HF Trust Limited

HF Trust - Kent North DCA

Inspection report

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13 July 2018
16 July 2018
17 July 2018
19 July 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected the HF Trust – Kent North DCA on 13, 16, 17 and 19 July 2018. The inspection was announced. This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger adults who have a learning disability. At the time of our inspection visit there were 47 people receiving support from the service. These people lived at five addresses some of which were divided into flats while others were shared living arrangements. All of the people held tenancies.

This was our first inspection since the service was registered on 20 October 2016.

The service was run by a company who was the registered provider. There was a registered manager who 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. In this report when we speak about both the company and the registered manager, we refer to them as being, 'the registered persons'.

We found one breach of the regulations. This was because the registered provider had failed to suitably tell us about an occasion on which a person may have been placed at risk of experiencing abuse. You can find out what action we have told the registered provider to take at the end of the full version of this report.

Our other findings were as follows: Background checks had not always been completed in the right way before new care staff had been appointed. Although in practice there were enough care staff on duty, the registered persons did not operate robust systems to ensure that this remained the case. People were safeguarded from situations in which they may be at risk of experiencing abuse. People received safe care and treatment and they had been helped to avoid preventable accidents while their freedom was respected. Medicines were managed safely. Suitable arrangements were in place to prevent and control infection. Lessons had been learned when things had gone wrong.

Care was delivered in a way that promoted positive outcomes for people and care staff had the knowledge and skills they needed to provide support in line with legislation and guidance. This included respecting people's citizenship rights under the Equality Act 2010. People were supported to eat and drink enough to have a balanced diet to promote their good health. Suitable steps had been taken to ensure that people received coordinated support when they used or moved between different services. People had been supported to access any healthcare services they needed. People had been helped to liaise with their landlords so that their homes were well maintained.

People were supported to have maximum choice and control of their lives. In addition, the registered persons had taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible.

People were treated with kindness and they were given emotional support when needed. They had also been helped to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Confidential information was kept private.

People received person-centred care that promoted their independence. This included them having access to information that was presented to them in an accessible way. People were given opportunities to pursue their hobbies and interests. The registered manager and care staff recognised the importance of promoting equality and diversity. This included appropriately supporting people if they adopted gay, lesbian, bisexual, transgender and intersex life-course identities. Suitable arrangements were in place to resolve complaints in order to improve the quality of care. People were supported to make decisions about the care they wanted to receive at the end of their life in order to have a comfortable, dignified and pain-free death.

Suitable arrangements had not been made to enable the service to learn, improve and assure its sustainability by ensuring that all regulatory requirements were met. We have made a recommendation about the steps the registered persons should take to strengthen the way in which they monitor the running of the service.

People who received support, their relatives and members of staff were actively engaged in developing the service. The registered persons were actively working in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Background checks had not always been completed in the right way before new care staff were appointed.

Although sufficient care staff were deployed during the course of our inspection, some of the arrangements to maintain this were not robust.

People were safeguarded from the risk of abuse.

People received safe care and treatment.

Medicines were consistently managed in line with national guidelines.

People had been supported to maintain good standards of hygiene in order to prevent and control the risk of infection.

Lessons had been learned when things had gone wrong.

Is the service effective?

Good

The service was effective.

Support was delivered in line with national guidance and care staff had received training and support.

People were supported to eat and drink enough to maintain a balanced diet.

People were assisted to receive coordinated care and to access ongoing healthcare support.

Suitable arrangements had been made to obtain consent to support and treatment in line with legislation and guidance.

People had been assisted to maintain their accommodation so that it met their needs and expectations.

Is the service caring?

Good

The service was caring.

People's privacy, dignity and independence were promoted.

People were helped to express their views and be actively involved in making decisions about their support as far as possible.

Confidential information was managed in the right way.

Is the service responsive?

Good

The service was responsive.

People received personalised support that was responsive to their needs.

People were supported to pursue their hobbies and interests.

Care staff recognised the importance of promoting equality and diversity by supporting people to follow life-course identity choices.

There were arrangements to listen and respond to people's concerns and complaints in order to improve the quality of care.

Suitable provision had been made to support people to make decisions about the care they wanted to receive at the end of their life.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered provider had not notified the Care Quality Commission about an occasion on which concerns had been raised about a person being at risk of experiencing abuse.

Systems and processes used to assess and monitor the service needed to be strengthened further to ensure that regulatory requirements were consistently met.

There was a registered manager.

Care staff understood their responsibilities to ensure that people received support that met their needs and expectations.

The service worked in partnership with other agencies to promote the delivery of joined-up support.

HF Trust - Kent North 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 registered persons continued to meet 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 used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

On 13 July 2018 we visited two of the addresses at which a number of people who received support from the service lived and spoke with five of them.

On 16 July 2018 we visited the administrative office of the service. There we met with four care staff and spoke by telephone with three more. We also met with the service manager who assisted the registered manager, with the registered manager and the operations manager. We observed care that was provided in communal areas in two of the addresses and looked at the care records for five people. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

On 17 and 19 July 2018 we spoke by telephone with five people who lived at the other addresses and with four of their relatives.

The inspection team consisted of a single inspector. The inspection was announced because some of the people who received support had complex needs for care and benefited from knowing in advance that we would be asking to speak with them.

Requires Improvement

Is the service safe?

Our findings

People said that they felt safe when receiving support from the service. One of them said, "I'm fine with the staff and they help me with what I need." Relatives were also confident that their family members were safe living in the service. One of them said, 'Although there have been a lot of staff changes and there are morale issues I don't think this has impacted on the safety of the care my family member receives."

We found that there were limited shortfalls in the background checks that had been completed when two new care staff had been appointed. In both cases a suitably detailed statement of their employment history had not been obtained. This oversight had reduced the registered provider's ability to determine what assurances they needed to seek about the applicants' previous good conduct. However, other checks had been undertaken. These included establishing that the applicants did not have relevant criminal convictions, had not been guilty of professional misconduct and had performed well during previous periods of employment. We raised our concerns about the oversights with the operations manager who assured us that the suitable checks would immediately be completed for both members of staff. They also assured us that no concerns had been raised about the conduct of either member of staff since their appointment.

The operations manager told us that the registered provider had agreed with each person's care manager (social worker) how much support needed to be provided and when this needed to be delivered. Some of this support was provided on a one to one basis. Other support was provided on a shared basis that involved a member of care staff assisting a small group of people. During our inspection visit to two of the addresses there were enough care staff on duty because people promptly received all of the individual support they needed.

However, we noted that the registered persons had not established a suitably robust system to ensure that sufficient care staff continued to be deployed across the service. This was because there were no reliable records of the hours actually worked by each member of care staff. In their place the registered persons had to examine and cross reference a number of indirect records from which they made judgements about how well individual members of staff had kept to their weekly rotas. This arrangement increased the risk of shortfalls in the deployment of care staff occurring and going unnoticed. We raised our concerns with the operations manager and the registered manager. They told us that the registered provider intended to introduce a new system in the near future to accurately record and audit the amount of time care staff actually took delivering care.

Care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. Records also showed that the registered persons had quickly taken action when a person had been at risk of financial abuse from someone who was not connected with the service. This action had ensured that the person was both kept safe and was reimbursed for the money they had lost.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. Examples of this included a person who lived with limited mobility being helped to arrange for specialist equipment to be available in their flat to enable them to transfer safely. Other examples were people being supported to liaise with their landlords to ensure that their homes were equipped with modern fire safety systems in order to keep them safe. Furthermore, people received harm-free care including being supported in the right way to keep their skin healthy and to avoid risks that were associated with particular healthcare conditions.

Care staff were able to promote positive outcomes for people if they became distressed. When this occurred care staff followed the guidance in the people's support plans so that they assisted them in the right way. An example of this was a person who was worried because they could not remember when they were next due to go out of the service in order to go shopping. The person was becoming anxious and loud in their manner. A member of care staff recognised that action needed to be taken to keep the person and others around them safe from harm. We saw the member of care staff gently reminding the person about when they had planned to next go the shops after which the person became settled and relaxed.

Suitable arrangements were in place to support people to order, administer and dispose of people's medicines in line with national guidelines. At the address we visited, there was a sufficient supply of medicines that were stored securely. Records showed that the care staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times.

Suitable measures were in place to prevent and control infection. These included the registered persons suitably supporting people to maintain good standards of hygiene in their homes. At the address we visited the accommodation had a fresh atmosphere. Soft furnishings, beds and bed linen had been kept in a hygienic condition and care staff recognised the importance of preventing cross infection. They regularly washed their hands using anti-bacterial soap and disposable gloves were used when people needed assistance with close personal care.

There were systems and processes to enable lessons to be learned and improvements made if things went wrong. This included the registered persons carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent the same things from happening again.

Good

Is the service effective?

Our findings

People told us that they were confident that care staff knew what they were doing and had their best interests at heart. One of them remarked, "I like the staff who I see every day and they help me do things for myself." Relatives were also confident about this matter. One of them said, "I think that the staff in general are good because they understand my family member. However, I do get concerned about the high turnover of staff as it takes time for them to get to know the help my family member needs."

Robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes in line with national guidance. Records showed that the registered persons had carefully established what support each person needed before they received assistance from the service. This had been done to make sure that the service had the necessary resources to consistently deliver the right support. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. An example of this was the registered persons carefully establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

New care staff had received introductory training before they provided people with care. This included completing the Care Certificate if the member of staff did not already have a recognised qualification. The Care Certificate is a nationally recognised system for ensuring that new care staff know how to support people in the right way. Care staff had also received on-going refresher training to keep their knowledge and skills up to date. We found that care staff knew how to give people the support they needed. This included helping people to set themselves achievable goals in order to develop their independence through experiencing success.

People had been supported to be as independent as possible in making their own meals. This included being supported to plan what dishes they wanted to have, shopping for ingredients and then preparing their meals. Records showed that people were also being helped to follow a reasonably balanced diet by not having too many high-calorie dishes. Records also showed that suitable arrangements had been made for some people to have their food and drinks modified so that there was less risk of them choking.

People received effective and coordinated support when they were referred to or moved between services. These included there being arrangements for care staff to prepare a 'hospital passport' for each person that contained key information likely to be useful if a person needed to be admitted to hospital.

People were supported to live healthier lives by receiving ongoing healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians.

Suitable provision had been made to ensure that people were fully protected by the safeguards contained in the Mental Capacity Act 2005. This law provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the legislation. The authorisation procedure is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the legislation. Most of the people receiving support from the service had mental capacity for making decisions and we noted that suitable arrangements had been made to obtain their consent to the support and treatment they received. This included the registered manager, service manager and care staff consulting with people, explaining information to them and seeking their informed consent. In addition to this, suitable arrangements had been made to respond appropriately when a person lacked mental capacity to make particular decisions. This included consulting with healthcare professionals and with relatives who knew the person well and who could contribute to making decisions that were in their best interests.

Applications must be made to the Court of Protection in order to legally deprive people of their liberty. There were arrangements in place for the service to check the authenticity of documentation when a person's family member or representative had made such an application.

Suitable provision had been made to help people to make their accommodation safe, comfortable and homely. This included the registered persons supporting people to contact their landlords when repairs needed to be completed. It also included care staff gently encouraging people to furnish and decorate their homes according to their own personal taste.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "The staff are always around to help me out and I like them okay." Another person said, "I like going into town with the staff because they help me get what I need and it's good to have someone to talk to." Relatives were also confident that on most occasions their family members received a caring service. One of them remarked, "Although there have been times when my family member says that staff are unhappy at work, in general I think that the staff are caring. It's just that there have been a lot of changes in the staff team and this has unsettled everyone."

We found that the registered persons had provided care staff with the resources they needed to ensure that people were treated with kindness and given emotional support when necessary. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in their bedroom to discuss with them the clothes they wanted to wear that day.

People had been supported to express their views and be actively involved in making decisions about their support as far as possible. Most of the people had family and friends who could assist them to express their preferences. Most relatives told us that the registered persons had encouraged their involvement by liaising with them on a regular basis. The service had also developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be secured when the rooms were in use. We also saw care staff knocking and waiting for permission before going into rooms that were in use. When we visited two of the addresses we noted that care staff asked people if we could enter their home before allowing us to do so. A person said, "I was asked about (the inspector) coming to see me and I was told that it was up to me who I let into my home. That's right after all it is where I live." We also noted that the people whom we contacted by telephone had been asked in advance if this was an acceptable arrangement.

People could spend time with relatives and with health and social care professionals in private if this was their wish. Care staff had assisted people to keep in touch with their relatives by social media, telephone and post. They had also supported people to visit their relatives by helping them to make the necessary travel arrangements.

Suitable arrangements had been made to ensure that private information was kept confidential and secure. Care staff had been given training and guidance about how to manage information in the right way so that it was only disclosed to people when necessary. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. We were told that the company had back-up systems to ensure that important computer records could be recovered if a technical problem occurred.

Good

Is the service responsive?

Our findings

People told us that care staff provided them with all of the assistance they needed. One of them said, "The staff help me with what I need done but they don't take over and I'm quite happy to do my own thing." Relatives were also positive in most of their comments with one of them remarking, "Yes, on balance my family member does get the help they need and they're settled in their home. I do think that on some occasions the staff are a bit pushed for time, but having said that my family member seems to lead a full life."

People received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Records showed that care staff had carefully consulted with each person about the support they wanted to receive and had recorded the results in an individual support plan. These plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving the assistance they needed as described in their individual support plans. This included responding to their physical adaptive needs, supporting them to maintain their personal hygiene and helping them to manage healthcare conditions.

People were offered the opportunity to pursue occupational activities. These included people working in paid positions in local shops, working in a voluntary capacity in charity shops and undertaking vocational college courses. People were also supported to pursue their hobbies and interests and were helped to take part in a range of social activities. This included being assisted to attend day opportunities services where people were supported to enjoy arts, crafts, baking and horticulture. It also included social activities such as joining friends for meals out and going to dances. In addition to this, people had been supported to attend special interest events such as watching racing at Brands Hatch and going away on overseas holidays.

Care staff understood the importance of promoting equality and diversity. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance. Care staff also recognised the importance of appropriately supporting people if they adopted gay, lesbian, bisexual, transgender or intersex life-course identities. This included being aware of how to help people to access social media sites that reflected and promoted their choices.

There were arrangements that were designed to ensure that people's complaints were listened and responded to in order to improve the quality of care. People had been informed in an accessible way about their right to make a complaint and how to go about it. Records showed that since the service was registered, the registered provider had received one formal complaint from a relative. The complaint did not directly question the care provided to the family member and we noted that senior managers from the company had met with the complainant in an attempt to address their concerns.

The registered persons had made suitable provision to support people to have a comfortable, dignified and pain-free death. This included consulting with people and liaising with their relatives to establish how best to support a person when they approached the end of their life. A part of this involved clarifying each

person's wishes about the medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

Requires Improvement

Is the service well-led?

Our findings

The registered provider had not established robust arrangements to ensure that we were promptly told about an occasion on which concerns had been raised about a person not being suitably safeguarded from the risk of abuse. Registered persons are required to tell us about these and other significant events so that we can ensure that suitable steps have been taken to keep people safe. Although we noted that in practice the concern had been managed in the right way, the oversight in not telling us had increased the risk that mistakes would be made so that the person's wellbeing was compromised.

Failure to submit a statutory notification to the Care Quality Commission about an allegation of abuse was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People considered the service to be well run. One of them told us, "The place runs good. I have what I need and the staff are okay." Most relatives were also complimentary about the management of the service. One of them remarked, "I have no real concerns about how well the care is actually managed." However, another relative remarked, "Overall, it's okay but I am concerned about the management's apparent inability to develop a stable staff team of permanent staff. At the moment there are too many agency staff filling in for vacant posts and it makes my family member feel unsettled. The management need to get on top of the staffing situation."

There was a registered manager in post. Together with the operations manager they operated a number of systems and processes that were designed to enable the service to comply with regulatory requirements. However, some of these arrangements had not been sufficiently robust to enable the service to learn, innovate and ensure its sustainability. This was because quality checks had not quickly identified and resolved the shortfalls we noted in the recruitment and deployment of staff and in submission of statutory notifications. These oversights had reduced the registered persons' ability to ensure that people consistently received safe care. We raised our concerns with the operations manager who told us that steps would immediately be taken to strengthen the way in which quality checks were completed so that the same mistakes were not made again.

We recommend that when doing this the registered persons seek advice and guidance from a reputable source about how to establish suitable systems and processes to monitor the running of the service.

Nevertheless, other systems and processes were working as planned to support the operation of the service. This included there being a senior member of care staff who was in charge of each shift. Arrangements had also been made for a senior member of staff to be on call during out of office hours to give advice and assistance to care staff should it be needed. Care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that care staff were suitably supported to care for people in the right way. Furthermore, care staff had been provided with written policies and procedures that were designed to give them up to date guidance about their respective roles.

Care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe support. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

People who received support from the service had been engaged and involved in making improvements. Records showed that they had been regularly invited to meet with the registered manager and care staff to suggest how their experience of using the service could be improved. There were a lot of examples of their suggestions being implemented. These included changes made to the decoration of the communal areas of the properties in which they held their tenancies.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included operating efficient systems to manage vacancies in the service. The registered persons carefully anticipated when a vacancy might occur so that they could make the necessary arrangements for a new person to quickly be offered the opportunity to receive support from the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider had failed to submit a statutory notification to the Care Quality Commission about an allegation of abuse.