

HF Trust Limited

# HF Trust - Devon DCA

## Inspection report

28-31 Teignbridge Business Centre  
Cavalier Road, Heathfield Industrial Estate  
Newton Abbot  
Devon  
TQ12 6TZ  
Tel: 01626839930

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### Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

HF Trust – Devon DCA (Hft) is part of a larger national provider for people with learning disabilities (HF Trust) and is registered to provide personal care to people living in the community. At the time of this inspection the service was supporting 33 people with varying support needs in a total of 13 supported homes. Some people lived alone, requiring minimal support and others lived in shared accommodation with support during the day and overnight.

This inspection was announced and took place on 26 April and 2 May 2017.

The service had 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.

We previously undertook a comprehensive inspection of the service in April 2016 when we rated the service as 'good' overall with the question of 'well-led' rated as requires improvement. In December 2016 we undertook a focused inspection in response to concerns raised with us about people not receiving safe care and treatment and the staffing arrangements within the service. We rated the key question of 'safe' as requires improvement. We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection in December 2016 the service sent us a plan describing the actions they had taken to improve.

At this inspection, in April and May 2017, we found improvements had been made to staffing arrangements and how the service was managed. However, while people were receiving safe care and support, some improvements were required to ensure risk management plans accurately reflected the action staff were taking to keep people safe.

Risks to people's health, safety and welfare had been assessed and the outcome recorded in their care files. Management plans had been developed to identify how to support each person in a way that minimised these risks. However, we found some management plans did not include all the actions staff were taking to keep people safe. For example, one person's risk management plan did not identify that staff must supervise them at all times when they were in the communal areas. The registered manager gave assurances these plans would be amended immediately.

People received support from staff who had been safely recruited and well trained. Changes had been made to the number of people the service could support. This had resulted in improved staffing arrangements and the service was less reliant upon agency staff. Staff were aware of their responsibilities to protect people from abuse. The service provided people with guidance and information about protecting themselves when

in the community.

Some of the people receiving support could become anxious and display behaviours that may put themselves or others at risk. Hft had a team of advisors who supported staff in assessing people's needs and provided guidance to promote people's positive behaviour. Staff told us they had completed training in supporting people who may display potentially aggressive behaviour and were familiar with appropriate distraction techniques.

People's medicines were managed safely and they received their medicines as prescribed by their doctor. Medicines were stored securely and only staff trained and assessed as competent administered medicines. Senior staff undertook weekly audits of medicines in each supported home. This ensured medicines were ordered when needed, given as prescribed and records were properly completed. People were referred to health care services when necessary. These included GP or community nurses as well as more specialist services such as hospital consultants and physiotherapists. Staff monitored people's health conditions and liaised with healthcare services as necessary.

Some of the people we spoke with were able to share their views with us. They told us they liked their homes, the people they lived with and where they lived. For those people who were unable to express their views verbally, we saw them approaching staff with confidence and accepting appropriate prompts from the staff indicating they felt safe in their presence. Staff spoke with people in a polite and friendly manner and we saw people and staff sharing jokes.

During the inspection we spoke with or received emails from four relatives, one of who said staff had not been attentive enough to their relative's needs. They said they had met with the registered manager to explore this. The registered manager confirmed that in response to the relative's concerns changes had been made to the person's support plan to ensure staff were provided with more detailed guidance about this person's needs. Other relatives provided positive feedback to us. One said their relative had a "happy and enjoyable life" and "a lovely relationship" with their staff team. They also said "It's clear that they have [name's] well-being and happiness at heart."

People had their needs reviewed on a regular basis with staff who knew them well. People were encouraged to plan activities for enjoyment and for developing their independent living skills. Staff told us they supported people to be as independent as possible and described the technology used to help people with this. For example, one person used an electronic medicine cassette and another a "talking" book. People were supported to maintain relationships with people important to them such as their families and friends. People were provided with easy to read information about their rights to be treated with dignity and respect with regard to relationships, decision making and lifestyle choices. The service continued to run a monthly 'Voices to be Heard' meeting for people to be involved in and share their views. These meetings formed part of Hft's national 'Voices to be Heard' process to involve the people they support to advise on how the service should be run and how people should be supported. People had access to the complaints procedure. This was also available in an easier to read format with pictures and symbols to help people read it. People confirmed if they were unhappy they would tell the staff. For those people who were not able to communicate verbally, staff told us they would look for facial expressions and changes in behaviour to tell if a person was unhappy. The registered manager confirmed that people had access to a local advocacy support group should they need independent advice and guidance.

Staff received regular training in the Mental Capacity Act 2005 (MCA). Protecting people's rights to make decisions was instilled throughout all of the training provided for staff. People were supported to make choices about their care and their preferences were always considered and respected when planning their

support. Some people were having their liberty restricted either to keep them safe or as a result of the staffing arrangements commissioned by the local authority. The registered manager was in consultation with the local authority to review these arrangements.

The registered manager and staff said the changes made to the management structure had led to a more consistent approach to managing the service. The registered manager had reviewed the requirements of the service and identified three key senior staff to support them in their role. These senior staff had clearly defined responsibilities for rota planning, support plan reviews and staff supervisions and observations of their work performance. One senior staff member told us, "We're a close management team" and said their communication with the registered manager was "excellent." Relatives told us they felt the service was being well managed. One said, "[name] is an excellent manager. We are able to be open and frank and feel totally supported by her. She is proactive and very able."

Since the inspection in December 2016, the registered manager had been working with the local authority's Quality Assurance and Improvement Team (QAIT) to review the service's arrangements to audit its quality and performance. As a result the registered manager had developed a comprehensive plan of internal audits. They visited each supported home every week and communicated actions as a result of these visits and audits to the staff team. A service improvement plan was in place which was updated as actions were identified and taken.

We made a recommendation to the service to review each person's risk management plans to ensure they accurately reflected the actions being taken by staff to keep them safe.

## 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 not always safe.

Risks to people's safety and well-being were identified and action taken to mitigate these risks. However, some management plans required more information to reflect the actions staff were taking to keep people safe.

Staff were safely recruited and only staff assessed as suitable to work with people who may be vulnerable were employed.

People benefitted from staff who were trained and aware of their responsibilities to protect people from abuse.

Medicines were managed safely.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People's rights to make choices about their care and support were respected. However some people's liberty was being restricted due to staffing arrangements commissioned by the local authority.

Staff were well trained and knowledgeable about people's support needs.

People were supported to maintain good health and were referred to healthcare or other specialist services where required.

**Good** ●

### Is the service caring?

The service was caring.

Staff treated people with respect, kindness and patience.

Support plans were personalised and contained detailed information about how staff should support people.

People were supported to plan activities for enjoyment and for developing their independent living skills.

**Good** ●

### **Is the service responsive?**

**Good** ●

The service was responsive.

The service was committed to providing person-centred support and promoting the rights of people with disabilities. People were supported to use assistive technology to help them become more independent.

People were listened to and complaints were investigated in line with the service's policy and procedures.

People were supported to use community facilities.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People benefitted from having a registered manager who knew them well and was available to them.

Systems were in place to regularly review the quality and performance of the service.

Staff felt well supported and were encouraged to share their views about the running of the service.

People and their relatives were encouraged to share their views about the quality of the services provided. Actions were taken to improve the service in response to their feedback.

# HF Trust - Devon 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 checked whether the provider was 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 announced inspection took place on 26 April and 2 May 2017. It was carried out by one adult social care inspector. We gave 48 hours' notice of the inspection because HF Trust – Devon DCA provided a supported living service for people who are often out during the day. We needed to be sure the registered manager and some of the staff and people receiving support from HF Trust would be available for us to speak with.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the home, including notifications sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority's quality assurance and improvement team and the specialist learning disability support team for their views about the quality of the service.

During our inspection we visited four supported homes and met and spoke with 10 people receiving support. We spoke with the registered manager, the service's learning and development specialist and six support staff. Following the inspection we spoke with two relatives and received emails from another two relatives. We looked at a number of records, which included five people's support plans, three staff recruitment records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

# Is the service safe?

## Our findings

Prior to the comprehensive inspection of the service in April 2016, concerns had been raised with us about agency staff not having access to information about people's support needs. At that inspection we found improvements had been made and information was made available to agency staff.

Prior to the focused inspection of the service in December 2016 we received information of concern about staffing arrangements at one of the homes supported by the service. The concerns related to people not receiving safe care and support and the high use of agency staff unfamiliar with people's care needs. At that inspection we found the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the registered provider could not be assured people were receiving safe care and support.

At this inspection in April and May 2017 we found improvements had been made to staffing arrangements and the service was less reliant upon agency staff. However, information about how to keep people safe did not always reflect the actions being taken by staff to protect people.

Risks to people's health, safety and welfare had been assessed and the outcome recorded in their care files. For example, some people had risks related to their health conditions, such as epilepsy, and others were at risk of leaving the home without staff support. Management plans had been developed to identify how to support each person in a way that mitigated these risks. However, we found some management plans did not include all the actions staff were taking to keep people safe.

We looked at the support files for five people. Three of these contained information detailing how to support people safely. However, two support files did not describe important information about people's needs and the actions required by staff to manage risks to their health and safety. For example, one person had been identified as having a risk of choking when they ate and drank. The staff had sought appropriate specialist advice and were able to tell us how they supported this person to reduce their risk of choking. They told us this person required soft, moist food that could be mashed with a fork. The person was also to be encouraged to take small sips when drinking. We observed this person being supported to prepare their lunchtime meal and saw it was prepared in line with the specialist guidance. Staff told us this person required constant supervision when eating or spending time in the communal areas. They said the other people living with this person gave them snacks such as biscuits which were not suitable for them to eat and increased their risk of choking. However, this person's risk management plan did not identify that staff must supervise them at all times when they were in the communal areas.

Another person was at risk of not eating or drinking enough to maintain their health. Staff were in regular contact with the person's GP and were closely monitoring the person's weight. Records showed this person had recently lost weight. Although staff were making reference to the person's food and fluid intake in their daily support notes, staff were unsure if they should be recording in more detail what the person ate and drank: some staff were recording this and others were not. The person's support plan did not identify whether staff should record their food intake. Although we found no evidence people had come to harm, the

registered manager gave assurances the support plans would be updated immediately with more detailed guidance for staff.

We recommend the service reviews each person's risk assessment and management plans to ensure these accurately reflect the actions staff need to take to keep people safe.

Some of the people receiving support could become anxious and display behaviours that may put themselves or others at risk. The service's learning and development specialist said staff training and behavioural support plans were developed individually for people. Hft had a team of advisors who supported staff in assessing people's needs and provided guidance to promote people's positive behaviour. Support plans included a 'traffic light system' of information about the person's behaviour. This included triggers which may result in the behaviour, warning signs to look out for and steps to manage the situation at each 'traffic light' stage. For example, one person's plan stated they became upset they were not given enough time to undertake tasks. Staff were guided about how to reduce this person's anxiety by planning any activity in advance and not to rush them in their preferred routines. Staff told us they had completed training in supporting people who may display potentially aggressive behaviour and were familiar with appropriate distraction techniques. Staff confirmed no one required a physical restraint.

Since the inspection in December 2016 when the local authority's safeguarding team had shared concerns with us about people not receiving safe care and support. The registered manager and senior managers from Hft had worked cooperatively with them and taken action to ensure people were safe. They recognised that some of the issues raised had been as a result of poor communication between staff and the service's reliance on agency staff. Some of the people being supported had been reluctant to receive care and support from staff they did not know well. As a result the service no longer supported a number of people and changes had been made to the staffing arrangements within the service to reduce their use of agency staff. The registered manager said that although some agency staff were still used, this had reduced significantly and people were being supported by a more consistent staff team. Staffing levels were assessed on an individual basis for each person and contracted through the local authority. At the time of the inspection, the registered manager said they were in consultation with the local authority to review some people's contracted hours as they felt the number of hours did not support personalised care.

People were supported by staff who had received training in safeguarding adults and who were aware of their responsibilities should they have concerns people were at risk of harm or abuse. The provider's safeguarding and compliance teams attended safeguarding network forums for voluntary organisations and information from these forums was disseminated throughout the organisation. The learning and development specialist told us they regularly received guidance and support about how to keep people safe. The minutes from recent meetings of the service's support group 'Voices to be Heard' showed people had met with the police to discuss keeping safe in the community. This included "mate" crime where people might be vulnerable to exploitation from other people.

The service had effective systems in place to ensure staff were safely recruited. The registered manager said the service was supported by the provider's human resource department and they were not able to appoint staff without their approval. We looked at three recruitment files and saw staff had undergone pre-employment checks. This included obtaining previous employment references and disclosure and barring service (police) checks. People who received a service were involved in the interview process and were asked their views about a prospective member of staff's suitability. One newly appointed member of staff told us how they had met and spent time with some of the people receiving support at their interview.

Some of the people we spoke with were able to share their views with us. They told us they liked their

homes, the people they lived with and where they lived. For those people who were unable to express their views verbally, we saw them approaching staff with confidence and accepting appropriate prompts from the staff indicating they felt safe in their presence. Staff spoke with people in a polite and friendly manner and we saw people and staff sharing jokes. People appeared to be relaxed and looked happy when staff spoke with them.

People's medicines were managed safely and they received their medicines as prescribed by their doctor. All the people we met and spoke with required support from staff with their medicines, although people were encouraged to be involved as much as possible. For example, one person was able to manage their medicines once staff had placed these into an electronic cassette that only opened at the correct time of day when the medicines were due. Sensors within the cassette alerted staff if the medicine had not been removed. This enabled staff to check the person had taken their medicines and give the person a level of independence.

Each person had a safe in which their medicines were stored securely. We looked at the medicine administration records for three people and found these to have been fully completed with no gaps in recordings. Where people had been prescribed medicines to take when needed staff were given instructions about their use and when to refer the person to their GP if they started to require this medicine more frequently. Only staff who had received training in the safe administration of medicines and been assessed as competent were permitted to administer people's medicines. A member of staff told us that following their training they had been observed on three occasions by the registered manager or a senior member of staff to ensure they were safe before being permitted to administer medicines. We saw records of this member of staff's training and the observations made in their personnel file. Records showed a senior member of staff undertook a weekly audit of medicines in each supported home. This ensured medicines were ordered when needed, given as prescribed and records were properly completed.

The service had a policy and procedure on managing people's finances. The registered manager explained that each person had an individual bank account and only withdrew the money they required for each week. This was held securely in their safe. People were supported to understand their budgeting requirements for essential outgoings such as utility bills as well as putting money aside for social and leisure activities. Individual records were maintained to show what money had been obtained from the bank as well as all expenditure. Receipts were obtained and kept with each person's financial records. Staff told us they checked the balance of each person's money whenever money was received or spent. Senior staff undertook a monthly audit of all records to ensure these had been completed correctly and corresponded to the balances held.

## Is the service effective?

### Our findings

All of the people supported by Hft were living with a learning disability and had varying ability to make decisions and choices about their care and support. The service's learning and development specialist told us staff received regular training in the Mental Capacity Act 2005 (MCA). They said protecting people's right to make decisions was very much instilled throughout all of the training provided for staff. They said the people they supported were "in control" and their choices and preferences were always considered and respected when planning their care and support. This was confirmed by the staff we spoke with.

We checked whether the service was working within the principles of the MCA. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The support people required to make decisions was detailed in their support plans. Records showed people's capacity to consent to specific decisions had been assessed, for example, to receive medicines, undergo medical tests or have staff involved in managing their finances. Where people were not able to consent, best interest decisions had been undertaken on their behalf. We found some capacity assessments were more detailed than others, as not all showed how staff had presented information to people to support their decision-making. For example, one person's support plan described how staff should use signs, symbols and pictures in their communication with the person. However, their capacity assessment did not describe whether any of these additional support methods had been used when making the assessment. We discussed this with the registered manager who said they would ask for each assessment to be reviewed to ensure a more detailed description of how people's capacity was assessed was included.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. An application must be made to the Court of Protection which describes how a restriction would keep the person safe. For people receiving support to live in their own homes, the responsibility to apply for authorisation to restrict their liberty lies with the local authority responsible for commissioning people's support. Following a recent best interest decision made to restrict one person's liberty with regard to drinking alcohol, an application had been made by the service, not the local authority, for authorisation. During the inspection, the registered manager told us about other people whose liberty was at times being restricted. For example, in one home shared by four people, the staffing levels contracted by the local authority were sufficient to ensure people's personal care needs were met, but they did not support people's freedom to go out when they chose to do so. Also when community activities were needed, such as food shopping, all of the people living in the home had to go as there was only one member of staff available to support all four people. The registered manager confirmed they were in consultation with the local authority about the restrictions placed on people through their contracting arrangements. They said they were not aware it was the local authority's responsibility to make applications and they would review the application already made with them.

People were supported by well trained and knowledgeable staff. One relative told us, "We feel that Hft are maintaining a high level of competence, some staff are doing exemplary work." There was a comprehensive

training programme in place for all staff to ensure they had the skills to meet people's needs. Hft training department was accredited with Skills for Care (SfC) Endorsement Framework. This is a mark of quality given to the best learning and development in the adult social care sector. This meant by passing the SfC quality assurance processes the training provided by HF Trust met a specific set of standards. The service had a learning and development team who supported staff with individualised training specific to people's needs as well as ensuring updates were undertaken when due. The service also provided an on-line knowledge centre where staff could access training. Staff received training in areas relating to people's support needs, such as autism awareness and dementia care, as well as health and safety topics, including food hygiene and first aid. Staff new to care were enrolled to undertake the Care Certificate. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. One newly appointed member of staff described their induction and training as "very good" and felt this prepared them well for their role. They said they received "loads of support."

Staff told us people were referred to health care services when necessary. These included GP or community nurses as well as more specialist services such as hospital consultants and physiotherapists. For example, one person had regular visits from the community nurses in relation to their skin care and another had a recent consultation with a gastroenterologist. Records were maintained of these referrals and their outcome. People were also supported to attend regular dental, optician and chiropodist appointments. Staff were involved in monitoring people's health conditions. For one person they undertook twice daily blood glucose testing. They were provided with clear information about what action to take should the results be too high or too low. Staff confirmed only those who had received training undertook these tests.

People told us they could choose what meals they would like. For those people in shared homes, they often had meals together with the menus for the week planned together in advance. During the inspection we observed staff supporting people to make their lunchtime meals. Each person chose what they would like and when they would like to eat. Staff told us some people required support to make healthy choices with meals due to health conditions or when trying to manage their weight. We also saw staff discussing with people what they would like for their evening meal and making arrangements with them to go to the shops to buy the ingredients.

## Is the service caring?

### Our findings

At the previous inspection in April 2016 the home was found to be providing a caring service. At this inspection we found the service continued to support people in a kind and caring way.

People told us they were happy and they liked the staff who supported them. During the inspection, in all four of the supported homes we visited, we observed people and staff interacting in a friendly way, laughing and joking with each other.

One relative told us they were happy with the care and support provided by the service. They said their relative had a "happy and enjoyable life" and "a lovely relationship" with their staff team. They also said "It's clear that they have [name's] well-being and happiness at heart." Another said that since the changes in the management of the service, they were confident their relative was receiving care from a stable staff team who cared about their relative's well-being.

The atmosphere in people's homes was relaxed and friendly. People approached staff easily and comfortably and staff responded to them in a friendly, considerate and patient manner. People and staff undertook jobs together around the home such as putting laundry away or washing dishes and this was done at each person's pace in a relaxed and sociable way. People appeared confident and comfortable in their home.

Each person had their own bedroom which they personalised to reflect their tastes and personalities. People had unrestricted access to their rooms and were able to spend time alone if they chose to. Staff respected people's need for privacy. One person proudly showed us their room and told us they had chosen everything in it.

Staff were skilled at understanding people's individual communication styles and this enabled them to communicate effectively with people. During our inspection, staff supported one person to share their views with us as they understood their speech pattern and what they wished to say.

Staff told us they enjoyed their job and "loved" working with the people they supported. The registered manager told us how important it was to recruit staff with the right caring attitudes. This was why they ensured people who were being supported were involved in the recruitment process. This allowed the registered manager to observe how respectful and supportive the prospective staff member's relationship was with people.

People had their needs reviewed on a regular basis with staff who knew them well. People were encouraged to plan activities for enjoyment and for developing their independent living skills. Relatives and health and social care professionals involved in people's care were invited to these meetings to review each person's progress in achieving their goals and aspirations. For those people with no family support, the service used a local advocacy service to support people to express their views and make decisions about their care and support.

People were supported to maintain relationships with people important to them such as their families and friends. Staff also supported people to visit their families by making necessary arrangements and helping with transport where necessary. Two people told us they were a couple and staff supported and respected their relationship. People were provided with easy to read information about their rights to be treated with dignity and respect with regard to relationships, decision making and lifestyle choices.

The service continued to run a monthly 'Voices to be Heard' meeting for people to be involved in and share their views. These meetings formed part of Hft's national 'Voices to be Heard' process to involve the people they support to advise on how the service should be run and how people should be supported. We saw the minutes from some of these meetings which included a variety of topics. People voted locally for a representative from the group meetings to attend the regional and national 'Voices to be Heard' events organised by Hft.

## Is the service responsive?

### Our findings

During the inspection we spoke with or received emails from four relatives, one of who said staff had not been attentive enough to their relative's needs. They said they had met with the registered manager to explore this. The registered manager confirmed that in response to the relative's concerns changes had been made to the person's support plan to ensure staff were provided with more detailed guidance about this person's needs. Other relatives provided positive feedback to us. One said, "[name] has shown development in her speech and mobility because of the input of staff. I do feel that she is receiving a very high level of support. The core team placed around [name] work hard to meet her needs. This is evidenced by [name] having more time out and about in the community and having real holidays with staff support."

At our previous inspection in April 2016 the registered manager described the 'Fusion' model of support used to ensure people received person-centred support which promoted independence and choice. This model involved supporting people with eight specific areas of their lives: personal growth; specialist skills; creative solutions; family and other partnerships, choice; total communication; personalised technology and healthy, safe and well. Using this approach people were supported to identify goals they wished to achieve, such as cooking meals or going out without staff. At this inspection the service was continuing to use this model of support to develop people's support plans and to encourage their independence and development.

We reviewed the care and support plans for five people who required varying levels of support. Each plan held a profile summarising people's needs as well as important information staff needed to know to keep people safe. More detailed support guidance was provided under various headings dependent upon people's needs. The registered manager said they were reviewing the format in use for recording people's needs as they recognised the documents were lengthy and at times repetitive.

The service used a computerised system to record people's care needs as well as the care and support they received on a daily basis. Paper copies of support to plans were held in each person's home for agency staff who may not have access to the service's computer system. Support plans were also written in easy read formats for people. Staff showed us how they accessed people's information on the system and how they recorded daily events. We saw these had been completed well for those we looked at.

Staff told us they supported people to be as independent as possible. Staff described to us the technology used to help people with this. For example, one person had a "talking book" that provided pictures and verbal instructions about how to make a drink. Several of the supported homes were fitted with fingerprint locks to the front door or to people's bedroom doors for people who may be at risk of losing a door key. Support plans provided staff with information about how to support people's independence with daily living tasks such as personal care, meal preparation and community activities.

People told us, and records showed people were able to take part in a range of activities according to their interests. The service employed a co-ordinator who facilitated planned events such as music, arts and craft as well as the 'Coast' development group. This group supported people to develop new skills and to

advocate for themselves. One person told us they regularly visited a local community resource centre which provided opportunities for people with disabilities to be involved in experiences such as art and craft, music, hydrotherapy, animal care and horticulture.

People had access to the complaints procedure. This was also available in an easier to read format with pictures and symbols to help people read it. People confirmed if they were unhappy they would tell the staff. For those people who were not able to communicate verbally, staff told us they would look for facial expressions and changes in behaviour to tell if a person was unhappy. The registered manager confirmed that people had access to a local advocacy support group should they need independent advice and guidance. Staff told us they would always pass any complaints to the registered manager. Relatives felt confident they could raise any concerns if they needed to. Complaints were monitored locally, regionally and nationally. Records showed when a complaint was received the issue and the actions taken to review and resolve the matter were well recorded.

## Is the service well-led?

### Our findings

Prior to the previous inspection in April 2016 we had received concerns about how the service managed and monitored the quality of the support it provided. The service's regional manager had identified areas where the management support for the service had not been in line with Hft's policies and expectations. Although an action plan had been developed to address these shortfalls, we rated this key question as 'requires improvement' as the changes made had not been fully established.

At this inspection in April and May 2017 we found improvements had been made and sustained.

In April 2016 there had been two registered managers in post, each with a responsibility for a geographical area. At the time of the inspection in December 2016, the service had one registered manager with the responsibility for both geographical areas. At this inspection in April 2016, the service continued to have one registered manager in post.

The registered manager and staff said the changes to the management structure had led to a more consistent approach to managing the service. The registered manager had reviewed the requirements of the service and identified three key senior staff to support them in their role. These senior staff had clearly defined responsibilities for rota planning, support plan reviews and staff supervisions and observations of their work performance. They also provided the first point of contact for out-of-hours support for staff with the registered manager providing a second level of support. One senior staff member told us, "We're a close management team" and said their communication with the registered manager was "excellent." In addition the service was supported by an area manager who regularly met with the registered manager and undertook audits to ensure the service was working in line with the provider's policies and procedures.

Staff and relatives told us they felt the service was being well managed. One staff member said, "[name] is an excellent manager. She encourages us to be the best that we can be. I wouldn't work anywhere else." One relative told us there had been a period of adjustment when the service reduced the number of registered managers from two to one. They said they had met with the registered manager and were confident the service was now in a position to support their relative well. Another relative said, "[name] is an excellent manager. We are able to be open and frank and feel totally supported by her. She is proactive and very able."

Since the inspection in December 2016, the registered manager had been working with the local authority's Quality Assurance and Improvement Team (QAIT) to review the service's arrangements to audit its quality and performance. As a result the registered manager had developed a comprehensive plan of internal audits and improved the service's record keeping in relation to the results of those audits. Records of recently undertaken audits showed the areas reviewed included support planning; the level of social activities people were supported to be involved in; questioning staff's understanding of their responsibilities; accident and incident monitoring; medicines management and infection control. The registered manager said they visited each supported home each week to review how well people were being supported and to monitor the documentation completed by staff. Records of these visits were recorded onto a dedicated

management page on the service's computer system. This page was available to the three senior staff to enable them to communicate with each other and identify action required following visits and audits.

The registered manager told us they were committed to ensuring the service had strong management structures. Senior staff were provided with information about the actions required by them to ensure people and staff received high quality support. They showed us an ongoing service improvement plan which they kept up to date with actions following their audits and visits to people. For example, an audit identified not everyone supported by the service had a Health Action Plan and this had been added to the service improvement plan for action by the senior staff.

In addition the registered manager with the support of the area manager undertook a review of the service's performance in relation to the Care Quality Commission's five key questions. The outcome of the most recent review in April 2017 identified the service would like to make some improvements. These included increasing people's involvement with goal planning and managing their medicine and better communication with staff about the expectations of the induction training. Where actions had been identified these had been included in the service's service improvement plan.

During our inspection we visited four homes supported by Hft. Three of these were shared homes and one was where a person lived by themselves. In the shared homes we saw staff had arranged small "office" areas with document files and notices on display. We asked the registered manager to review these areas to ensure they better reflected what people would want to see in their own homes.

In addition to gaining people's views through regular support plan reviews, annual surveys were sent to people and their relatives to invite them to share their views about the quality of the service provided. The feedback from the surveys sent in August 2016, showed that 90% of the relatives who responded were satisfied with the service. Some concerns were raised about the quality of the communication between the service and relatives. As a result the registered manager had written to all relatives to ensure this was an area that improved.

Twice a year the service held regional family meetings to share information and identify any issues families would like the service to address. HF Trust is a national organisation and employs staff responsible for keeping up to date with new developments and best practice within learning disability care and support. As such it was able to share information with families and support the registered manager to keep their skills and knowledge up to date. The chief executive of the service visited each region regularly and held 'roadshows' for staff to exchange information and ideas. A recent visit to the service by a member of the service's Board of Trustees provided the registered manager with positive feedback about their findings. The registered manager was aware of their legal responsibilities regarding their registration and had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.