

HF Trust Limited

# HF Trust - Lancashire DCA

## Inspection report

Unit 3, South Preston Business Park  
Cuerden Way, Bamber Bridge  
Preston  
Lancashire  
PR5 6BL

Tel: 01772629862  
Website: [www.hft.org.uk](http://www.hft.org.uk)

Date of inspection visit:  
19 September 2018  
20 September 2018

Date of publication:  
23 October 2018

## 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

This inspection took place on 19 and 20 September and was announced.

HF Trust-Lancashire DCA is a domiciliary care agency, it is owned by HF Trust Limited and is regulated by the Care Quality Commission (CQC). The service provides personal care and support for people who are living with learning disabilities or autistic spectrum disorders and who live in the Preston area. CQC only inspects community based services where people are receiving support with 'personal care' such as help with tasks relating to personal hygiene and eating.

The registered provider's office is in Bamber Bridge on the outskirts of Preston. Some people receive support in 'supported living' accommodation and share facilities with other people. People also receive support in their own accommodation.

HF Trust-Lancashire DCA has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of the inspection HF Trust-Lancashire DCA was supporting 44 people.

There were three 'registered managers' in post. A registered manager is a person who has registered with the CQC 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 and how the service is run.

At the last inspection, in January 2016 the registered provider was rated 'Good' overall. However, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for 'safe care and treatment' in relation to unsafe medication procedures. The registered provider was issued with 'requirement action' and requested to submit an action plan to identify how improvements would be made.

We checked to see if the registered provider was complying with regulations during this inspection.

We reviewed all medication processes during this inspection and found that there were safe practices in place. There was an up to date medication policy in place and all processes were adhered to by trained staff. A newly implemented medication system was in place; this reduced the number of errors and incidents which were occurring.

Care plans and risk assessments contained detailed and tailored information about each person who was receiving support. Risk assessments were comprehensive and tailored around the needs and risks of the

person.

The registered provider had robust recruitment procedures in place. Rigorous pre-employment checks were conducted before candidates were confirmed in post. Employment histories were thoroughly checked, health questionnaires were in place and the necessary 'Disclosure and Barring System' (DBS) checks were conducted prior to employment commencing.

Accident and incidents were reported and recorded in accordance with the accident/incident reporting procedures. The registered managers ensured all such 'events' were analysed and trends were established to mitigate risk.

Staff were familiar with safeguarding and whistleblowing procedures. Staff had received the necessary safeguarding training and there was relevant safeguarding and whistleblowing policies and procedures in place.

Health and safety procedures were in place. People were living in safe, clean and well-maintained environments.

The registered provider operated within the principles of the Mental Capacity Act, 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People were involved in the day to day decisions in relation to the care and support provided.

HF Trust-Lancashire DCA had a designated learning and development department. Staff were supported with a variety of different training courses that enabled them to develop their skills and knowledge around the area of health and social care. Specialist training was also provided when a training need was identified.

Staff received supervision and annual appraisals on a regular basis. There was also evidence of 'group supervision' and staff expressed that support was available on a 'day to day' basis.

People were effectively supported with nutrition and hydration support needs. People's nutrition and hydration needs were appropriately assessed from the outset and the correct measures had been implemented to safely monitor and mitigate risks which had been identified.

People received a holistic level of care and support. Referrals took place to external healthcare professionals accordingly. Care records we reviewed contained information and the necessary guidance.

We received positive feedback about the quality and provision of care people received. People and their relatives told us that staff provided kind, caring, dignified and compassionate support.

Confidential and sensitive information was safely stored and protected in line with General Data Protection Regulations (GDPR). This meant that sensitive information was not unnecessarily shared with others.

Person-centred care was provided and care records we checked contained relevant information in relation to a person's likes, dislikes, wishes, choices and preferences.

The registered provider had a complaints process in place. Complaints were responded to and managed in accordance to the complaints policy. People received information regarding the complaints procedure in a 'service user' guide.

People were supported to engage and participate in hobbies and interest they enjoyed. Records demonstrated the variety of different activities people took part in.

Quality assurance systems were effectively in place. We were provided with a variety of different audits and checks that helped to assess, monitor and identify any areas of developments and improvements that were needed.

A variety of different policies and procedures were in place. Policies were regularly reviewed and staff were familiar with a range of different policies that was discussed with them during the inspection.

The registered provider was aware of their regulatory responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Good ●

### Is the service effective?

The service remains effective.

Good ●

### Is the service caring?

The service remains caring.

Good ●

### Is the service responsive?

The service remains responsive.

Good ●

### Is the service well-led?

The service remains well-led.

Good ●

# HF Trust - Lancashire 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.

The inspection took place on 19 and 20 September and was announced.

The registered provider was given 48 hours' notice prior to the inspection visit. Prior notice is provided because the location provides a community care service and we needed to be sure that staff would be available on the day.

The inspection team consisted of one adult social care inspector and an 'expert by experience'. An 'expert by experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held on HF Trust-Lancashire DCA. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law. We had also received a number of safeguarding alerts which needed to be followed up on during the inspection.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all this information to formulate a plan for the inspection, this enabled us to identify key areas that needed to be focused on during the inspection.

During the inspection we spoke with the operations manager, three registered managers, six members of staff, six people who were receiving support and six relatives who agreed to be contacted over the phone. We also visited one of the supported living services two people were living at.

We also spent time looking at specific records and documents, including five care records of people who were being supported, four staff personnel files, staff training records, medication administration records and audits, compliments and complaints, accidents and incidents, policies and procedures, safeguarding records and other documentation relating to the management of the service.

# Is the service safe?

## Our findings

At the last inspection, which took place in January 2016, we found that the registered provider was in breach of regulation in relation to the provision of safe care people received. Medication management systems were not safe and people were not safely supported in relation to medication administration. The safe domain was rated 'Requires Improvement.' During this inspection we looked to see if improvements had been made.

We reviewed the registered provider's medications processes to establish whether people received safe support. Following the last inspection, the registered provider reviewed the medications management systems and implemented a new bio dose system to improve the quality and safety of care people received. A bio dose system consists of individually sealed tamper-proof pods which can be customised for people's requirements. The bio dose system was tailored around each person's medication support needs; this meant that people received their medications on the correct day, at the correct time and at the frequency required.

During the inspection, we checked medication administration records (MARs) and medications processes at one of the supported living houses. MARs were correctly completed by trained staff, the stock balance of medication correlated with MARs and medications were safely stored in a locked room in locked cabinets. Medication audits were in place; any errors were being quickly identified, reported and investigated.

There was an up to date and relevant medication administration policy, staff were provided with the relevant medication training and staff competencies were assessed on a regular basis. Each person had a medication folder which contained information such as a 'patient' information sheet, photographic ID, prescribed and over the counter medication information, body maps and topical (medicated) cream information and 'easy read' information for each person receiving medication support. People had relevant medication risk assessments in place and staff were aware of the different medication procedures they needed to comply with.

The registered provider was no longer in breach of regulation in relation to safe care and treatment.

Risk assessments were in place and people's support needs were safely managed. The level of risk was established from the outset and people received a tailored level of care and support based around their individual needs and risks. We reviewed a number of different risk assessments which were in place for a variety of risks which needed to be safely managed. These included, epilepsy, eating and drinking, road safety, challenging behaviours, manual handling, self-harm, medication and personal care. Staff were familiar with the people they supported; they provided us with specific examples of how risk was safely and effectively managed.

The registered provider employed a full complement of staff and people received the level of support that was expected. The operations manager confirmed that they used a low percentage of agency staff and staff vacancies were minimal across the Lancashire services. This meant that people were receiving a safe level of



care from consistent and regular staff.

During the inspection we reviewed the registered providers recruitment processes to ensure that the staff who were recruited were suitably vetted and able to provide support to vulnerable people. All the appropriate recruitment checks were conducted before employment commenced. Application forms had been suitably completed, identification was evidenced in files, appropriate references from previous employers had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments. The registered provider ensured there was a DBS panel in place. The DBS panel rigorously reviewed any concerning information and/or disclosures which were received regarding the suitability of the applicant.

Accidents and incidents were safely managed by the registered provider. There was an accident and incident reporting policy in place and staff were familiar with the necessary procedures that needed to be followed.

Each person had a personal emergency evacuation plan in place (PEEP). The PEEP identified the support needs of each person, what assistance the person needed, fire alarm information and if the person had awareness of the fire evacuation procedure. PEEP information was regularly reviewed, this ensured that the level of information was accurate and relevant to the needs of the person. There was also a 'safety audit and inspection' policy in place. This contained guidance for staff in relation to a variety of health and safety standards and safety procedure which needed to be followed.

The house we visited during the inspection was clean, homely and well-maintained. Infection prevention control procedures were complied with and weekly, monthly and annual health and safety checks and audits were routinely carried out. These ensured that people were living in a safe and secure environment.

Audits and checks which were completed included, fire checks, emergency lighting, fire doors, temperature checks and fire drills. We were also provided with up to date regulatory compliance documentation such as electrical and gas certificates. This meant that health and safety procedures were safely in place and audits and checks ensured safety standards were not compromised.

Safeguarding and whistleblowing policies and procedures were in place. Staff explained their understanding of both policies, what concerns they would raise who they would raise their concerns with. The registered provider also ensured there was a dedicated 'safeguarding lead' in place. The safeguarding lead attended local authority safeguarding meetings, disseminated information to service managers and the staff team and was a point of contact for staff and people who were receiving support.

During the inspection, the operations manager provided us with a number of different safeguarding incidents; these had been appropriately reported to the local authority, CQC and had been fully investigated to establish lessons learnt. Staff were provided with the necessary safeguarding training and appreciated the importance of complying with safeguarding and whistleblowing procedures which were in place.

## Is the service effective?

### Our findings

We received positive comments regarding the effectiveness of the care provided. One comment we received from a person receiving support included, "I like all the staff, I get supported, both in the morning and at night. They support me with making tea, taking a bath, my medication and the rest of my routine." Relatives told us, "Just really happy with the service" and "If any big decisions are being made, we are always asked to come to the person-centred meeting."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In community-based services applications to deprive people of their liberty must be made to and granted by the Court of Protection. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The registered managers demonstrated an understanding of the Mental Capacity Act, people were not unlawfully restricted and care records demonstrated people's involvement in day to day decisions about the care they required.

Staff said that they were fully supported by the registered managers. Staff received regular supervisions, annual appraisals and day to day support when required. Staff received the necessary training in order to provide effective level of care. Training included fire safety, moving and handling, safeguarding, infection control and first aid. The registered provider also recognised that staff needed to develop skills and competencies around dementia awareness. Dementia awareness training had been sourced and staff were encouraged to attend.

People received a holistic level of support in relation to their health and well-being needs. Support was provided by Speech and Language Therapists Teams (SALT), chiropodists, physiotherapy, learning disability teams, dentists, memory clinics, GP's and social workers. Staff followed the necessary guidance provided by healthcare professionals which meant that people were effectively supported with the care and support required.

People were assessed and supported with their nutrition and hydration support needs from the outset. Effective care plans and risk assessments were in place and the necessary healthcare professionals were involved, where needed Staff were familiar with people's dietary likes, dislikes and preferences and ensured that people were supported to make choices around the food and drink they consumed.

## Is the service caring?

### Our findings

People continued to receive a good level of care. Comments we received about the standard of care included, "They [staff] are kind", "Very good to me if I have any problems" and "I'm supported really well." Relatives also told us that staff ensured their loved ones were always 'comfortable' and received 'dignified care'.

Care plans were person centred and tailored around the needs of the people who received support. Care plans promoted dignity, respect, choice and independence. For example, in one care plan we reviewed it stated, 'I really enjoy most types of food but I need support in helping to choose healthy options'. Staff understood the importance of providing dignified, respectful care and supporting people with their wishes and preferences in a safe, caring and supportive manner.

It was evident throughout the inspection that staff knew the people they were caring for well. Staff could describe people's needs as well as their likes, dislikes and preferences. Care records contained personal profiles, communication profiles and person-centred plans; all of which provided staff with intricate details about how people 'preferred', 'liked' and 'wished' to be supported.

For people who did not have any family or friends to represent them, contact details for a local advocacy service were provided from the outset. An advocate is someone who can support vulnerable people with day to day decisions which need to be made in relation to their health and well-being.

During the inspection we reviewed how confidential information was protected. All sensitive information was safely secured and was protected in line with General Data Protection Regulation (GDPR). This meant that people's sensitive information was not unnecessarily being shared with others.

People were provided with a 'Service User' Guide from the outset. The guide contained easy to read information as well as pictorial images to assist with reading. The guide provided information around HF Trust-Lancashire DCA's vision, mission and values and the standard and quality of care people could expect.

## Is the service responsive?

### Our findings

People continued to receive responsive care. People told us they were actively involved in the care planning process, were invited to reviews and were encouraged to make decisions around the care and support they needed. Relatives also confirmed that they were happy with the responsive level of care their loved one received.

Records we reviewed were person-centred and tailored around the person. Records captured people's likes, dislikes, wishes and preferences from the outset. For example, care records we reviewed contained information such as, 'One of my favourite things to do is to take short breaks with my family', '[Person] likes to go swimming on Monday's', 'It is important that [persons] cup of tea is made up of 1/3 hot water, 1/3 cold water and 1/3 milk in a small cup', '[Person] will usually go to bed around 9:30, bedroom light is left on' and '[Person] chooses [their] clothes the night before and will leave them out.'

People were supported to participate in hobbies and activities they enjoyed. Staff were familiar with people's routines, interests and social activities they were involved in. For example, one person who received support, enjoyed playing snooker in a local pub and regular visits to Blackpool. During the inspection, the person was being supported to participate in both and stated, "I'm really supported with everything."

Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage and included age, medical conditions/disabilities and religious/cultural support needs. Records we reviewed demonstrated that tailored support was provided in relation to people's equality and diversity needs.

The registered provider had a complaints policy. The procedure for making a complaint was clear and people who used the service and their relatives told us they knew how to make a complaint if they needed to. At the time of the inspection there were no formal complaints being responded to.

We asked the operations manager if end of life care was provided to people who had been assessed as being at the end stages of life. We were informed that end of life care was provided, records were in place to support with end of life care and the registered provider was sourcing formal end of life training. This meant that people could be provided with specialist care and support that could be specifically tailored around the needs of the person.

## Is the service well-led?

### Our findings

We received positive feedback about the overall quality and safety of care people were received. People told us they were invited to regular meetings, their ideas were always listened to and were kept well informed of any information, updates or changes they needed to be aware of. Relatives also told us that there was a very good working partnership in place between themselves and HF Trust-Lancashire DCA staff.

The registered managers were aware their responsibilities as registered individuals. They were aware of the statutory notifications that needed to be submitted to CQC in relation to any incidents which affected people who were receiving support and/or the provision of care in general.

The registered provider ensured there was a range of different quality assurance checks in place. Quality assurance processes helped to monitor, assess and identify areas of strength but also areas of improvement that were required. Different quality assurance measures included care plans and risk assessments reviews, medication audits, medication competency assessments, staff and 'service user' questionnaires, accident and incident analysis, health and safety checks and safety audits. The registered provider ensured that any areas of development and improvement that had been identified were addressed and appropriately actioned.

During the inspection we found the operations manager and registered managers to be approachable, responsive and transparent. Staff also expressed that they felt supported by HF Trust-Lancashire DCA. Comments we received included, "My [manager] is brilliant, I receive all the support I need", "We have fantastic staff, excellent team, really good morale" and "I really enjoy my job, it's great here."

Regular staff meetings and service user meetings were taking place. People who used the service and staff had the opportunity to share their views, thoughts and opinions about quality and safety of care provided. Annual questionnaires were also circulated to people who used the service and their relatives. Some of the feedback we reviewed from the surveys included, 'Providing excellent care and support', 'Safe from danger', 'Please keep doing what you're doing', 'We are happy with the care [person] receives.'

We reviewed a range of policies and procedures. Policies contained relevant guidance and information and staff knew where to access them. Staff were familiar with different policies such as smoking at work policy, lone working, safeguarding, medication administration, complaints and compliments, diversity and equality and cleanliness and infection control.

There was a 'crisis management plan' in place. This contained information in relation to contingency plans which would need to be implemented in the event of an emergency.