HF Trust Limited

# HF Trust - North Oxfordshire DCA

**Inspection report**

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

We inspected HF Trust North Oxfordshire on the 16 November 2015. The inspection was announced. HF Trust North Oxfordshire is a domicillary care service in Banbury that provides 24 hour support to adults with learning disabilities or autistic spectrum disorder to help people live independently in the community. At the time of this inspection the agency was supporting 33 people.

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

People who were supported by the service felt safe. The staff had a clear understanding on how to safeguard the people and protect their health and well being. There were systems in place to manage safe administration and storage of medicines. There were enough suitably qualified and experienced staff to meet people needs.

# Summary of findings

People received effective care from staff who understood their needs. Staff received adequate training and support to carry out their roles effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. The registered manager had a good understanding of the MCA and Deprivation of Liberty Safeguards (DoLS).

The service had a strong culture of person centred care.The people were supported in establishing and maintaining friendships thorough links within the community. Staff built good relationships with the people who used the service and had enough time to meet their needs

People received support that was based on their wishes and personal needs. The service responded positively to people's requests, views and opinions. People's interests were recorded and staff supported and encouraged them to pursue their areas on interests. Staff respected people's privacy and maintained their dignity.

The service had good quality assurance systems in place. There were processes in place aimed at understanding the experiences of the people who were receiving support. The manager was committed to maintaining quality of support and keeping improving. Staff practices supported the service's vision of person centred active support.

# Summary of findings

## 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.

People felt safe when receiving support and had confidence in the service.

People's health and well being were maintained. People felt protected from any harm.

Staff had the skills and knowledge to care for people in a safe manner.

People's medicines were managed safely.

There were enough staff to support people's needs.

**Good**

**Is the service effective?**
The service was effective.

People were supported in making their meals and keeping healthy.

Staff received training and support to enable them to provide the best care possible.

**Good**

**Is the service caring?**
The service was caring.

The service had a strong culture of person centred care. Staff built good relationships with the people who used the service and had enough time to meet their needs.

People were pleased with the quality and consistency of care they received.

The day to day practice of service was built on key principles of respect dignity and kindness.

People were supported in maintaining their independence.

**Good**

**Is the service responsive?**
The service was responsive.

People received person centred care which enabled them to pursue personal interests, education and work.

Any changes in people's needs were timely addressed and other healthcare professionals involved appropriately.

People gave their views and raised complaints which were then used to improve the approach to care.

**Good**

**Is the service well-led?**
The service was well led.

The service had a no blame culture. Staff were happy to admit to any errors and looked to learn from them.

**Good**

# Summary of findings

People, relatives and staff were able to raise concerns and their views were used to make positive changes.

There were robust systems in place to identify any potential improvements to the service as well as assure quality.

# HF Trust - North Oxfordshire 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 16 November and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of three inspectors.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We also reviewed the information we held about the service and the service provider. We received feedback from three healthcare professionals who worked closely with the domiciliary care service.

We spoke with the registered manager and five staff which included two care staff, two senior carers and a team manager. We reviewed a range of records relating to the management of the domiciliary care service. These included five staff training files, employment and support records, quality assurance audits, minutes of meetings with people and staff, incident reports as well as complaints and compliments. We spoke with nine people by telephone and reviewed a range of records about people's care. These included care records for four people consisting of medicine administration record (MAR) sheets, risk assessments and other records relating to personalised care for the people.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person said "Yes it is safe". Another one said "I think the service I get here is really good thank you". People were supported by staff who were knowledgeable about the procedures in place to keep them safe from abuse. For example, staff had attended training in safeguarding people and had good knowledge of the provider's whistleblowing and safeguarding procedures.

Staff we spoke with had completed safeguarding training as part of their induction as well an annual update. There was clear safeguarding guidance in place. Staff were knowledgeable about the relevant reporting procedures. They knew how to report any safeguarding concerns to the manager or provider. Staff also knew how to protect people in the event of a suspicion or allegation of abuse, which included notifying the local authority and Care Quality Commission (CQC). One staff member said "I'd contact the manager and I'd call the learning disabilities team. I've had the training so I know what to do". We saw that systems to protect people from financial abuse were effective.

There were arrangements in place to support people in the event of an emergency and staff were aware of these.

The service used an assessment system to assess risks and report any injuries,diseases and dangerous occurances regulations (RIDDOR). These are injuries, diseases and dangerous occurances to staff or people that are required by law to be reported. There was a system in place which automatically raised alerts to the manager who investigated and resolved the raised risks. The timely response created by this system ensured risks to people were prevented and their safety maintained. The manager understood their responsibilities in relation to raising safeguarding concerns.

Risk assessments were completed for people who used the service. These included risks on behaviour, leisure and hobbies, personal care, finances as well as other person specific risk factors. The risk assessments had detailed information about action to be taken to minimise the chance of potential harm occurring to people. For example, one person wanted to get a job locally. A risk assessment had been completed on the type of job and the venue to ensure the person's safety. Some people using the service had behaviours that could be seen as challenging. There was clear personalised guidance in place to both prevent and de-escalate situations that may occur. Staff we spoke with understood this guidance. We saw from incident reports that this guidance was followed.

The service recorded and reported accident and incidents appropriately. Staff were debriefed and supported following accidents and incidents. For example one person was causing harm to themself. The incident was reported and investigated and a record of the meeting held on file. This included what led up to the incident, what happened, learning from the incident and what support the staff wanted. Learning from such incidents was shared through staff handover, team meetings and supervisions.

There were enough suitably qualified and experienced staff to meet people needs. However we did note that some staff felt that in the event of sickness and absence, staffing was stretched. The manager recognised this and were actively trying to recruit. We found there had been no impact on people as a result of the situation and staff told us they were committed to ensuring consistency of care. One member of staff said, "We do have problems recruiting at present. Yes we need more, we cover extra shifts ourselves to keep agency use down and maintain a level of care". Another member of staff told us, "When I started it was fine but now we are struggling a bit. We cover gaps with overtime so it doesn't impact on our clients. The managers cover some shifts as well". Staffing levels were determined by the people's needs. The service considered potential sickness and staff vacancies when calculating the number of staff needed to be employed to ensure safe staffing levels.

Safe recruitment procedures were followed before new staff were appointed to work with people. The five staff files we looked at contained appropriate references and a Disclosure and Barring Service (DBS) check ensuring that staff were safe to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable people.

Medicines were administered and managed safely. There were policies and procedures in place to support staff to ensure medicines were managed safely. Medication risk assessments had been completed to ascertain whether they were able to administer their medicines independently or required support.

Good

# Is the service safe?

Staff received medicines training and were observed to ensure their competence. Staff we spoke with told us their medicines administration competency was assessed every year as well as immediately following any medicine error. The training records we reviewed confirmed this. Where medicines errors had occurred, the manager had responded by introducing measures which reduced the risk of errors and ensured medicines were safely administered. The manager also introduced team medicine trainers who performed regular staff observations and audits of medication administration records (MAR) to ensure medicines were being administered in line with peoples presciptions.

Each person had a medication file with medication list, MAR, stock control sheet and medication leaflets which alerted staff of the common side effects of specific medicines. The MARs we reviewed on the day of the inspection had been completed accurately. Staff were able to describe how they supported people with their medicines whilst maintaining their independence. One member of staff said “I support people with medicines and record it all. Regular medicines are fine but if there is a new medicine, people are sometimes reluctant to take it, but we support them. I’ve had the competence checks”.

Good

# Is the service effective?

## Our findings

People felt staff had the skills to meet their needs. One person said "They (staff) come and help me with lots of things, they know what to do". Another one said " They help me go out, I don't go alone". The service worked with a team specialising in positive behaviour which supported people who exhibited challenging behaviour.This team's strategies were effective. For example, a person's use of when necessary medicines had been reduced significantly since being supported by them.

People felt staff who supported them were knowledgeable. The service invested a lot of time for new staff to get to know people and ensure they were skilled enough for their needs. For example, staff spent the first few shifts of employment just shadowing more experienced staff and getting to know people. Staff knowledge about people's needs meant they could recognise when people's mood or behaviour changed which could indicate a physical or emotional health concern. This enabled the service to refer people to other health care professionals such as speech and language (SALT) and district nurses when required.

New staff benefitted from a comprehensive induction programme. This included training in first aid, safeguarding vulnerable adults, moving and handling, Mental Capacity Act 2005 (MCA) and a foundation course in care. The MCA provides a legal framework to assess people's capacity to make certain decisions at a certain time. The service has also introduced the care certificate as mandatory training. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This gave staff the skills and knowledge to carry out their roles and responsibilities. Staff were happy with the training and felt it prepared them for when they were looking after people in the community. One staff member said "Training has been very good,very focused. I feel truly equipped to do my job". Another one said "Induction was good as I hadn't worked in care before. It gave me the support I needed to gain confidence in the role".

Staff benefited from regular supervisions and yearly appraisal support. Staff were supported through this process to reflect on their practices and raise any concerns. For example, one person in their supervision had raised an issue relating to health and safety checks. Action was taken to ensure the team were clear about their responsibilities through team meetings as a result of this information. The appraisal system included a contribution from people which was gathered using a feedback form. The form was presented in an easy read format with simple questions in picture form. For example, one question asked, "Are they (staff) ever unkind". We saw the person had ticked 'no'. This allowed the people to review the staff on how support was delivered. People's appraisals were used to review supervisions across the year and identify objectives for the following year to develop staff practice and improve the support people received.

Staff were fully supported in pursuing areas of interest related to their roles and develop professionally. For example, a member of staff had a personal interest in dementia. The member of staff had received specific training and could support team members in the service to understand the needs of people living with dementia. Staff were encouraged to develop professionally. One member of staff had completed level 2 diploma in health and social care. Another member of staff was taking a degree course in behavioural analysis and interpretation.

Staff were aware of their responsibilities under the Mental Capacity Act 2005. Where people lacked capacity to make decisions, mental capacity assessments had been completed in line with legal guidelines. These guided staff to ensure decisions were made in the person's best interest. Staff knew to always ask for people's consent prior to any care provision or support. A member of staff said "The people I support are very verbal so I have no issues gaining consent. We also have capacity assessments, which means we know how capable they (people) are of providing consent". Another said "I've had the training. This is about people's decisions and supporting them to make decisions".

People told us they enjoyed food preparation sessions with the staff. Comments included: "We do a bit of baking now and again. I'd like to have a go at baking home made sausage rolls"; "Yes staff help with cooking food" and "I'm cooking in a few minutes, I am cooking toad in the hole and we will have vegetables and potatoes". People were supported with food preparation and maintaining healthy options. Each person had a specific care plan which gave helpful tips on food choices, menu choices and pictorial recipes with ingredients. Staff assisted with meal

Good

# Is the service effective?

preparations and ensured people were involved. People received input from a dietician and people were supported in attending slimming clubs. This was reflected in care plans.

We looked at people's care plans which contained detailed information on the level of support they needed to ensure their dietary needs were met. There were risk assessments in place specific to each person's needs. For example, one person was identified as risk of choking. They had a detailed plan of care relating to their specific dietary requirements. There was a list of signs of choking in the person's care plan. Staff we spoke to knew the importance of following such specific care plan details.

Good

# Is the service caring?

## Our findings

People told us the staff were caring. One person said "The care I get here is really good". Another one complimented that the staff were nice all the time. Comments from the staff included "I definitely care about these people. I am part of their lives. You know, I see little bits of myself in the people I support", "We give people lots of opportunities, promote independence and care for their quality of life. The manager told us that staff were passionate about their jobs and they really cared. People told us they were involved in chosing the staff who supported them to ensure that positive relationships could be encouraged from the beginning.

People were complimentary of the staff. One person said " Staff are nice and they turn up on time".Another one said "Staff are very funny and they come to the house when they are meant to. We choose them (the staff)". People had confidence in the support they received and had a good relationship with the staff. We received feedback from other healthcare professionals which showed that staff were very caring and would go out of their way to support people. For example one person had been supported by staff in getting a pet rabbit using their own personal time.

People felt their privacy and dignity was respected. Comments included "My doors are locked and staff knock before they come in"; "Staff who help me with showering are polite" . Staff also confirmed they were respectful of people's privacy and dignity. Staff also told us that they addressed people with their preferred names. Staff were respectful of people's homes and during our discussion with them they all confirmed they knocked on people's doors to get permission before entering. One member of staff said "People have locks on their doors. We knock on doors and get permission before going into a person's room". Another staff member said "I make sure windows and doors are closed and keep things private with personal care. It's about the person". Staff guidance on privacy and dignity had been given as part of their induction.

Staff told us how much satisfaction they got from making someone's day a bit better. The majority of the staff had worked for this provider for a long time. This continuity of staff had led to people knowing staff well and developing meaningful relationships with them. People benefited from a staff team who encouraged independence and engagement for people regardless of their level of disability. This allowed people to do things that mattered to them. People were encouraged to do as much personal care as they could despite how small it looked. One member of staff said "We offer choice and involve them, even small things like putting a tea bag in a cup".

People were supported in maintaining their independence. For example, one person wanted more independence with their finances. The staff supported them by making pictoral finance sheet and guide to using a calculator. One person had a weekly planner which showed them how much money they needed for each different day. Other people were supported with shopping, attending college and visiting their families.One member of staff said "I try to involve them by promoting their independence so they can do as much for themselves as they can. If we go for a walk, I let them choose the route".

People benefited from a culture that encouraged positive risk taking and this promoted personal growth and independence. Pictorial risk assessments and decision making pathways were used to allow choice and enable the development of people in independence. For example, one person had been supported in deciding about the need for door sensors. People were supported and encouraged to try new things. These were small things that they would do which made huge differences in their daily lives. One person did not like going out and staff told us they had encouraged them to take pictures when they go for walks. They now wanted to be outdoors most of the time so they could take animal pictures.

Staff supported people to maintain relationships with people who were important to them like family and friends. This was through visits, holidays and electronic methods like phone calls or skype. For example, the service supported a couple to set up a home and rent privately together and they have since got married.

The manager told us that people had access to local advocacy. Such advocates independently support people who have difficulty in expressing their needs and views. For example, a person the service supported had been assisted by an advocate in expressing his desire to move homes.

People were given an option of having an end of life care plan. Families had been involved in some cases but others had found it too difficult to address. The manager admitted this was often a sensitive area to discuss with some families. The people the service supported often did not

Good

# Is the service caring?

easily understand the idea of the plan. In some cases people had discussed their wishes and planned details about their funeral. Staff told us they had been very supportive throughout the whole process.

Good

# Is the service responsive?

## Our findings

People's care and support was planned with them from the very beginning. Staff delivered personalised care which was tailored to people's views and preferences. Some of the staff comments included "We look at the individual and consider their interests"; "It's about care for the individual. Doing things in a personalised way"; "People want things done their own way. We know this, everybody is different".

People's life histories, preferences and hobbies were captured in their personal files. This information enabled staff to identify sports and activities which people could be supported in pursuing. For example, one person wanted to be a trustee on My Life My Choice – which is a self advocacy organisation helping people with learning disabilities live the life that they choose. Staff encouraged and helped them make an application.Staff developed weekly plans with people tailored around people's preferences and choices. One person said "I always dress smartly. I go to church from eleven to twelve but this Sunday we are all going out with all the staff for our Christmas lunch". People were supported and encouraged to attend social events like the annual ball and speed dating

People had 'daily routine charts' which detailed how all the support was to be given. Care staff had a detailed understanding of peoples support needs. This prevented triggering any challenging behaviour due to change of routine. One staff member said "I am aware simple things like how someone wants to wash their hair maybe pouring water with a cup rather than use a hand shower can upset them when done wrong and trigger a challenging behaviour".

The service had a person centred approach to care. Staff were trained in 'Person Centred Active Support' (PCAS) which encouraged independence and engagement of a person regardless of their level of disability. This allowed people to do things that mattered to them. People were offered choices and treated as individuals.The care plans that we reviewed reflected that care was centred on people's individual views and preferences.

Care assessments were undertaken to identify people's support needs and focused on how these needs were met. They were reviewed regularly and any changes matched changes required in people's support needs. For example, one person's confidence had improved significantly and staff supported them in using public transport. This gave the person more independence in travelling safely from one place to another without the need for staff escorting them. As a result this person attended college independently. The service encouraged people to lead their own care reviews. One member of staff said "People attend care reviews and all risk assessments are done with them. We make all information accessible to them".

There was a robust system in place which ensured timely actions were taken to address any changes in people's support needs. Staff recorded what the changes were, when they were noticed and how they were addressed, creating a detailed audit trail of events. The system was user friendly and allowed clear information sharing among staff. For example, one person had shown mood changes over a short period of time. Staff had captured these changes in daily records and the person was urgently referred to the learning disability team. The person's medication doses were adjusted and they recovered quickly.The service worked closely with the learning disability team, the care management team and the Hft (HF trust) specialist skills team. People were referred to these teams in response to changing needs or concerns raised by them or the staff. One staff member said "We make good referrals and when specialist knowledge is provided, we make good use of it". For example, one person fell and fractured a hip. Referrals were done and the person was relocated from an upstairs flat to a groundfloor accommodation in a timely manner.

The service facilitated regular house meetings and one of the themes on the agenda was healthy eating. The house meeting minutes were shared throughout the teams and suggestions shared to encourage the people with their independence. The service listened to the people who received support. There was an accessible complaints procedure called "Making Things Better" as well as a "Voices To be Heard" group. This allowed people to make suggestions that mattered to them.

People were involved in the recruitment process. People had developed a poster of 'What Makes a Good Support Worker' which is sent to people applying for jobs in the service. One person said "Each of the house have someone help with the interviews. I jumped at the chance and went to the office and dressed very smartly".

The service had a complaints policy and procedure in place. People and staff knew how to raise complaints.

Good

# Is the service responsive?

When people were not happy to raise any concerns with staff, they were asked if they wanted support to make a complaint. One member of staff said “We have the complaints forms for them and would help them make a complaint. People also know they can contact the manager if they have a complaint about the care team”. Another one said “I would definitely help someone complain if they felt the need to”. The service used complaints and concerns raised to make changes in the support given to the people. For example, a family and friends questionnaire identified communication loopholes which resulted in the service introducing a family newsletter twice a year. This highlighted changes that families and friends needed to know which could have an effect on people’s care.

During the inspection we saw a couple of complaints that had been raised in the last year. We reviewed to see how these had been managed by the service. The registered manager had fully investigated them and had provided a response to the complainants. They had also used these complaints to make changes and improvements within the service. The records we reviewed showed that the service worked well with the local authority to ensure safeguarding concerns were managed effectively. The service also compiled quarterly health and safety reports which they submitted to their divisional director. This allowed the provider to maintain an overview of the incidents across services and identify possible reasons or causes of any obvious trends. The manager investigated any high volume incidents and developed a plan to prevent them.

Good

# Is the service well-led?

## Our findings

The service had a registered manager in place who was supported by team managers who were directly overseeing two to three homes each. The manager was a role model who acted on people's views. For example, in the previous annual survey, a relative had suggested improved communication with the service. As a result the service now publishes a newsletter twice a year and this gives people and their relatives information on service news, updates and events. The manager often gave support to the people and the people knew her. People had the manager's number and could contact them at any time.

The manager told us the service had a transparent and no blame culture. Staff told us they felt fully supported by the manager and were encouraged to learn from mistakes. The service was open to suggestions and learning was shared across the board. Comments included "We take our own responsibilities and are happy to admit to errors. We look to learn from errors making positive change", "There is no culture of blame here. I have made mistakes and the emphasis has always been let's fix it", "This is an open and honest service. We share knowledge and learning which is healthy". One staff member had received training in cerebral palsy as a training relevant to the people they supported. They had shared what they leant with their team and inspired them to attend such training. This resulted in better support for people with cerebral palsy.

Staff we spoke to felt the service was well led. They had a really open and good relationship with the manager. Staff comments included "Really nice, very familiar to staff and clients. They have a person centred approach and they are very approachable. I find them supportive", Very good, approachable, supportive and kind", "My manager is supportive and helpful and they have helped me with my work".

Staff spoke highly of the service being a good place to work. The manager told us that the divisional manager attended full staff meetings twice a year. A staff satisfaction survey had been carried out to assess how staff felt about the service. Staff loved being part of this service. Comments included "I like what this service stands for. Everyone is lovely"; I love it here. I have a passion for caring" and"I love the people I support. That is why I love my job".

The registered manager told us that they had an internal compliance system used to self regulate by monitoring the quality of the support provided. This was in line with the CQC five key questions- safe, effective, caring, responsive and well led. This was a self assessment tool used to identify areas that needed improving and plan changes across the services. Results from this assessment tool were reviewed at head office level within the organisation. Areas that needed change were identified and resources made available in facilitating those changes. Action plans were built using the outcomes of this assessment tool. The registered manager also provided evidence which showed that audits of finances and medicines had been carried out. Finance auditing was done by staff as well as an independent auditor.

The manager told us that they were a member of a number of local networks and groups. This allowed her to to keep up to date with what was happening locally and nationally in adult social care. People were involved in their local community as a result of this. People participated in local activities like voting, getting paid jobs and even participate in race for life to raise money for charity work.

Team meetings were themed around how to best support the people independently in safe environments. Discussions were focused on reviewing any actions from the last meeting, general overview of the welfare of each supported individual and how to keep improving. The service took pride in providing person centred active support which was their vision.