every 6 weeks. It has fallen by the wayside in the past."

Supporting people to eat and drink enough to maintain a balanced diet.

- People told us staff supported them to maintain a healthy diet and clear instructions on diet and support approaches were contained within care plans. One person told us, "They help with meals and make sure I cook the food properly. They help me by sitting and making a shopping list" and "They help me choose healthy food."
- Where people had specialist dietary needs then information was maintained within their care plans.
- Any concerns over people's diet were reported to health professionals.

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 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 to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Where appropriate people had signed consent forms to indicate they were happy for care to be provided or delivered. For example, people had agreed their photograph could be taken for care purposes.
- One person currently using the service had restrictions placed on them by the Court of Protection (CoP). The CoP is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so. This person was supported by a range of other services as well as receiving support from Worcestershire DCA. Two people had a solicitor appointed as deputy to deal with their financial needs. The service was aware of this information and worked with them to help manage people's day to day finances.
- Where necessary, the service had undertaken capacity assessments to ensure people understood the nature of their decisions or were able to agree to support. Where there were any concerns about people's actions or capacity then the service worked with other professionals.
- People were encouraged to make decisions. One person told us, "I'm quite independent but just need an insurance policy."

Staff working with other agencies to provide consistent, effective, timely care.

- One person was supported to attend a specific health appointment three times a week. Regular staff were designated to support this person to these appointments.
- People told us staff supported them to make and attend hospital or health appointments. Comments included, "They come with me to doctor's appointments if I want them to" and "If I go to the dentists they will come with me or come with me to health checks."
- One staff member spoke about supporting an individual to move to a new house and how they helped them liaise with many services and companies about the move.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People told us the care they received was of a good quality and staff were caring and kind. Comments from people included, "They are very good to me. They are nice to work with"; "They are pretty cool. Really good staff"; "They are always there when I need them. Honestly, I'm not making it up" and "I like all the staff, they all are my favourites."
- People were supported to have real purpose in their lives and make positive choices about their daily activities and daily lives. One person praised the senior care worker for the support they had received. They told us, "(Senior) is good. Fair play to them, they pushed me a bit. They help me keep motivated and push me forward."
- One relative told us, "They are very good at noticing their moods and when they are low. It is very reassuring and I feel they are safe."
- Staff spoke about how they supported people to achieve a number of goals. One staff member spoke in detail about the process of supporting a person move to a new house, including choosing a new property, viewing properties, putting in bids for tenancy and all the associated paperwork. The staff member told us, "It is exciting - that's the rewarding thing. Making sure everything is in place and it all goes smoothly. You get a feeling of pride when you see them in Dunelm choosing their furnishings. You think, we've got there."
- Staff were aware of issues related to equality and diversity, although we noted there was no specific training offered in this area. The senior told us the matter was covered in the provider's induction training and the registered manager later confirmed this. Staff told us they had never encountered any concerns in relation to discrimination regarding the nine protected characteristics
- People were provided with a range of documents in easy read format or with picture to support their understanding of documents. One person's care worker had been changed. They had been sent a letter explain the current staff member was leaving and a new care worker would be visiting. The letter contained a picture of the new staff member so they person could identify them.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they were involved in decision making around the care they received. Staff were aware of people's preferences and wishes. People told us, "I'm in charge but they make sure I'm okay" and "They are good at understanding my ways. They always listen to me."
- Staff had a good knowledge of what people's preferences were and how to support them to make decisions, including the use of alternative communication methods. One person had various systems to help them, including a colour coded activity system, daily pictorial diary posters and a clock face set at the time when care staff would next call.
- Care records we viewed showed clear evidence people had been involved in reviews and had inputted into any changes made. One relative commented, "I am involved in reviews of care."

- People's care plans indicated any cultural preferences and whether they required active support with these.
- No one currently using the service was supported by an advocate.

Respecting and promoting people's privacy, dignity and independence.

- People told us staff always respected their privacy and dignity during all aspects of care. One person told us, "For personal care they don't come in to the bathroom. They keep an eye on me in case I fall and stay within earshot."
- We observed staff understood and valued people as individuals and supported them to be as independent as possible. A staff member told us, "All you can do is sit down and put goals in place. It is their individual choice. All you can do is guide and explain the consequences of their choices."
- Care plans contained information to ensure care was delivered with dignity and detailed how people should be encouraged and supported to carry out care tasks for themselves, as much as possible.
- Staff understood about the need for confidentiality and ensuring information was kept safe. Records within the service's main office were kept in locked cabinets.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans contained good detail. Records showed evidence of an assessment prior to support commencing. People and relatives confirmed staff had visited them to assess their care requirements.
- People's support plans contained good detail about the range and type of support people required. Documents highlighted goals people were looking to achieve and an essential information document detailed key tasks staff needed to be aware of to support people. There was also information about people's personal backgrounds and history to help staff understand the individual. One file showed the person liked football, enjoyed going to stay with relatives and had good communication skills.
- There was evidence in care plans that care had been reviewed and support plans updated to reflect people's changing needs. A small number of reviews consisted of a date and a simple statement to say a review had taken place. We spoke with the senior about ensuring reviews were fully documented.
- People told us their interests and social needs were supported. They told us the service supported them with day to day tasks and appointments and to attend other events, such as visits to the gym or swimming and social activities. A small group of people were supported to attend a night out at a local pub each week.
- People confirmed staff supported their choices and preferences throughout the delivery of care.

Improving care quality in response to complaints or concerns; End of life care and support.

- People we spoke with all told us they had not made any recent formal complaints. They said they knew how to raise a concern. One person told us, "I've no complaints. I have a complaints form in my file but if I had any concerns I would just go to the office."
- The provider had in place a complaints policy and easy read information on how to raise a concern was included in the care folder in people's homes.
- There had been no formal complaints within the last 12 months.
- At the time of the inspection the service was not supporting anyone with end of life care needs.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The senior care worker told us their philosophy was to provide individualised and person-centred care. They told us because the service was quite small all the care staff knew people and their particular likes, dislikes and personality traits. A relative told us, "They know the things that are important."
- Care delivery was through a dedicated team of staff who knew people they supported well. People confirmed they received a weekly rota so they knew which member of staff was calling. One relative told us, "There is good consistency with staff. They know the girls and who are coming. They get a rota each week."
- The senior care worker and the regional manager were aware of the provider's responsibility under the duty of candour, although there had been no incidents which required a formal response.
- The service ensured staff had access to support and training.

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

- People and relatives said they were pleased with the quality of the service. A relative told us, "I am very happy with things. (Senior care worker) has come in and managed the dip and managed the changes, it is like a second pair of hands for me. If I was not reassured about the care I wouldn't be able to work."
- The registered manager was at the other service she managed at the time of the inspection and was unavailable to speak to us on the days we were at Worcestershire DCA. We later spoke to her during the week commencing 8 April 2019.
- The registered manager told us she was registered for two services in different towns in Worcestershire. She was allocated seven and a half hours per week to cover Worcestershire DCA, but was very confident in the senior care worker to oversee the day to day running of the service. She said she and the senior were in regular contact by telephone or email.
- The registered manager for the service had been absent for a number of months and the previous senior care worker had left in late 2018. A senior care worker from another service had been seconded to oversee the running of the care delivery. They told us they had been doing a great deal of work in sorting out systems and reviewing records considering recent information changes under GDPR.
- We noted daily records and medicine records were retained in people's homes and not returned to the office for checking and storage. The senior care worker told us that as they continued to provide direct care alongside their management role, they could check the quality and accuracy of records as they went around, although did not formally record this. They also told us all the people in the service had their direct number and could raise any issues with them, if there were any problems.
- When at work, the registered manager was required to carry out regular audits and checks on the service

and report to the regional manager. We noted the most recent checks had not been fully completed due to the registered manager's absence. The registered manager agreed that due to absences and changes at the service recent audits had not been well completed.

- The regional manager had maintained a 'watching brief' on the service during this period and had undertaken some checks on the service. The registered manager and senior care worker told us that now the registered manager had returned to work they hope quality review processes would return to normal.
- Staff we spoke with told us they did not see the registered manager on a regular basis. One reported they could contact her, whilst another felt she was not always easy to contact. All staff we spoke with told us the senior care worker had worked incredibly hard at supporting the service and had been extremely helpful in supporting them as individuals. Comments from staff included, "The senior? Yes, they are quite ready to help out. They will always ring back if you call them - but sometimes they are providing care" and "(Senior's name) has an open-door policy, you can approach her about anything."

We recommend the provider reviews the management arrangements for the service to ensure effective oversight and monitoring of quality systems is in place and maintained.

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

- People and relatives were positive about the management of the service and said they felt fully involved in their own care or that of their relatives. People felt the service was organised to help them and support their needs.
- Staff felt involved in the service and well supported by the senior care worker. They also told us they had been able to speak with the regional manager during the registered manager's absence.
- Staff confirmed staff meetings took place, although commented there had not been time to have these in recent months. The senior care worker and the registered manager confirmed the most recent staff meeting had taken place in December 2018. Staff told us that when staff meetings took place they were able to raise matters and discuss any concerns. They also used the meetings to discuss any issues with regard people's care. For example, during one meeting staff had discussed concerns about a person and their money management, despite the person being deemed to have capacity. The matter had been referred to the person's social worker. One care worker told us, "Sometimes you need to sit down and talk and discuss people's care and what people's views are. We've had no time to do it, but we can raise things if we do have a meeting."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with a range of other agencies and professionals. People told us the service regularly contacted other professionals about their support and worked with other agencies to help them. Care plans and care delivery were closely linked with the advice of health professionals and care reviews were linked to annual reviews undertaken by the local authority. There was evidence in daily records of staff communicating with other professionals.
- Training was monitored and provided through the provider's training department to ensure the most up to date information was available. Staff told us they could access additional training if they required.