HF Trust Limited

HF Trust - Kent DCA

Inspection report

Main Office, Lympne Place
Aldington Road, Lympne
Hythe
Kent
CT21 4PA

Tel: 01303260453

Date of inspection visit:
06 January 2016
07 January 2016
08 January 2016

Date of publication:
10 March 2016

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

The inspection took place on 06, 07 and 08 January 2016 and was announced with 48 hours' notice. This was our first inspection of this service since it's registration in April 2013.

HF Trust - Kent DCA is a domiciliary care agency registered to provide personal care. The agency office is based in Lympne, on a large site with 12 flats in one large building, one four bedroom house, a residential service and day activity services. The service is divided into three clusters, providing support to adults living in shared living accommodations in the Shepway District of Kent. Support can range from a few hours each week based around provision of activities, to twenty four hour support for all aspects of personal care and daily living. At the time of this inspection 40 people were supported by the agency. Each of the shared living clusters had a service manager. One service manager is a registered manager who is registered with CQC.
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 and associated regulations about how the service is run. The two other service managers had applied to be registered with the CQC, at the time of our inspection their applications were being processed. One manager is responsible for 12 flats in one building, these flats comprise of three bedrooms, two bedrooms and one bedroom flats for individuals, each flat has its own bathroom and kitchen facilities. Another manager is responsible for three shared houses and the manager for cluster three is responsible for three shared houses.

People supported and their representatives made positive comments about HF Trust - Kent DCA. People said "I am happy" and "I like it a lot, I like the staff." People who we were unable to verbally communicate with were able to communicate with their key workers and had a good rapport with them. One relative commented, "We have peace of mind now, It is the best care he has ever had."

Systems were in place to make sure people received their medicines safely. Staff recruitment procedures were thorough and ensured people's safety was promoted. Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role.

Risks associated with people's care and support had been assessed. The guidance in place for staff was clear to ensure people remained safe and were supported to be as independent as possible and participate in household tasks and access the community safely. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

Staff understood their role and what was expected of them. They were happy in their work, motivated and proud to work at the service. Staff were confident in the way the service was managed. The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to

make important decisions themselves.

The support provided was person centred and flexible to suit the needs of the person supported. People were involved in the planning of their care and support. Care plans contained information about people's wishes and preferences and where appropriate, pictures and photographs to make them more meaningful. They detailed people's skills in relation to tasks and what help they required from staff, in order that their independence was maintained or developed. People had regular reviews of their care and support where they were able to discuss any concerns or aspirations.

People supported and a relative spoken with said they could speak with staff if they had any worries or concerns and they would be listened to. There were effective systems in place to monitor and improve the quality of the service provided.

Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

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.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective staff recruitment and selection procedures in place.

People told us they felt safe. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People were supported to maintain a healthy diet and access relevant health professionals to meet their health needs.

Is the service caring?

Good

The service was caring.

People said staff were kind.

Staff were respectful and knew people's preferences well. Support was based on a commitment to the individual and their rights.

Staff were positive and caring in their approach and interactions with people.

The service provided opportunities for people to share their views and inform practice.

Is the service responsive?

Good

The service was responsive.

People's support plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs.

People said staff would listen to them if they had any worries.

Is the service well-led?

Good

The service was well led.

The culture of the service was inclusive and positive and staff felt valued by the managers'. Staff said the managers were approachable and communication was good within the service.

There were quality assurance and audit processes in place to make sure the service was running well.

The service had a full range of policies and procedures available to staff.

HF Trust - Kent 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.

This inspection took place on 6, 7 and 8 January 2016 and short notice was given. We told the registered manager two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available. This inspection was undertaken by one adult social care inspector.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete 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. The PIR was returned as requested.

We contacted Kent local authority and received feedback from commissioners and this information was reviewed and used to assist with our inspection. We visited the office and spoke with the registered manager, an operations manager, two service (cluster) managers and five support workers.

As part of this inspection we met with 12 people supported by the service at the office base. We visited three shared living locations and spoke with three people supported by the service and three support workers. We spent time looking at records, which included 10 people's support plans, four staff records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

People supported by HF Trust - Kent DCA told us they felt safe, comments included, "I like living here", "I am ok, I can talk to them [staff]" and "It's good, I am safe." People who we were unable to verbally communicate with indicated they felt safe by non-verbal signals such as nodding.

Many people were living in shared housing and received 24 hour support. We saw that each home had a dedicated staff team. Staffing levels varied across the day in line with the needs of the group of people who lived there. The managers confirmed they were recruiting to some staff vacancies for support workers across the three clusters. They said they usually managed to cover shifts with staff who were prepared to do overtime or with their own group of bank staff. Staff confirmed that people were provided with staff support in line with their identified needs. A new recruitment method had recently been introduced, Quality, understanding behavioural assessment (QUBA). Several applicants attended an assessment day where they interacted with people as well as having an interview. This gave managers an opportunity to not only judge the candidate but also the reactions of people they could be working with. Managers and staff talked positively about this new method.

The registered manager was familiar with the process to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team. There had been some safeguarding's issues raised in the last 12 months. The registered manager was working closely with the local authority and had taken appropriate action to resolve the concerns.

Staff confirmed they had been provided with safeguarding training and had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the most senior person on duty at the shared living locations or manager at the office base. All staff felt confident that senior staff and management would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw a policy on safeguarding people was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew that these policies were available to them. Information gathered from the local authority and from notifications received showed that safeguarding protocols were followed to keep people safe.

We looked at four staff files. They all contained two references, proof of identity, interview notes and an application form detailing employment history. One file evidenced a gap in employment history had been identified, explored and subsequently explained. This showed that full and safe recruitment procedures were adhered to. All of the files seen contained evidence of a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure

people employed were of good character and had been assessed as suitable to work at the home.
The trust had a thorough staff recruitment policy so that important information was provided to managers. Staff confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the service helped to keep people safe.

Risk assessments had been updated as needed to make sure they were relevant to the individual. We looked at ten peoples support plans, they all contained risk assessments that were specific to the individual and unique to them. They identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person's activity
and included finance and medication.

Procedures were in place to safeguard people's finances. The service had a policy and procedure on safeguarding people's finances. The registered manager explained that the service looked after some monies for some people at the shared living locations. We spoke with two service managers who explained that individual accounts were kept and each person had an individual amount of money kept at their home that they could access with staff support. We saw records of financial transactions that the service manager monitored to make sure procedures were adhered to. People had signed consent forms to show that they agreed to staff supporting them with their money.

People received their medicines safely. There was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and could help keep people safe. The registered manager and service managers said that Medication Administration Records (MAR) were completed for each administration. We saw MAR charts provided from two shared living locations and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. People had signed consent forms to show that they agreed to staff supporting them with their medicines.

Good

Is the service effective?

Our findings

People were positive about the service. Comments included, "The staff help me" and "I like it here, staff help me do what I want." A relative told us the service delivered care in a way that met their relative's individual needs.

People had a good relationship with their support workers and could communicate with them effectively. Staff understood how a person communicated and could respond to them in a way they understood. People were animated and smiled when speaking of their support workers. Staff were knowledgeable about the people they supported and what support was required to meet their needs. One staff member explained that as they tended to work with the same group of people they got to know them well. People were called by their preferred name, which was documented within the support plan this helped ensure people's dignity and choice was upheld.

Staff understood their roles and responsibilities. Staff undertook a comprehensive induction which included orientation to the service and shadowing experienced staff until they were competent. As part of their induction new staff attended person centred active support training (PCAS) which is a way of supporting people so that they are engaged in meaningful activity and relationships. The trust has created a 'fusion' model of care, which they believe reflects the specialist skills necessary to provide excellent support. Staff were knowledgeable and spoke with enthusiasm about the training and supporting people in this way. The training was followed up four weeks later with an observation and feedback session. Staff also undertook the Care Certificate, an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The registered manager told us there was a six month probation period to assess staff skills and performance in the role and this was flexible and could be extended if extra support was needed.

People were supported by staff that had good knowledge and training in care. Staff received regular training, which included moving and handling, fire safety, first aid, safeguarding, health and safety, medication awareness, risk assessments, equality and diversity and food hygiene. Staff said they could approach their manager with any additional training needs or interests and these would be provided. A system was in place to identify when refresher training was due so that staff skills were maintained. Training was provided in range of formats, some was via e learning, some with trained trainers within the service (trained trainers are members of staff who have had additional training to enable them to train others.) and external organisations providing classroom based training. One manager told us that they worked closely with the local community learning disability teams and they had received training from them. Staff also undertook levels 2 and 3 qualifications in health and social care. Staff commented "The training is good here" and "We discuss our training needs in our supervision sessions."

Staff told us they could talk to their manager at any time and received regular supervision, they felt well supported by their manager and the senior management team. Supervision gave the staff opportunity to discuss their responsibilities and to develop in their role. Managers told us that the frequency of supervisions would increase if there were any areas of concern or they felt extra support was needed. The service had a

disciplinary procedure that could be linked in with their supervision and appraisal system if necessary. For example, if needed a work performance plan would be put together and monitored through increased supervision frequency, this would then be recorded in the annual appraisal. The registered manager told us they had needed to take these actions previously and felt that the system worked well.

People had been consulted about their care and treatment needs and had agreed to the support provided. We spoke with the managers about the systems in place to ensure people consented and agreed to the support provided. They explained that assessments were undertaken with the person supported and their relatives to ensure their views were obtained. People were also involved in writing their support plan. People said they had helped write their support plan and staff talked to them about it. The plans contained signed consent forms evidencing people's agreement to specific support such as finance, medicines and photographs. The plans clearly showed that people had discussed their support needs and identified the support they wanted. One person told us that they didn't want photographs or easy read documents in their files, and that this had been respected by staff. Support plans focussed on meeting people's needs whilst actively encouraging them to make choices and maintain independence. Peoples' preferences, likes and dislikes were well documented.

The managers and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff confirmed that they had been provided with combined MCA and DoLS training so that they had the knowledge to uphold and promote people's rights. Staff told us they had access to written information and guidance on the MCA and DoLS to support their understanding. Staff were clear that it was the person's right to make decisions. Staff had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes. From interactions observed staff consulted with people and encouraged people to voice their opinion. Staff were heard to obtain a person's permission, for example when asking if the inspector could visit them in their home.

People told us that they discussed their health care needs with their keyworker and this was part of their care plan. People said they would tell the staff if they felt unwell or in pain. Detailed health action plans showed that people were supported to access health care such as opticians, dentists GPs, optician, practice nurse and the chiropodist. Plans contained guidance for staff on how best to monitor and support people's health. This meant staff were aware of people's healthcare needs and knew how to recognise any early warning signs of deterioration in health. Personalised information on specific health conditions was included, along with the actions required of staff to support the person. Each person had a communication passport that described, in detail, how the person needed to be supported with communication and what was important to them. The passport would inform any health professional and potential hospital visits.

People said they contributed to the planning of their meals. Most people said they helped with the food shopping and liked to prepare meals. Comments included, "I enjoy cooking." and "I make my own breakfast and lunch." One person told us they liked to shop and cook independently, but knew staff were around to help if they needed it. People were supported to attend nutrition awareness sessions if they wanted to.

Good

Is the service caring?

Our findings

People told us and indicated to us the staff were caring. One person commented, "I like them" Another person said, "The staff are lovely."

Throughout our inspection we saw examples of a caring and kind approach from staff who knew the people they were supporting very well. Staff could describe the person's interests, likes and dislikes, support needs and styles of communication. Staff had a good rapport with people and people enjoyed the company of their support worker. Staff had built up relationships with people and were familiar with their life histories and preferences.

The interactions observed between staff and people appeared patient and kind. Staff always included people in conversations and took time to explain plans and seek approval. For example, staff were heard discussing a person's plans for the day with them, to make sure they were happy with their choice. The person engaged in conversation and made decisions which were supported by staff. Staff were seen to have conversations with each other and always made sure people were not excluded. This showed a respectful approach from staff. People freely approach staff and engaged in conversation with them. People appeared comfortable and happy to be with staff. Staff knew people well and took time to talk with them.

Support plans contained detailed information about people's life histories, preferences and goals and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement safely. People's records included information about individuals' specific needs and they had been reviewed and updated to reflect people's wishes.

People told us they were treated with dignity and respect and had their privacy respected. A social care professional said they felt their client was treated with dignity and respect. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity. Comments included, "We always talk to people, treat people how you want to be treated." People told us staff did not speak about other people they visited.

Throughout our inspection we saw that people's independence was promoted and people's opinion was sought. We saw staff asking people about their choices and explaining in a way the person understood so that their view was obtained and staff could be sure the person was happy with their choice. We saw staff respecting the choices people made and supporting them in their decisions. For example, one person returned to a shared living location after a day out, they explained to staff that they had been worried about missing their bus but they remembered what staff had told them and were able to get the bus and make their way home.

People's religious needs were met. From support plans and talking to people we saw that most people did not wish to practice religion. Once person used to attend a church service but had decided they no longer wished to, although, if they changed their mind staff would support them to return, this was recorded in their support plan.

People were provided with appropriate information about the service in the form of a service user's guide. The guide ensured people were aware of the services available from the agency. The registered manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves.

Good

Is the service responsive?

Our findings

People told us and indicated that staff supported them in the way they needed and preferred. One person commented, "The staff know me well." Another person said, "I decide what to do, the staff help me when I need them to."

Staff understood how people communicated and responded to people in an individual and inclusive manner. Staff checked choices with people and gained their approval. For example, staff checked with a person what they wanted for their evening meal and then ask if they wanted help preparing this. People who needed assistance with communicating had been supported to obtain technology to enhance their communications such as Ipads with symbol-supported communication apps. People were at ease with using these and supported and encouraged by staff. Care records showed that people were supported to attend awareness training sessions such as abuse awareness, diabetes awareness and basic first aid skills. People had also been involved in creating a fire safety DVD with the fire service in order to raise their awareness. The service had worked in conjunction with Kent Police, new recruits completing diversity training attend a placement at the service, one commented, "At all times people were treated with humility, dignity and respect, and were never patronised."

People were supported to maintain a range of individual interests and activities, according to personal preference. People told us they enjoyed going out to shops and another person said they enjoyed going to bingo at a local social club. We saw compliments and many thank you cards, including thanks from a family after the service had arranged for a member of staff to support a family holiday with the person.

Peoples care records included an individual support plan that contained details of people's identified needs and the actions required of staff to meet these needs. They were person centred and unique to the individual. It was evident from the plans that people supported had been involved in decisions about the support they needed. The support plans contained detailed documents which identified what was important to the person and how they wanted to be supported and included information on routines, likes and dislikes.

Staff said people's support plans contained enough information for them to support people in the way they needed. Staff had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and were confident that people's plans contained accurate and up to date information that reflected the person. Details of reviews that had taken place were stored within care records.

People lived in their own homes. Some people were in shared housing with 24 hour care and others lived in their own flats or houses. Therefore some people had a high level of independence. Staff promoted this by ensuring that people were involved in decisions which affected them and that they were asked to consent to care and support whenever this was appropriate. We saw that one person had been supported to purchase a 'one cup' drinks maker, to enable them to make their own hot drinks as they were not comfortable with using a kettle. One person told us they had told staff they didn't want a mobile phone as they felt it would

mean staff could check up on them when out. Another person said "Staff help me to stay in touch with old friends."

Feedback was sought from people through questionnaires, discussions and through monthly 'voices to be heard meetings', a forum for people who use HF Trust services to talk about what they are happy with and what they are unhappy about or would like to change. These local meetings feed into larger divisional and national meetings across HF Trust.

People were provided with important information to promote their rights and choices. There was a clear complaints procedure in place. Staff told us that they would always pass any complaints to their manager or the operational manager, who would take these seriously. An easy read version of the complaints procedure was available. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. An 'Abuse' folder had been introduced to the service for those people who were wanted to use it. It contained scenarios of different types of abuse and encouraged conversation and awareness for people. The service also had 'grumble books' in each supported living location for people to record any concerns. 'Red face cards' had been introduced to help people alert staff if they were not happy about something of if they were in pain. These were not in all homes as some people told us, "I don't need those, I can let staff know". We looked at the electronic concerns and complaints records which detailed the actions taken in response to a complaint. This recorded the outcome of the complaint so that an audit could be maintained. Complaints were responded to by the relevant manager, in line with the trusts policy. The operational manager reviewed complaints and outcomes during their audit process. There were a number of cards and letters complimenting each of the clusters, their managers and individual staff.

Good

Is the service well-led?

Our findings

At the time of the inspection one manager was registered with CQC, two other managers had applied to be registered and were waiting for their applications to be processed.

There was a clear management structure, each manager had a clear area of responsibility and staff knew who their line manager was. The three managers were clear on their responsibilities and were well supported by the operational manager and an area manager. Staff fully aware of the roles and responsibilities of managers' and the lines of accountability. There was evidence of an open and inclusive culture that reflected the values of the service. Every staff member we spoke with said they felt valued by their manager and the senior management team.

A quality assurance policy was in place. Audits were undertaken as part of the quality assurance process to monitor the quality of service people received. Any gaps or shortfalls identified during these audits were addressed by improvement plans. The registered manager explained that the quality assurance processes were based around the five key questions CQC ask during inspections so that they covered all relevant areas.

Audits were undertaken by the service managers at each shared living location. These included monthly health and safety checks, support plan, medication and finance audits. Accidents and incidents were recorded on the computer system and an analysis was produced which was reviewed by manager and operational manager. Concerns and lessons to be learnt were discussed and fed back to the staff team as appropriate. The operations managers undertook a quality assurance compliance visit on a monthly basis, this involved analysis of the audits taken by each service manager, enabling the operations manager to collate the information from the three managers and create an overview of the service as a whole. A compliance inspection from head office was undertaken on an annual basis, outcomes and areas for improvement from these visits were fed back to the operations and service managers.

Surveys had been sent to people supported by the service and their representatives in 2015. The results from these had been audited and people had been provided with a report on these. Some positive comments were made by representatives in their surveys. These included, "Support staff are second to none," "Can talk about any concerns and soon sorted" and "Regular staffing, interesting and varied activities."

Staff told us communication was good. Staff said staff meetings, memos, newsletters and using communication books ensured that information was shared. We looked at the staff meeting minutes from two clusters and found regular staff meetings had taken place. Staff said that they felt able to contribute to staff meetings and felt listened to. We saw that staff held handovers between each changeover of staff.

All of the staff spoken with said their managers' were approachable and supportive. Staff said they worked well together and supported each other. All staff had clear job descriptions, which set out the line of responsibility and delegation. Staff members told us they felt the service was well managed and organised. Staff said "The management team are very supportive, their doors are always open" and "The management

are very supportive and open to new ideas." HF Trust holds 'Gem' awards for staff, managers can nominate team members who they feel have gone 'above and beyond' We saw that staff from this service had been nominated and received awards.

The service had policies and procedures in place which covered all aspects of the service, these were reviewed and kept up to date by head office and shared with services once updated. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The service worked well with other agencies and services to make sure people received their care in a joined up way. We spoke with the local safeguarding team, they told us "Generally I have found the managers and staff to be competent and helpful regarding safeguarding process." The local safeguarding team reported that there had been some recent incidents and that HF Trust – Kent DCA had responded well to the concerns and that their actions had been appropriate.

CQC had been notified of relevant incidents. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.