

HF Trust Limited

HF Trust - Sheffield & Derbyshire 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

HF Trust – Sheffield & Derbyshire DCA is a domiciliary care agency providing personal care to people living within single occupancy and shared tenancy accommodation. It provides a service to people with learning disabilities and/or autistic spectrum disorders. At the time of our inspection the service was providing personal care to 54 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People told us "nothing could improve" and "they loved being at HFT [the service]." Relatives told us the staff team "always listen", "were excellent" and "they had peace of mind." People's lives were greatly enhanced by innovative and creative person-centred support that maximised their opportunities for self-development and growth. Staff were passionate about maintaining people's independence and this was at the core of everything the service did. Staff really cared about making a difference to the people they supported so they could lead the best lives possible.

People were supported and encouraged to lead fulfilling, active lives and to be active citizens within the local and wider community. This had led to people's aspirations and dreams being realised. Needs were considered and reviewed, and staff responded quickly to any change in need. People and their relatives told us they were fully involved in planning and reviewing their care and had a full say in how their care was delivered

The service had a proven track record of providing exceptional care and specialist support. This was achieved through partnership working with other health specialists including positive behaviour support specialists. Great emphasis was placed on analysing and using data to understand people's behaviours that maybe challenging and communication needs.

The service had a comprehensive understanding of how to keep people safe, and staff delivered safe care, ensuring the safety and welfare of the people they supported. Risks associated with people's care were assessed and monitored, and any environmental risks were identified, reviewed and well managed.

The service was extremely well led by the registered manager and regional manager who were dedicated to providing a service which was responsive to people's need. The managers recognised the importance of creating and maintaining community links, encouraging independence and supporting people to meet their own needs where possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider was working within the principles of the MCA.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 5 November 2015)]. There was also an inspection on 28 December 2017 however, the report following that inspection was withdrawn as there was an issue with some of the information we had gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 21 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had managers registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service notice of the inspection. This was because we needed to be sure a registered manager would be in the office to support the inspection.

Inspection activity started on 23 January and ended on 28 January 2020. We also visited the office location on these dates.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with the registered manager who was also the acting operations manager, the regional manager, a cluster manager, a senior support worker and six support workers.

During the inspection we looked at two people's support plans in detail which included a range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; three staff personnel files, staff training records, policies, procedures and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to end of life planning, monthly audits and people engagement.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the inspection on 5 November 2015 this key question was rated as good. At this inspection this key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Comments included, "Yes, I do feel safe because it is better for me to be here," "I do feel safe living here because I have other people living here with me" and "[Person] has always given me the impression they are safe because they are so content living there."
- Safeguarding referrals had been made appropriately and actions put in place to ensure the safety of people. Staff told us they would report any concerns they had to the registered managers, regional manager and the local authority's safeguarding team if they needed to.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and a range of risk assessments completed and regularly reviewed. Staff told us they were aware of the risks to people they supported and were able to give examples of how they supported them.
- Staff had an excellent understanding of the needs of the people they were supporting.
- Staff knew how to report changes to people's needs and could contact the office for additional support at any time.
- Established systems were in place to enable people, their relatives and staff to contact managers out of routine office hours. The service had a dedicated telephone line in the office which was only used for 'on call' and was diverted to the 'on call' mobile telephone out of office hours. Everyone we spoke with was aware of the process and said it worked extremely effectively.

Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff. The service had developed and implemented a system which enabled people to be fully involved in the whole recruitment process from interview to induction and throughout the staff member's probation period.
- There were enough staff deployed to ensure people received safe care. One person told us, "There are enough staff to help me when I need it."
- People told us they consistently received care from the same staff. This helped to build positive relationships and provide consistency of support. A person said, "There are regular staff in the home unit." A relative told us, "[Person] has regular support workers. It is important that there is continuity in the staff team."

Using medicines safely

- People and their relatives told us they received their medicine safely and at the right time. Comments

included, "Staff give me my medication morning and evening," "I have my medication which staff make sure I take" and "Staff administer [Person's] medication on a daily basis."

- People had individual medication administration records (MARs). We did not observe the administration of medicine, however, we looked at a selection of MARs and saw these were complete with no gaps.
- Staff had completed medicines training and had their competency assessed.

Preventing and controlling infection

- People were protected from the risk of infection. Staff received training in infection control and understood their responsibilities. A person told us, "Staff wash their hands before helping in the kitchen."
- Personal protective equipment (PPE) was available for staff. Staff told us there were plentiful supplies of gloves and aprons.

Learning lessons when things go wrong

- Staff were aware they needed to report any incidents or accidents to the office if they occurred.
- Records showed the registered manager monitored and analysed any health or safety incidents involving people. This was used to check for any trends or patterns that may help to inform or improve people's care when needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the inspection on 5 November 2015 this key question was rated as good. At this inspection this key question was rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Support plans were extremely person-centred. Care was planned and delivered in line with people's individual needs. A person said, "Yes I can and do make my own choices. Staff help me to do this." A relative told us, "[Person] can and does make choices about their daily routine and staff always respects their choices."
- Support plans documented the involvement of people, their relatives and where appropriate health and social care professionals. However, some relatives told us they were unaware of records being kept about their family member or what was written within them. We fed this back to the registered manager to take remedial action.

Staff support: induction, training, skills and experience

- Staff completed an induction training programme and shadowed experienced staff.
- Staff new to care were required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Staff had the knowledge and skills required to meet people's needs. Training records confirmed staff had completed training relevant to people's needs. People told us staff were well trained. A person told us, "I do think staff know what they are doing."
- Staff received regular supervisions in line with organisational policy. A member of staff said, "I really value the supervisions. [Registered manager] likes to keep up to date and gives extra support to all staff."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to receive a balanced diet. This took into consideration their preferences and dietary requirements. There were details in people's care record showing their needs had been assessed in relation to nutrition hydration. The registered manager told us all people were screened annually or when their needs changed.
- People's told us where staff were required to provide them with food and drink, their personal preferences were offered. One person said, "I get my own food, but staff help me to prepare and cook it daily." Another person said, "I have Weetabix at breakfast." A relative told us, "Staff help [Person] to prepare any food they like during the day. [Person] needs to be reminded to drink fluids."

Staff working with other agencies to provide consistent, effective, timely care;

- People's healthcare needs were assessed. Key information was recorded on specific medical conditions people had and how staff should be aware of and manage these.

- Advice provided by healthcare professionals was incorporated into people's support plans, so staff were providing care and support which met people's health needs.

Supporting people to live healthier lives, access healthcare services and support

- Oral care plans were in place for people which were individualised, and person centred. The service had developed and implemented a 'Keeping my mouth healthy' checklist to guide staff to appropriately support people. A relative told us, "[Person] goes to the dentist regularly and staff spend time to help them cope with their anxiety of going to the dentist."
- People were supported to attend health and other appointments, if family members were unable to do so.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA.
- People's capacity to make decisions was assumed unless there was evidence to suggest otherwise. Mental capacity assessments were in line with current guidance.
- People's consent to their care was obtained and evidenced. Staff were aware of the importance of obtaining consent when providing care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection on 5 November 2015 this key question was rated as good. At this inspection this key question was rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had made personal achievements due to the dedication and hard work of staff. Staff recognised and celebrated people's successes in their independence and meeting their goals.
- People and their relatives spoke positively about the care they received. Comments included, "I believe staff are very kind and caring towards [Person]" and "Staff are kind and caring. They are very helpful and always listen to me."
- People were happy with how they were cared for and said staff had developed supportive relationships with them. A person said, "I like trucks. We sometimes stand on the motorway bridge looking at trucks."
- Staff told us how they promoted and supported people to follow routines of their own choosing. We saw a person and their support worker having a hot drink together sat on the sofa and heard them informally discussing what the person wanted to do for the day.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were involved in making decisions about their care and support and were confident their views were listened to, valued and acted upon. A person said, "I had a care plan review and was involved in the discussions of my support needs."
- There was a strong and visible person-centred culture. Staff went out of their way to ensure people were treated equally and fairly. Staff had excellent underpinning knowledge around equality, diversity and human rights and translated this into real practice each day.
- Information was person centred and included what was important to people. For example, one support plan recorded, '[Person] likes to be up around 9am but has been known to sleep in.'
- Support plans were written in a way that respected people's choices, wishes and individuality. This included signed consent forms and their preference regarding support from male or female care workers. A person told us, "I have a male and female support worker. I like them both."

Respecting and promoting people's privacy, dignity and independence

- Sensitive personal information was stored securely.
- People told us staff respected their privacy and dignity when providing personal care. Staff gave examples of how they would implement this. A person told us, "If I am in my room staff always knock before they come in."
- People were supported to remain independent. For example, one person had a kettle which had a boil safely mechanism to enable them to make their own hot drinks safely and whenever they wanted.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the inspection on 5 November 2015 this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's lives were greatly enhanced by creative person-centred support that maximised people's opportunities for self-development and growth. Relatives referred to staff as 'the amazing team' and healthcare professionals described the service as 'a well-oiled machine' with people 'all having their own routines which were respected by staff'.
- There was an established sense of community within the service; relatives told us they felt part of it and staff frequently used the word 'family' to describe relationships between people they supported and themselves. We saw people were at ease in the company of staff.
- Staff arranged a celebratory buffet meal for everybody who lived in one house after it was finally agreed by health and social care professionals the person could continue to live in their home of thirty years following an extremely lengthy placement review. A member of staff told us, "[Person] wanted to continue to live with their life-long friends. It was one of those moments you will remember for ever. The service never gave up. It was tooth and nail all the way."
- The provider's positive behaviour specialist analysed verbal, non-verbal communication and fine-tuned staff responses which had led to a dramatic reduction in challenging behaviours. One person's high behaviour needs medication had been completely stopped following such intervention by understanding the person's behavioural trigger points. By working in partnership with health and social care professionals, significant changes to the person's environment had resulted in the stopping of behaviour related incidents and as a direct result, the person no longer needed to take behaviour controlling medicine.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were leading fulfilling and active lives. They were supported to engage as full citizens within the local and wider community. Staff received training on developing community networks to support people to access localised events personalised to people's preferences and interests. A relative told us, "They always find things/outings that [Person] would enjoy."
- The service placed great emphasis on people being encouraged to be physically and mentally active to promote their well-being. Staff had made a real difference to a person's life by encouraging their interest in gardening to develop into a sustainable self-supporting business.
- The service excelled in providing people with opportunities to live as full a life as possible and supported people to access a range of activities to suit different tastes. For example, weekly weight training, hydro pool sessions, local night life, live music events and trips to seaside resorts.
- The regional manager was in the latter processes of a joint project working with a friendship and dating

agency which is a community interest company following feedback from people who wished to expand their social networks and develop other friendships and potential relationships. Lottery funding had been successfully applied for and secured along with a legacy gift to be specifically spent on social activities for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's information and communication needs were constantly met. People were supported to make informed choices and documents were in a comprehensible and accessible format. Each person had a very clear detailed communication passport and a hospital passport in place.
- Staff were extremely familiar with people's bespoke methods of communication and used them effectively to interpret what people wanted and liked. A staff member described how their working relationship with a person was developed through "Mutual trust and a shared understanding of their needs and requirements."

Improving care quality in response to complaints or concerns

- The registered manager and regional manager promoted an open and reflective culture where complaints and concerns were viewed as a process for driving improvement.
- People and their relatives were encouraged and empowered to raise any concerns or issues. They knew how to make a complaint and said they would have no hesitation in doing so as they had confidence it would be dealt with appropriately. A person told us, "Action is being taken. I've been listened to."

End of life care and support

- At the time of inspection no one required end of life care. However, the service had held respectful discussions with people and where appropriate, their representatives to enable personal wishes to be known and recorded.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the inspection on 5 November 2015 this key question was rated as good. At this inspection this key question was rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by the regional manager, the registered manager who is also the acting operations manager and five other registered managers known within the service as cluster managers. Managers were extremely committed to providing high-quality person-centred care. Cluster managers were responsible for managing the services within their cluster areas. For example, a cluster area could comprise of one shared tenancy house and people living within their own homes. A person told us they felt they could talk to any staff or manager. They said, "They [referring to staff] would be there for me."
- Governance was fully embedded into the running of the service. A wide range of audits and checks were undertaken by the management team and we saw these were highly effective in maintaining a high performing service. There was a strong focus on continual improvement. The registered manager carried out a monthly inspection of standards for all the shared tenancy houses. Statistics and outcomes were also fed into the regional manager's quarterly reports to the provider to review performance, ideas and good practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and regional manager had recruited and retained staff who shared their and the provider's vision for the service. Comments included, "[The managers] are both amazing. Always really supportive. Always available," "We are supported quite well" and "Really supportive."
- Staff morale was high, and support workers told us they were proud of their achievements. A staff member said, "The company has high standards. Always putting people first" and "The company is focused on taking care of staff as well as the clients."
- The registered manager and regional manager had a thorough understanding of the people they were supporting, their individual needs and personal requirements. A member of staff said, "The whole service seems to have a personal approach regarding the people they support. You can ask managers anything, they always know people's names and their personalised needs."
- There were a well-defined set of shared values centred around person-centred care and a real sense of celebrating people as unique individuals. The registered manager told us, "People are at the centre of what we do, supported by staff working together as one team."
- People's quality of life was significantly improved by the actions and involvement of the service and its staff teams. The registered manager and regional manager worked with health and social care professionals to facilitate a person's strong wishes to enable them to move back to their original home area so they could

be closer to their family members.

- We observed an extremely person centred, warm and inclusive atmosphere within one of the homes. People appeared happy and relaxed within their home and with the staff supporting them. A staff member told us, "It doesn't feel like we are at work here. It is not an institutional place. It's a homely place with everyone doing their own thing in a support atmosphere."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open, honest and transparent culture within the service and staff demonstrated a high value base. This was clearly led from the top down.
- Accidents, incidents and untoward events were fully investigated and notified to the appropriate authorities. Positive action was taken to reduce the likelihood of such events occurring again in the future. Lessons learnt was shared across the whole service and reviewed by the provider's senior managers.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives and staff were unanimous in their praise of the registered managers and regional manager who led by example in promoting excellent care. Staff were encouraged and supported to put forward and implement ideas to improve people's quality of life. The management team were continually looking at ways in which they could make lives better for people. A relative told us, "Everyone is kind. Nothing can improve it [the service]." Another relative said, "The service is excellent. [Person] is always clean and well supported."
- Regular house meetings were held where people were given the opportunity to discuss a range of areas including every day activities, care plans, life goals and food.
- People using the service and their relatives were fully engaged in developing the service. Local topics and people engagement meeting outcomes were fed back into national programmes.
- The service was piloting a 'Quality checkers' initiative on behalf of the provider. People involved in the project would be trained and supported to visit the provider's other locations to carry out quality checks. Feedback from their findings would then be fed back nationally and divisionally to improve services across the group.

Continuous learning and improving care

- The management team were committed to continuous improvement of the service, learning from incidents and audits to improve the service and outcomes for people. The HFT Trustees Board members produced a 'Say and do' report based on topics raised through communication channels.
- There was a clear culture of learning and innovation promoted by the registered manager and regional manager to continuously seek out best practice and look at ways to enrich and improve people's lives. For example, the service participated in a 'Walk in their footsteps' initial as part of a national campaign to share understanding what it is like to be a person with a learning disability.

Working in partnership with others

- The service had strong links with other local organisations, including voluntary and health and social organisations, and used these to good effect to ensure people received opportunities and good health outcomes.
- The registered managers and staff had fostered excellent links with the local community including links with local dentists and pharmacists.
- The service was actively engaged in the STOMP (stopping the over-medication of people) with a learning disability and/or autism initiative. A member of staff said, "Some people have been on medicines a long

time. Through this initiative, we are actively working with health care professionals to review and reduce people's medicines."