

HF Trust Limited

HF Trust - Kingston 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

This inspection took place on 14 and 15 October 2015 and was announced. We told the provider two days before our visit that we would be coming. At the last inspection on 23 October 2013 the service was meeting the regulations we checked.

HF Trust Kingston Domiciliary Care Agency (DCA) provides care and support for 14 people with learning disabilities, who live in their own homes in the borough of Kingston.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 about how the service is run.

People told us they felt safe with the support they received from staff. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service and staff how to report potential or suspected abuse. Staff we spoke with understood what constituted abuse and the steps to take to protect people.

Summary of findings

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe.

The registered manager ensured there were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff received training in areas of their work identified as essential by the provider. We saw documented evidence of this. This training enabled staff to support people effectively.

Appropriate arrangements were in place in relation to administering and the recording of medicines which helped to ensure they were given to people safely.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so. Where people did not have the capacity to make their own decisions, other professionals and families were involved in making decisions for people that were in the person's best interest.

People chose their meals and were supported to have a varied nutritious diet, to eat and drink well and stay healthy. Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing.

People were involved in planning the support they received and their views were sought when decisions needed to be made about how they were supported. The service involved them in discussions about any changes that needed to be made to keep them safe and promote their wellbeing.

Staff respected people's privacy and treated them with respect and dignity. Staff supported people according to their personalised care plans, including supporting them to access activities of their choice.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. The complaints policy that was provided in an easy read format.

Staff gave positive feedback about the management of the service. The registered manager and senior staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions and action plans were developed where required to address areas for improvements.

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. Staff knew how to identify the signs that people might be being abused and how they were required to respond. The provider had undertaken all appropriate checks before staff started their employment. In this way only suitable people were employed.

Staff received medicines training and this was refreshed regularly. In this way, medicines were administered to people as safely as possible and the risks of errors were minimised.

The provider had completed risk assessments to help ensure the safety of people and staff. Accidents and incidents were recorded and action taken to minimise the possibility of re-occurrences.

Good



Is the service effective?

The service was effective. The registered manager and staff were aware what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

When joining the service, staff had an induction programme. They also received regular training and support to keep them updated with best practice.

The provider had arrangements in place to make sure people's general health including their nutritional needs were met.

Good



Is the service caring?

The service was caring. People were encouraged to maintain their independence whenever possible.

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

The service tried to make sure they provided the same care worker whenever possible so people had consistency and continuity of care.

Good



Is the service responsive?

The service was responsive. The support plans and risk assessments outlining people's care and support needs were detailed and reviewed annually or earlier if any changes to the person's support needs were identified.

People had opportunities to share their views about how the service was run.

The service had a complaints policy and procedure which was provided in an easy read format, so that people knew what to do if they had a complaint.

Good



Is the service well-led?

The service was well-led. The service had a registered manager in post who was aware of their responsibilities.

The registered manager was approachable and staff felt supported.

The registered manager carried out regular checks to monitor the safety and quality of the service.

Good



HF Trust - Kingston 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 14 and 15 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that the manager would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service.

During the inspection we went to the provider's registered office and spoke with the registered manager, the regional manager, five staff and the administration staff. We visited and spoke with three people in their own homes on the second day. Not everyone was able to verbally answer our questions, but with the help of staff, sign language and people's reaction to our questions we were able to understand their answers. We reviewed the care records of four people who used the service, and looked at the records of four staff and other records relating to the management of the service.

Because staff were working on a one to one basis with people we were unable to speak to them privately. So after the inspection we emailed a short questionnaire to 12 care staff, the chair of the families' forum, and four care managers from the local authorities who support people who use the service. We received four replies from staff and one reply from a local authority care manager.

Is the service safe?

Our findings

People told us they felt safe with the care and support offered by HF Trust Kingston DCA. One person told us, “Staff are my friends.” Another person smiled and nodded their agreement when asked the same question. Our observations showed us that people and staff were happy working together.

The service had taken steps to make sure staff safeguarded adults at risk. Staff were able to tell us what signs they would look for to identify people at possible risk of abuse, and what action they would need to take to ensure people’s safety. The provider had developed their safeguarding policies and procedures and these were readily available for staff to read. Staff told us and we saw evidence they received regular training about how to identify abuse and what action to take. The registered manager was aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts.

We checked recruitment records to make sure staff had all the appropriate checks prior to starting work with the service. We saw this included a completed application form, notes from the staff’s interview, two references, and proof of identity and criminal records checks. Care staff had also been assessed as fit for work through a completed health questionnaire. This helped to ensure that only people deemed to be suitable by the agency were employed to work within the service.

We looked at four risk assessments. These documents identified possible risks to people and how they could be minimised. The risk assessments were divided into categories such as finances, travelling and activities. All the identified risks and risk management plans to mitigate the risks were then summarised in a one page document that was quick and easy for staff to read. This helped staff to quickly understand a person’s needs and to help keep them safe. Staff we spoke with said they were very helpful.

We saw that HF Trust had finance policies and procedures that staff had signed to say they understood. These were drawn up to help staff appropriately manage people’s money, where a person was unable to manage their own finances. We were told by staff that a senior support staff member would check the finance recording sheets on a

weekly basis. Records showed that at the end of each month the registered manager would audit the financial recording sheets and sign to state that there was no financial irregularity.

We found an example where a person might have been at risk of financial abuse from another organisation. In this instance the registered manager worked with the local authority who commissioned the service to help protect the person from the risk of abuse. We spoke to the local authority care manager who confirmed they were working with HF Trust to ensure people finances were kept safe.

The provider had arrangements for health and safety checks of a person’s home to ensure staff were working and people living in a safe environment. A health and safety folder was kept in each house and was checked monthly to ensure the environment was safe. Staff told us they received training to do with manual handling and first aid. They said this helped them to do their work safely with people who needed this support.

The provider had arrangements in place to deal with emergency situations to ensure continuity of service. There were contingency plans in place for example, if the computer systems went down, there were still paper records which could be used to identify who needed a service on any given day. There were also contingency plans if any of the homes people lived in became unliveable, such as through flood or fire. Where several people with learning disabilities lived in a house of multiple occupancy staff carried out fire evacuation drills to ensure that all people understood what to do in the event of a fire and could leave their house safely.

The service kept a record of accidents and incidents in people’s care plans. The registered manager told us any issues were immediately reported to the person’s family. There was an analysis of significant events by the registered manager to see if there were any patterns that could be established and if so what action was required to prevent re-occurrences.

We talked with the registered manager about the arrangements for the administration of medicines to make sure it was completed safely. The majority of medicines were delivered from the pharmacy in pre-filled blister packs; this helped to mitigate the risk of errors. Once staff had administered medicines they signed the medicines record to confirm these had been given. This medicines

Is the service safe?

record was then retained at the office by the service. Medicines were stored in locked containers in a person's home and people were encouraged to be as independent

as possible with the administration of their own medicines. We saw evidence of this and staff confirmed they received training in the safe administration of medicines and they said this was refreshed regularly.

Is the service effective?

Our findings

Staff had the skills, experiences and a good understanding of how to meet people's needs. We asked one person who received services what was the best thing about HF Trust Kingston DCA and they said, "Doing the things I like to do." They confirmed that staff had the skills to assist them in doing what they liked to do.

Staff received an induction programme and training in line with their roles and responsibilities. We saw that during the induction period staff were required to shadow senior staff, until they felt and were judged to be confident to work with a person individually. Staff underwent a probation period during which time they met with their manager. We saw the notes of these meetings that included information about their progress and which highlighted possible areas of their work that needed improvement. This induction process was effective because it meant that people were cared for by staff who were appropriately supported and trained.

The provider had identified a range of mandatory training courses and we saw documented evidence that staff completed annual refresher training courses including behaviour management, the safe administration of medicines, health and safety, infection control and fire safety. Staff also completed additional training identified as necessary for providing safe and appropriate support for the person using the service. The registered manager explained the training accessed by staff was a mix of classroom and e-learning. Staff were appropriately skilled and knowledgeable to meet the needs of people using the service.

Staff had supervision sessions either with the registered manager or other senior staff every four to six weeks. The registered manager said if the need arose then this could be provided earlier and as required. During our visit to the HF Trust Kingston DCA offices we inspected staff files. We saw minutes of staff supervision sessions notes. Discussions about the care delivered, any learning or actions identified following training and other issues were recorded in the notes of the supervision session. We saw

that staff had received notes of their supervision sessions signed and dated so they were aware of any actions they had to take. All staff had an annual appraisal. We saw copies of detailed appraisal notes including any identified training needs and discussion about the support they provided to people.

The service arranged a variety of team meetings dependent on whether staff worked as a team in a multi occupancy house or with one individual person. These meetings gave staff the opportunity to discuss any changes in procedure, legislation and any issues that had arisen. We saw copies of the minutes taken from these meetings.

The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. Training records showed staff had attended training on the MCA which they confirmed to us they had received. The policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and gaining a person's consent before delivering support. Where people did not have the capacity to make their own decisions, other professionals and families were involved in making decisions for people that were in the person best interest.

With regard to people's nutritional needs, staff told us they helped people to plan their weekly meals, assisted them with shopping and preparing the meal. We saw that each person had a meal planner and this was provided in both, word and in pictures. This helped to ensure people received the information to make choices about their meals. People could also choose to eat out at a restaurant and staff would accompany them if required.

The service supported people to meet their health needs. This often involved monitoring people's health and encouraging them, with assistance, to contact their GP or other healthcare professionals. Staff told us they could accompany a person to the GP's or the dentists to assist healthcare staff communicate effectively with a person. Staff would gain agreement from the person before accompanying them and a staff member of the same gender as the person could be used when required.

Is the service caring?

Our findings

When we visited people in their homes we could see they were happy and relaxed with staff. We saw people being treated with kindness and compassion with the support they received. Staff encouraged people to be as independent as they could be within their own limitations. In this way people were provided with support whilst maintaining their independence.

HF Trust is an established service that provided care and support to people with learning disabilities. We could see from our observations that staff knew people well. Staff told us they had read people's support plans, had spoken to people's families, had spoken to other staff and observed support being given and this helped them to get to know the person and how they wanted to be supported. People using the service were involved in the annual review meeting of their support plan. Staff confirmed this and we saw evidence of this on people's care files. This helped to ensure people received the service they wanted and that met their needs.

Where people shared a house there was a 'Grumble' book. Anyone could write in this book with their concerns or comments and these would be actioned and signed off by staff once the concern had been rectified.

People also had monthly 'key worker' meetings and these discussions were documented in an easy read report, which staff signed and people signed, where they were able to. HF Trust had also trained one of the staff to lead 'Voices To Be Heard' meetings. This gave people the opportunity to get together and talk about what they wanted to, to share their opinions. Where a person was unable to vocalise their opinion or thoughts, staff would work with them to ensure they had their say.

Staff enabled people to make decisions by taking the time to explain things to people and to wait for the person to

make a decision. We asked staff how they knew for people who had limited communication skills whether they were happy receiving the service or with the activity they were engaged in. Staff used various methods to help the person understand information and make decisions such as showing them the actual choice of food or drinks or by using pictures. People also used iPad or Makaton. Makaton is a language programme using signs and symbols to help people to communicate.

One staff member said, "You try lots of different things and watch a person carefully for any signs that they are happy." We saw this for ourselves when a person and staff came in from shopping and together they were making a choice of what they would like to do next. We asked the person if they were enjoying what had been planned and they indicated they did. Another person told us about the course they were on and how the staff enabled them to attend college and engage in the activities. They happily showed us their course work. This helped to ensure people received the support they wanted.

The service recognised the importance of providing the same staff consistently over time. This meant that people receiving a service had some continuity from staff who understood their needs and were reassured by familiarity. The manager confirmed they did not use agency staff but covered any staff absences from within their own staff team.

Two people were able to tell us staff treated them with privacy and respect. Staff told us how they provided care to people to ensure their privacy and dignity. This included making sure doors and curtains were closed, and talking to the person throughout to let people know what they were doing. Staff were aware of the principle and importance of confidentiality. Written information about people using the service was kept on a secure data base system and paper copies were kept securely by the person in their own home.

Is the service responsive?

Our findings

People's needs had been assessed and information from these assessments had been used to plan the support they received. Staff from HF Trust Kingston DCA would visit a person to assess their support needs including the person's health, their ability to consent to support, the level of their personal care needs and their social needs. This was all explained to the person in an easy to understand way; staff told us they did this by talking to the person about the process and the relevant stages.

Support plans were in an easy read format, written in the first person and comprehensive in their content. They had considered who the person was, their background, knowledge and wishes of how they would like to be supported. The support people received was tailored to their individual needs and was designed to be adaptable to the person and to help build a person's confidence in their everyday life. We could see that people, their families, and other healthcare professionals had been involved in the development of the support plans and where people were able to they had signed their support plan. The registered manager told us and we saw evidence in the support plans that once a person had started to use the support services their needs may change and staff would reassess the support given in line with the person's developing needs.

Each support plan detailed a person's likes and dislikes, how they communicated, their skills and daily activities. Plans outlined a person's disability and how this affected

the support they needed and the personal goals they wanted to achieve. This awareness of a person's individual needs and the flexibility of the staff helped to ensure that people received the support they needed.

People were spoken to individually about what activities they would like to do and how they would like to spend their time and staff supported people to do these activities. We also heard about one house where three people lived together and the 'house mates' meetings they had. Leaflets and information about outings, shows or exhibitions were all laid out on the dining table and discussions took place as to what people would like to do. They had organised several 'house' events such as a family BBQ and other individual outings to the theatre or cinema. Staff told us what people did was their choice and they were just there to help organise and facilitate.

Other people were assisted by staff to work, both paid and in the voluntary sector. One person had worked with staff to draw up their weekly work plan, detailing the places and times they needed to be somewhere. They had asked staff to show us their plan because they were proud of the way they had worked with staff to ensure they didn't miss any of their scheduled commitments.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. There was an easy read version of the complaints process. We saw complaints were logged in the complaints file. The registered manager told us that any concerns people had, whether about the home, the environment, staff or other people were dealt with promptly and this helped to stop the concern becoming a complaint. Documents and records we looked at confirmed what the manager told us.

Is the service well-led?

Our findings

Staff we spoke with told us they felt the service was well-managed. One staff member said, “I can categorically say the management of HF Trust is brilliant”, another staff member said “I have no issue with management at HFT they have always being very supportive”.

The service had a registered manager in place. During our inspection visit we saw that the registered manager was aware of all aspects of the service including the support needs of all the people using the service. We found staff were positive in their attitude and seemed to be committed to the support and care of the people using the service. They said the service had improved and communication was now better than before.

Staff felt the registered manager and senior staff supported the team to consider ways they could provide people with better standards of care and support. One staff member told us, “We are encouraged to discuss any issues and the manager listens”. Staff said they were able to raise issues and make suggestions about the way the service was provided either in one to one meetings or team meetings and these were taken seriously and discussed. We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered appropriately.

Systems were in place to monitor and improve the quality of the service. The registered manager and senior staff conducted unannounced ‘spot checks’ on staff working with people. This gave them the opportunity to speak with staff and people receiving the service and to ensure the care delivered was in line with the person’s support plan.

We saw records to show that in 2014 the registered manager carried out an annual satisfaction survey. The responses in the form of the number of returned questionnaires had been poor but the responses they received had been positive. To help ensure the services gained family and relatives feedback a relatives meeting was held in June and another organised for December 2015. There was also a family and friends forum that would feedback information to HF Trust on any concerns or ideas they had about the service delivery.

We saw the results of the HF Trust wide survey of staff conducted in July 2014. The results had been broken down into individual services. Many of the responses were positive, and the registered manager and regional manager agreed that any of the negative responses received were reflective of how of the service was at that time. They felt that improvements had been made and staff we spoke with agreed that HF Trust Kingston DCA was now a better, more positive place to work.

The registered manager had quality assurance systems in place to monitor the scheme’s processes. An example we were shown was the staff supervision records. This charted the dates when staff received their supervision and set out the planned dates for the year ahead. This is a useful tool to monitor the frequency of staff supervision and acted as an aid to help ensure the regularity of it.

The manager provided us with evidence of a similar record charting staff training. This evidenced the scope of training delivered and highlighted any training needs for staff. Another quality assurance record we looked at was an audit tool used to monitor and audit peoples support plans to ensure they were up to date.