

HF Trust Limited

# HF Trust - Sheffield & Derbyshire DCA

## Inspection report

6 Broadfield Court  
Sheffield  
S8 0XF  
Tel: 0114 2500718  
Website: [www.hft.org.uk](http://www.hft.org.uk)

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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

HF Trust - Sheffield & Derbyshire DCA is a domiciliary care agency registered to provide personal care. The agency office is based in the S8 area of Sheffield. Support is provided to younger adults living in their own homes throughout Sheffield and Derbyshire. Support can range from a few hours each week based around provision of activities, to twenty four hour support with all aspects of personal care and daily living. At the time of this inspection 57 people were supported by the agency.

In addition to supporting people in individual accommodation, the service supported people with their own tenancies in eleven shared living accommodations. Each of the shared living locations had a service manager.

There was a registered manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Our last inspection at HF Trust - Sheffield & Derbyshire DCA took place on 2 December 2013. The service was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 28 and 29 September 2015 and short notice was given. We told the registered manager two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available.

People supported and their representatives spoken with made positive comments about HF Trust - Sheffield & Derbyshire DCA. People said "I am happy" and "I like it a lot, I like the staff." People who we were unable to verbally communicate with were able to communicate with their key workers and had a good rapport with them.

One relative spoken with commented, "I have peace of mind now, it is better than I dreamed of."

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and proud to work at the service. Staff were confident in the way the service was managed. The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

The support provided was person centred and flexible to suit the needs of the person supported.

People supported and a relative spoken with said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

# 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.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective staff recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

Good



### Is the service effective?

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People were provided with support from staff as identified as needed.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People were supported to maintain a healthy diet and access relevant health professionals to meet their health needs.

Good



### Is the service caring?

The service was caring.

People said staff were kind.

We saw that staff were respectful and appeared to know people's preferences well. Support was based on a commitment to the individual and their rights.

Staff were positive and caring in their approach and interactions with people.

The service provided opportunities for people to share their views and inform practice.

Good



### Is the service responsive?

The service was responsive.

People's support plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs.

People were supported to work and have access to a range of activities which were meaningful and promoted independence.

People said staff would listen to them if they had any worries.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

The culture of the service was inclusive and positive and staff felt valued by the managers'. Staff said the managers were approachable and communication was good within the service.

There were quality assurance and audit processes in place to make sure the service was running well.

The service had a full range of policies and procedures available to staff.

# HF Trust - Sheffield & Derbyshire 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 registered 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 inspection took place on 28 and 29 September 2015 and short notice was given. We told the registered manager two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available. This inspection was undertaken by two adult social care inspectors.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received about the service and notifications submitted by the service. 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 improvements they plan to make. The PIR was returned as requested.

We contacted Sheffield local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from commissioners and this information was reviewed and used to assist with our inspection.

We visited the office and spoke with 16 staff, including the regional manager, registered manager, an operations manager, three service managers an administrator and nine support workers.

As part of this inspection we met with 15 people supported by the service at the office base. We visited two shared living locations and spoke with three people supported by the service and three support workers.

We spent time looking at records, which included six people's support plans, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

# Is the service safe?

## Our findings

People supported by HF Trust - Sheffield & Derbyshire DCA told us they felt safe, comments included, “Yes I am safe,” “I am all right, I can talk to them [staff]” and “It is good and I am safe.” People we were unable to verbally communicate with indicated they felt safe by non-verbal signals such as nodding. One person pointed to their support worker and said, “I am safe with him, he makes sure I’m always safe.”

People provided with 24 hour support told us there was always staff available to support them. We sampled support rotas for two shared living locations and found support workers were available as identified as needed. Staff spoken with confirmed that people were provided with staff support in line with their identified needs.

Staff confirmed they had been provided with safeguarding training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the most senior person on duty at the shared living locations or manager at the office base. All staff felt confident that senior staff and management would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw a policy on safeguarding people was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person’s safety had been identified. Staff knew that these policies were available to them. Information gathered from the local authority and from notifications received showed that safeguarding protocols were followed to keep people safe.

We looked at three staff files. They all contained two references, proof of identity, interview notes and an application form detailing employment history. One file evidenced a gap in employment history had been identified, explored and subsequently explained. This showed that full and safe recruitment procedures were

adhered to. Two of the files seen contained a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. Evidence of a DBS check for the third staff file checked was held on the services computer system, which we saw. The registered manager and administrator explained that information for staff recruitment was being held electronically for all new staff. The service had plans to hold all staff records electronically. We saw that the company had a staff recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

We looked at three peoples support plans at the office base and three peoples support plans at people’s homes. They all contained risk assessments that were specific to the individual and unique to them. They identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person’s activity and included finance and medication. We found risk assessments had been updated as needed to make sure they were relevant to the individual.

The service had a policy and procedure on safeguarding people’s finances. The registered manager explained that the service looked after some monies for some people at the shared living locations. We spoke with two service managers who explained that individual accounts were kept and each person had an individual amount of money kept at their home that they could access with staff support. We saw records of financial transactions that the service manager monitored to make sure procedures were adhered to. Each transaction showed the debit, credit and balance. The transaction sheets showed regular ‘wallet checks’ had been undertaken to make sure the money held corresponded with the record.

We checked the financial transaction records for three people at their shared living home. We found that each wallet had a numbered security tab that had to be removed and renewed each time the wallet was opened. The transaction sheets kept a record of the security tab number that was checked at each transaction. The transaction sheets were fully completed, the monies held

## Is the service safe?

tallied with the record and receipts were kept. We spoke with one person who had support with their money and they could explain the security tab to us and were aware that these kept their money safe. They showed us their money was kept securely.

We saw that people had signed consent forms to show that they agreed to staff supporting them with their money. These showed procedures were in place to safeguard people's finances.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and could help keep people safe.

The registered manager and service managers spoken with said that Medication Administration Records (MAR) were completed for each administration. We saw MAR charts provided from two shared living locations and found they had been fully completed.

At the two shared living locations visited we checked the medicines held against the MAR for three people. The MAR had been fully completed. The medicines kept corresponded with the details on MAR charts. We saw that people had signed consent forms to show that they agreed to staff supporting them with their medicines. This showed that safe procedures were followed.

We found that a policy and procedure was in place for infection control so that the shared living locations were kept safe. Training records seen showed that all staff were provided with training in infection control and the staff spoken with confirmed they had been provided with this training.

# Is the service effective?

## Our findings

People supported by the service were positive about the service. Comments included, “They [staff] help me” and “I like it, support staff help me do what I want.”

People had a good relationship with their support workers and could communicate with them effectively. Staff were seen to understand how a person communicated and could respond to them in a way they understood. People were animated and smiled when speaking of their support workers.

A relative spoken with told us the service delivered care in a way that met their relative’s individual needs and ensured their health and safety. They told us that the service was reliable and the support workers knew their relative well. They told us that staff had the skills to effectively support people.

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge. All of the staff spoken with said that the training provided by the registered provider was ‘very good.’ We looked at the staff training records. These showed induction training was provided that covered mandatory subjects which included health and safety, medication and safeguarding. Training in relevant subjects such as the principles of LD (learning disability) support, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), autism, goal planning and mental health were included in a comprehensive list of additional training provided to staff. All of the staff spoken with said they could approach their manager with any additional training needs or interests and these would be provided. Staff spoken with said they were up to date with all aspects of training. We found a system was in place to identify when refresher training was due so that staff skills were maintained.

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member’s performance and improvement over a period of time, usually annually. We checked the supervision and appraisal records for three staff. All had been provided with regular supervisions. Records of supervisions showed that all aspects of a worker role were discussed and actions

identified to support staff learning and development. Two files checked held records of an annual appraisal. The third staff file checked did not contain an appraisal record as staff had not worked at the service for a full year. The registered manager told us the frequency of supervision depended on the number of hours a person was employed to undertake each week and varied from six to four each year. Staff spoken with said supervisions were provided regularly and they could talk to their managers’ at any time. Staff were very knowledgeable about their responsibilities and role.

We spoke with the registered manager and service managers about the systems in place to ensure people consented and agreed to the support provided. The registered manager explained that assessments were always undertaken with the person supported and their relatives to ensure their views were obtained. People were also involved in writing their support plan. All of the people supported said they had helped write their support plan and staff talked to them about it.

We looked at six people’s support plans. We saw that the plans contained signed consent forms evidencing people’s agreement to specific support such as finance, medicines and photographs. The plans clearly showed that people had discussed their support needs and identified the support they wanted. This showed that people had been consulted and agreed to the support provided. However, the files did not contain any evidence that people had consented to the overall support being provided as identified in their individual plan. The manager gave assurances that this would be undertaken.

We found that the support plans seen focussed on meeting people’s needs whilst actively encouraging them to make choices and maintain independence. Peoples’ preferences, likes and dislikes were documented in the support plans seen.

We found that the service had a policy on Making Decisions and Consent and written information on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so that staff were provided with important information to uphold people’s rights. Staff spoken with had a clear understanding of the MCA and DoLS. Staff spoken with confirmed that they had been provided with combined MCA and DoLS training so that they had the knowledge to uphold and promote people’s



## Is the service effective?

rights. We looked at the training matrix to confirm this. Staff told us they had access to written information and guidance on the MCA and DoLS to support their understanding.

All of the staff spoken with were very clear that it was the person's right to make decisions. Staff spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes. From interactions observed staff consulted with people and encouraged people to voice their opinion. Staff were heard to obtain a person's permission, for example when asking if the inspector could look at their support plans.

Some people supported by the service received 24 hour support. The support plans seen showed that people were

supported to access health care such as opticians and dentists. Information on specific health conditions was included in the files seen, along with the actions required of staff to support the person. We found that each person had a communication passport that described, in detail, how the person needed to be supported in communication and what was important to them. The passport would inform any health professional and potential hospital visits.

We saw that people were supported to maintain a healthy diet and saw that fresh fruit and vegetables were available at the shared living locations visited. Some people told us that they got support to shop and cook their meals and they decided what to eat.

# Is the service caring?

## Our findings

People told us and indicated to us the staff were caring. One person commented, “I like them” Another person said, “They [staff] are all very kind.”

Throughout our inspection we saw examples of a caring and kind approach from staff who obviously knew the people they were supporting very well. Staff spoken with could describe the person’s interests, likes and dislikes, support needs and styles of communication. We saw that staff had a good rapport with people and people enjoyed the company of their support worker.

The interactions observed between staff and people supported both at the office visit and at the shared living locations appeared patient and kind. Staff always included people in conversations and took time to explain plans and seek approval. For example, staff were heard discussing a person’s plans for the day with them, to make sure they were happy with their choice. The person engaged in conversation and made decisions which were supported by staff. We saw one staff very patiently talking with a person and repeating reassurances and conversation so that the person felt involved. Staff were seen to have conversations with each other and always made sure people were not excluded. This showed a respectful approach from staff.

We saw people freely approach staff and engage in conversation with them. People appeared comfortable and happy to be with staff. Staff knew people well and took time to talk with them.

Throughout our inspection we saw that people’s independence was promoted and people’s opinion was sought. We saw staff asking people about their choices and explaining in a way the person understood so that their view was obtained and staff could be sure the person was happy with their choice. We saw staff respecting the choices people made and supporting them in their decisions. For example, one person returned to a shared living location after independently visiting the shops, staff respected the person’s need for privacy and they spent time in their room. Staff also respected the person when they indicated they did not wish to speak with an inspector. Another person decided he wanted to visit the office base with staff and staff rearranged their plan so that the person could be supported to do this.

Staff spoken with had a clear understanding about promoting people’s rights and involving them. Comments included, “We try and make it as good as we can, the person decides and we support that” and “We are really good at promoting independence and seeing the potential people have.” Staff that we spoke with were highly motivated. They could describe how they promoted dignity and respect and were driven by what was right and important for the individual they supported. Staff were proud of the service and told us, “I love my job.”

The service ran a monthly ‘speak out’ meeting for people supported to be involved and share their views. We saw the minutes from some speak out meetings that were written using pictures and symbols to assist people’s understanding. We saw that a variety of topics were discussed and guest speakers were invited to some meetings. We saw that local politicians had attended a meeting to talk about the elections. This showed the service actively promoted people’s involvement. One person spoken with told us they always went to the speak out meetings and people took turns to write the minutes. The person said they really enjoyed these meetings.

We saw people’s privacy and dignity was promoted so that people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity. Comments included, “We always talk to people, treat people how you want to be treated, a bit of respect goes a long way.” We found that training on equality and diversity was provided to staff to promote their skills and awareness.

The registered manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn’t have any family members or friends that can act on their behalf and when they are unable to do so for themselves.

The support plans seen contained information about the person’s preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement safely. The records included information about individuals’ specific needs and we saw records had been reviewed and updated to reflect people’s wishes.

# Is the service responsive?

## Our findings

People told us and indicated that staff supported them in the way they needed and preferred. One person commented, "They [staff] know me well." Another person said, "Of course I decide what to do, the staff sometimes help but I decide."

We saw that staff understood how people communicated and saw staff responded to people in an individual and inclusive manner. Staff checked choices with people and gained their approval. For example, staff were seen to check with a person what they wanted for their evening meal and then ask if they wanted help preparing this. We later saw the person sat chatting with their support worker preparing vegetables.

We found people were supported to maintain a range of individual interests and activities, according to personal preference. People told us they enjoyed going out to shops and another person said they enjoyed a social club they attended.

One person told us about an interest that was important to them. They were able to describe this in detail. We later heard them talking about this interest with staff. We checked the person's support plan and found details of this interest were recorded so that a full picture of the person was available.

People's care records included an individual support plan. These were person centred and unique to the individual. It was evident from the plans that people supported had led discussions and decisions about the support they needed. The support plans seen contained a 'Listen to Me' document which was an information gathering tool for the purposes of person centred planning. The documents seen identified what was important to the person and how they wanted to be supported; it included information on routines, likes and dislikes. Two support staff spoken with said that they had just received a national award from their organisation for 'person centred active support'. They described how a person's life and well-being had benefited from 'person centred active support'. They commented, "You can't believe how much [name of person] their life has improved, what they are capable of. We help people do things themselves, not do things for, and we can see the difference that makes."

The six plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people were supported to maintain regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs. The plans contained clear guidance for staff on people's communication so that staff could ensure people were consulted. The plans reflected promoting and encouraging independence to support people leading a full life.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and were confident that people's plans contained accurate and up to date information that reflected the person.

We found the support plans we checked held evidence that reviews had taken place to make sure they remained up to date and reflect changes.

There was a clear complaints procedure in place. Staff told us that they would always pass any complaints to their service manager or registered manager, who would take these seriously. We saw that an easy read version of the complaints procedure had been provided to people in their service user guide. The procedure included pictures and diagrams to help people's understanding. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. An easy read 'Making Things Better' form had been provided for people to complete if they had any worries. We saw three completed forms that showed the action taken to resolve the concern. This showed that people were provided with important information to promote their rights and choices. We looked at the electronic concerns and complaints records which detailed the actions taken in response to a complaint and the outcome of the complaint so that an audit could be maintained.

# Is the service well-led?

## Our findings

The manager was registered with CQC.

There was a clear management structure including a registered manager. Staff spoken with were fully aware of the roles and responsibilities of managers' and the lines of accountability. There was evidence of an open and inclusive culture that reflected the values of the service. Every person spoken with, irrespective of their role, said they felt valued by their service manager, the registered manager, operations manager and the regional manager.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made. The regional manager explained that the quality assurance processes were based around the five key questions we ask so that they covered all relevant areas.

We found the operations managers undertook a quality assurance compliance visit, record and action plan on a monthly basis to different shared living locations. The regional manager told us they audited these and sent to head office to inform their quality assurance process. A compliance inspection from head office was undertaken on an annual basis. We saw the compliance team had visited one shared living location the week prior to this inspection. Audits were undertaken by service managers at each shared living location. These included monthly health and safety checks, support plan, medication and finance audits which we saw. From audits undertaken an action plan was produced, we saw the action plan for the previous 12 months that identified gaps and improvements to be made to address these, for example to re schedule a staff meeting and continue infection control audits.

We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns.

A few weeks prior to this inspection Derbyshire County Council Contracts department provided us with their Quality Monitoring Report. We saw that the two shared living locations based in Derbyshire had been rated as fully compliant.

We found that surveys had been sent to people supported by the service and their representatives in September 2014 and September 2015. We saw the results from these had been audited and people had been provided with a report on these. The regional manager told us that where any issues specific to an individual had been brought to their attention, these were responded to on an individual and private basis. Some positive comments were made by representatives in their surveys. These included, "Run really well," "Warm and supportive even in difficult times" and "Keeping [person supported] happy and secure. Consulting them on their needs and choices." We found the results of a recent staff survey had also been audited to identify areas for improvement.

We found that a policy on obtaining feedback from professionals had been completed and the regional manager was in the process of compiling surveys to send out, which we saw. The regional manager confirmed these surveys would also be audited to identify any actions needed to improve the service. It was clear from speaking to all levels of management that they were not complacent and aimed for continuous improvement.

Staff told us communication was good. Staff spoken with said staff meetings, memos, newsletters and using communication books ensured that information was shared. We looked at the staff meeting minutes at one shared living location and found regular staff meetings had taken place. Staff spoken with said that they felt able to contribute to staff meetings and felt listened to. We saw that staff held handovers every afternoon and evening at the shared living locations when staff changed.

All of the staff spoken with said their managers' were approachable and supportive. Staff said they worked well together, supported each other and were "A good team." All of the staff spoken with showed a strong commitment to their role and told us they enjoyed their jobs.

The home had policies and procedures in place which covered all aspects of the service. We sampled the policies held in the policy and procedure file stored in the office and found these had been updated and reviewed to keep them up to date.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.