

HF Trust Limited

HF Trust - Herts and Essex DCA

Inspection report

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Tel: 01279655649

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place 08 October 2018 and was announced. This is the first inspection of this service since the provider made changes to their registration in September 2017.

This service is a domiciliary care agency. It provides a service to younger adults and older adults who live with learning disabilities or autistic spectrum disorders to enable them to live in their own homes either on their own or sharing with others in supported living services. A supported living service is one where people receive care and support to enable them to live independently. People have a tenancy agreement with a housing provider and receive their care and support from HF Trust Herts and Essex DCA. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection a total of 22 people were receiving support with their personal care.

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

People, and their relatives, told us they were extremely happy with the staff that provided their care, relatives told us they felt staff went beyond the call of duty. People had a small team of staff who supported them which helped to ensure continuity and enabled people to form bonds with the staff. Examples shared with us included where a person had been very ill and staff had supported them to recover their independent living skills, a staff member had worked tirelessly in their own time to promote an anti-bullying campaign in the local community which had helped a person regain their confidence and further examples where staff used their in-depth knowledge and understanding of people to make their lives better in various ways.

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives. Staff interacted with people in a warm, respectful and dignified way. It was clear that people trusted staff and that they worked in partnership to achieve as much independence as possible. Staff understood the importance of promoting people's independence and support plans supported this to allow people to live as independently as possible.

People all said they felt safe using the service and their relatives confirmed this. People were comfortable in the presence of staff members and their relatives said they couldn't praise them highly enough. Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. People were supported to take risks to retain their independence and maintain their freedom. Risk assessments had been regularly reviewed and kept up to date.

People, their relatives and staff all told us that there were enough staff available to meet people's needs. Safe and effective recruitment practices were followed to make sure that all staff were of good character and

suitable for the roles they performed at the service. Staff completed a six-month probationary period where the provider checked if they were performing to a suitable standard. People were safely supported to take their medicines as they wished, some people were supported to self-administer their medicines, some people had automated pill dispensers and some people received support from staff members. Staff were knowledgeable about people's individual needs and could tell us what support would be provided in the event of an emergency situation such as a fire. The management and staff team used incidents as a learning tool to help ensure people's safety and wellbeing.

The care and support provided was appropriate to meet people's needs. Staff received training and supervision to support them to be able to meet people's care and support needs. The service worked within the principles of The Mental Capacity Act 2005 (MCA) and staff understood their role in protecting people's rights in accordance with this legislation. People were happy with the support they had to eat and drink which varied depending on people's individual circumstances and contractual arrangements. Relevant health and social care professionals were involved with people's care when needed such as GPs, dentists and opticians.

Creative ways had been developed to help ensure people could understand important information by introducing various documents and guidance in an easy read format. People were encouraged to make individual goals to aspire to and staff supported people with goal action plans. Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. People were encouraged to be as independent as possible and were supported to have a voice about matters that affected their day to day lives.

People had good access to community facilities and the provider held various social events throughout the year to give people the opportunity to engage with family and friends. People were supported to embrace technology to help them achieve independence and manage their care needs. Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

People, relatives and staff told us they felt the service was well managed and that they were well supported by the registered manager and provider. People's relatives told us they would be confident to recommend the service to anyone looking for care in the same situation. The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. There were regular management meetings held between the registered manager and the regional manager to discuss such issues as recruitment, the performance of the service and any matters arising. There were a range of management checks undertaken routinely to help ensure that the service continued to be safe. The organisational records, staff training database and health and safety files were organised and available. Feedback from people, external professionals and relatives was actively encouraged.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe:

People who used the service and their relatives were confident that the care and support provided was safe.

People were supported to take risks to retain their independence and maintain their freedom.

People, their relatives and staff all told us that there were enough staff available to meet people's needs.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service.

People's medicines were safely managed and people received the level of support that they needed to receive their medicines as prescribed.

Staff had received training in infection control practices.

Staff were knowledgeable about people's individual needs and could tell us what support would be provided in the event of an emergency situation such as a fire.

The management and staff team used incidents as a learning tool to help ensure people's safety and wellbeing.

Is the service effective?

Good ●

The service was effective:

The care and support provided was appropriate to meet people's needs.

Staff received training and supervision to support them to be able to meet people's care and support needs.

The service worked within the principles of The Mental Capacity Act 2005 (MCA). Staff were knowledgeable about capacity, best interest decisions and how to obtain consent from people with

limited or restricted communication skills.

People were happy with the support they had to eat and drink.

Health and social care professionals were involved with people's care when needed such as GPs, dentists and opticians.

Is the service caring?

Outstanding 

The service was exceptionally caring:

People's relatives told us the staff team were exceptional.

Family relationships were proactively promoted.

The registered manager told us they were proud of how the team supported people in a person-centred manner to achieve their individual potential.

Each person was treated as an individual and their needs and wants were managed on an individual basis.

Staff members had gone beyond their remit to help promote people's independence and safety which served to increase people's confidence and wellbeing.

Staff had developed positive and caring relationships with people they clearly knew well and used this to good effect in supporting people to recover from illness and traumas and overcoming fears.

People were offered choices and these were respected which contributed towards people having control of their lives.

People were happy and relaxed with staff and it was clear that people trusted staff and that they worked in partnership to achieve as much independence as possible.

Staff knew people exceptionally well and understood the challenges each person faced when developing and maintaining their independence.

Is the service responsive?

Good 

The service was responsive:

The service used creative ways to help ensure people could understand important information by introducing various documents and guidance in an easy read format.

People were encouraged to make goals to aspire to and staff supported people with goal action plans.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs.

People were encouraged to be as independent as possible.

People were supported to have a voice about matters that affected their day to day lives.

People had good access to community facilities such as the library, a local arts complex, a multi-screen cinema, a local night club, football training weekly and football matches arranged at a local school.

The provider held various social events throughout the year to give people the opportunity to engage with family and friends.

People were supported to embrace technology to help them achieve independence and manage their care needs.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

Is the service well-led?

People, relatives and staff told us they felt well supported by the registered manager and provider.

Relatives told us they would be confident to recommend the service to anyone looking for care in the same situation.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

There were regular management meetings held between the registered manager and the regional manager to discuss such issues as recruitment, the performance of the service and any matters arising.

There were a range of checks undertaken routinely to help ensure that the service was safe.

The organisational records, staff training database and health and safety files were organised and available.

Good ●

Feedback from people and relatives was actively encouraged.

HF Trust - Herts and Essex 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 08 October 2018 and was announced. We gave the service 5 days' notice of the inspection site visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection process. The inspection was undertaken by one adult social care inspector.

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We had not requested a provider information return (PIR) to be submitted to us at this time. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Inspection activity started on 08 October 2018 and ended on 11 October 2018. We visited the office location on 08 October 2018 to meet the registered manager and office staff; and to review care records and policies and procedures. We also met five people who used the service when they visited the office during the day. On 10 October 2018 we visited three people in their homes together with the staff that supported them and on 11 October 2018 we spoke with relatives of four people who used the service to gather their views about the support provided. We spoke with a total of seven people who used the service, five staff members, and the registered manager.

We received feedback from representatives of the local authority health and community services.

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People were asked regularly in discussions and through surveys if they felt safe. There had been no negative comments and people all said they felt safe. In response to a quality assurance questionnaire received in August 2018 all respondents indicated they had confidence that staff would act to keep people safe from harm. One relative stated, "Staff keep [person] safe and will let me know if they appear unhappy or unwell."

People were comfortable with staff members, we saw people laughing and smiling with staff demonstrating they felt confident and safe in their company. People told us they felt safe and one person said, "They (staff) look after me, they make sure I am safe always." A relative said, "I feel [person] is safe because they are totally supported with all their needs by a fantastic team of staff and they have access to emergency numbers should they need them." Another relative said, "I totally believe [person] is safe supported by the service, I have nothing but praise for them."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. They told us that they would not hesitate to use these procedures where necessary and encouraged other staff to do the same.

Easy read/pictorial safeguarding information had been developed for people who used the service so that they would understand what abusive behaviour was and who they could speak to about anything that worried them. Staff members read through the 'Easy Read Safeguarding Adult's' document with people using examples that could be relevant to the supported person's life. Information and guidance about how to report concerns, together with relevant contact numbers, was accessible to staff on the provider's intranet. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

People were supported to take risks to retain their independence and maintain their freedom, although these risks were assessed, discussed and people were supported to manage these. We saw individual risk assessments in people's support plans for areas such as; travelling alone, community access and using household appliances. The risk assessments had been regularly reviewed and kept up to date. Each risk assessment gave a description of the risk, measures in place to minimise risk and detail of the measures necessary to lower the risk. Staff told us they had access to people's risk assessments and ensured they followed the guidance in them.

Some people were at risk from self-injurious behaviours such as biting themselves or banging their heads. Support plans included information for staff about the triggers for these behaviours and what actions were to be taken to help de-escalate volatile situations and keep the person and others, safe from harm.

People, their relatives and staff all told us that there were enough staff available to meet people's needs. The

number of staff needed for each shift was calculated using the hours contracted by the local authority. There was a system in place to ensure that people could receive support in an emergency through a 24 hour on-call duty manager. The registered and senior support worker would cover shifts in the event of staff sickness or annual leave. Throughout the course of the inspection we noted that people received their care and support when they needed it and wanted it. The registered manager told us of instances where they had advocated for people when commissioning bodies considered reducing the amount of support people received. The registered manager was particularly concerned about the risk of social isolation for people if their care and support hours were further reduced as well as their safety if people could not independently mobilise in the event of a fire or other such emergency.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two staff members and found that all the required documentation was in place including two written references and criminal record checks.

Staff completed a six-month probationary period during which the provider checked if they were performing to a suitable standard. Shadow shifts were undertaken for newer members of staff so they could observe and learn from more experienced members of the team. This process enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people.

People's medicines were safely managed. People were supported to take their medicines as they wished, some people were supported to self-administer their medicines, some people had automated pill dispensers and some people received support from staff members. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated people's medicines were being managed safely. People had individual protocols for support with their medicines, this gave staff guidance on how to specifically support people. For example, records showed that one person required prompting to put a monthly prescription into the chemist and to collect when ready and another person may benefit from additional support around checking dates on medicines to help develop their skills and knowledge. Staff received training, observed other staff and completed a full and comprehensive competency assessment before being able to give medication.

Staff had received training in infection control practices and we noted that they used personal protective equipment such as gloves and aprons effectively. The registered manager advised that infection control practices formed part of their routine audits and any issues were discussed at team meetings.

There were personal emergency evacuation plan documents in people's care plans. Staff were knowledgeable about people's individual needs and could tell us what support would be provided in the event of an emergency situation such as a fire. Information in people's support plans showed that staff supported them to be aware of what they needed to do to keep themselves safe in the event of a fire. All staff had received fire safety training.

The management and staff team used incidents as a learning tool to help ensure people's safety and wellbeing. For example, a person had missed some of their medicines when spending time away from the service with their family and another person had made direct contact with a GP and had medicines prescribed unbeknown to staff. In both instances the staff and management had reviewed the situation and introduced measures to protect people from the risk of recurrence.

Is the service effective?

Our findings

During the inspection we visited three people who received care and support from HF Trust Herts and Essex DCA. We spoke with them about the care staff, the registered manager and how the service provided their care and support. People were not all able to communicate their responses to us but it was clear they were happy and relaxed with staff and were satisfied with the service. Staff were calm and gentle in their approach towards people. We observed staff interacting with people in a warm, respectful and dignified way. It was clear that people trusted staff and that they worked in partnership to achieve as much independence as possible.

People and their relatives told us that the care and support provided was appropriate to meet people's needs. One person said, "They (staff) help me to do things for myself, its good." We asked a relative whether they felt a person received effective support from the staff team. The relative responded, "The staff are absolutely fantastic. When [person] was ill they did everything in their power and more to help [person] get well and return home." Another relative told us, "The staff are very good indeed, I believe they have opportunities for extra training and they always behave in a professional manner towards the people they support."

Staff received training to support them to be able to meet people's care and support needs. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included such elements as medicine management, fire safety, safeguarding vulnerable adults, data protection, mental capacity and infection control. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. The registered manager showed us a system that was in place to show when staff required an update on specific training. One staff member said, "The training here is fantastic. I had everything within the first couple of weeks of starting to work, they have their own team of in house trainers who are very good."

Support staff completed an induction programme at the start of their employment which included information on the aims and objectives of the company, policies and procedures, health and safety and how to support individuals effectively. The registered manager told us all new staff were required to complete the Care Certificate. This is a nationally recognised qualification taken from the Care Act 2014 and is based upon 15 standards which health and social care workers needed to demonstrate competency in. A probationary review of newer members of staff was completed after six months of employment.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time. The registered manager stated that the service had an 'open-door policy' and that staff were able to discuss any issues or concerns on a daily basis with the registered manager.

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. We checked whether the service was working within the principles of the MCA. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated awareness of what steps needed to be followed to protect people's best interests.

People told us, and our observations confirmed that staff explained what was happening and obtained their consent before they provided day to day care and support. Staff members were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. The registered manager told us of instances where best interest decisions had been made to help keep people safe. For example, a person was restricted from using a tumble dryer alone and at night due to the risk of fire, another person had their use of a mobile phone restricted due to inappropriate use.

People were happy with the support they had to eat and drink. This varied depending on people's individual circumstances and contractual arrangements. In all cases people had individual support with choosing what they wished to eat using pictures of meals to develop their weekly menus, they then shopped for the meal ingredients with staff support where needed. Some people prepared their own meals and others had support from staff to do this. People and relatives gave positive feedback about staff supporting them to eat a healthy and well-balanced diet.

People's care records showed relevant health and social care professionals were involved with their care when needed such as GPs, dentists and opticians. People's changing needs were monitored and health needs were responded to promptly. In each care and support plan, guidance for staff was clear about supporting people to attend appointments and other specific information for keeping people healthy. In a response to a quality assurance questionnaire received in August 2018 a relative had said, "Response to any emergency care is always dealt with extremely well. Having the use of The Family Carers Service is most valuable. Where would the families be without the care given by HFT carers – Thank you." At this inspection a relative said, "Staff support [person] with GP and hospital visits, they are fully engaged with making sure [person] has their health needs met."

Is the service caring?

Our findings

People, and their relatives, told us they were extremely happy with the staff that provided their care. In a response to a quality assurance questionnaire received in August 2018 a relative had said, "I can't speak highly enough of the care and support." Another relative had responded, "Staff have helped my [relative] to develop more than my overprotectiveness would have allowed and for that I am indebted." At this inspection a relative told us that they had total confidence in the way that staff provided people's care and support and said, "Nothing is hidden from us, they (staff) tell us if there are any concerns which gives me the confidence and peace of mind that they have [person's] best interests at heart."

People had a small team of staff who supported them which helped to ensure continuity and enabled people to form bonds with the staff. A relative told us, "The staff that support [person] go beyond the call of duty. For example, [registered manager] has given a substantial amount of time and effort to support [person] to prepare for a significant birthday. They have given guidance and help to enable [person] to plan their celebration exactly how they want it to be." Another relative told us how staff had supported a couple when they had decided to get married and set up home together. The relative said, "Staff supported them well beyond what they were paid to do, I can't thank them enough, it has made such a positive difference to both their lives."

Family relationships were promoted. One relative said, "Staff give us time alone if we want it and when I phone they are always willing to talk with me. Quite honestly I don't know what I would do without them." The relative went on to say, "Now that I don't drive anymore the staff bring [person] home to see me. It is lovely we get to go out and have lunch together every few weeks, we wouldn't be able to do this without their support."

The registered manager told us, "I am very proud of who we are and how we support individuals." They went on to describe some of the challenges the staff team faced and managed day to day for the benefit of people who used the service. These included working to secure and keep the funded support hours that people had and filling in the gaps where people did not have family members available to support them.

The registered manager also told us staff took action to keep people as comfortable as possible when issues arose. They said, "We rush with oil heaters when there is no heating, we answer the phones after hours because there is no one else, we rush when the property had been flooded, and we constantly move support hours to accommodate health appointments." Staff took care to ensure that social visits and birthday parties were supported so people could live a full life. It was clear from talking with the management and staff that this ethos was an intrinsic part of the service that everyone worked to.

Each person was treated as an individual and their needs and wants were managed on an individual basis. Staff spent time supporting people in a compassionate and personal way. One person had experienced a sudden decline in mental health, became very ill and felt unsafe in their own home. At that time the person had limited hours of support a week and a lot of work was done with the Local Authority to safeguard the person until a temporary agreement was reached for the person to stay in their home with 24/7 care. The

staff supported the person through the difficult times coping with short notice to shift changes, offering to come and stay with the person to support them and to reassure them that they were safe in their home. After a short time, the additional funding was withdrawn, the team rose to the challenge and worked closely with the person to continue making improvements to their life. Thanks to the efforts of the staff team the person was now back to their usual happy self, spending a long time in the shower taking great care of their personal appearance and looking smart, listening to their favourite music and enjoying their life. The person had even been on holidays with staff this year and they tried different activities and sports without being so anxious to go back home.

Staff understood the importance of promoting people's independence and support plans supported this to allow people to live as independently as possible. Relatives told us they were confident that staff knew people exceptionally well and understood the challenges each person faced when developing and maintaining their independence. Support was individualised, and staff worked creatively to ensure solutions were found to any obstacles people faced to their independence.

The management team shared an example of staff promoting people's independence. A person had suffered a traumatic experience which had resulted in an extended hospital stay, lost mobility, confidence and independence. The person had lost confidence in health professionals so was reluctant to accept help to improve their mobility. Staff worked with the person and their relatives to get an electric wheel chair and encouraged the person to build on their wheel chair skills until they could drive it independently along pavements and in busy shopping centres. The management team reported that it had been an emotional challenge and one that required thinking outside of the box a lot of time but to see the positive impact this had on the person was amazing.

Staff went above and beyond for the benefit of people who used the service. A staff member had attended an advanced autism awareness course and was asked to prepare a presentation for the end of the course. The staff member turned the presentation into a community based anti-bullying campaign because a person who used the service was experiencing these negative behaviours in the community and the staff member wanted to help stop this kind of behaviour. The idea was for people in the community to 'step up and speak out' if they witnessed this type of behaviour to help support vulnerable adults in the community. The campaign gathered momentum in the local area with many businesses and members of the community embracing the concept. This had a positive impact on the person who used the service, it increased their confidence, they no longer felt fearful as they were aware there was support all around the local community should they need it. The staff member promoted the campaign in their spare time.

Staff had developed positive and caring relationships with people they clearly knew well. A person had become very ill and was admitted to hospital, they relied on hospital staff for all their needs including support with eating, they stopped getting out of bed and walking and consequently needed to be transferred by mechanical hoist. The person became bed bound, sleepy, refused support and wasn't eating or drinking well. After a number of meetings involving family, health professionals and social workers, concerns were voiced that the person may not be able to return home as their support needs had significantly increased. The dedicated staff of Herts and Essex DCA refused to give up, they visited every day, they knew how to approach the person and motivate them to want to get better. Often staff would stay after their shift had finished to be with the person, they bought the person's favourite food hoping they could convince them to eat something. Because of staff's dedication and care, the person was able to return home after six weeks in hospital. They very quickly started walking again and regained their independence. Staff worked closely with the person encouraging them with their favourite food and to get stronger. The person's confidence returned, staff had given them back their independence to live their normal life in their home once more.

People were at the heart of the service and the service was person centred. People were often involved in the interviewing for new staff. The registered manager told us this made people feel important and they gave their feedback verbally on how the interview went and this would be taken into account when decisions were made. The registered manager also said they found it a useful to observe applicants' interaction with people who used the service to make sure that their approach was in line with the caring ethos of the service.

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives. For example, people were encouraged to spend their time where they wished, to self-medicate if possible, to choose their meals, shop for the ingredients and be involved in cooking.

People's care records were stored securely to help maintain their dignity and confidentiality.

Is the service responsive?

Our findings

People were supported by staff who often went the 'extra mile' for them to help ensure they had outstanding care, this was evident throughout our inspection. There had been many compliments about the care staff from people, relatives and health professionals. A relative said, "They keep us fully informed about anything relating to [person's] care and support. We have never had any cause for concern."

People and their relatives where appropriate told us they had been involved in developing people's support plans. People's support plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend review meetings and a relative told us that the staff were good at keeping them up to date with important events in people's lives. People's support plans were sufficiently detailed to be able to guide staff to provide their individual needs. For example, one person's communication support plan clearly set out how they wished staff to speak with them, "I like you to talk to me nicely, calmly in a soft, kind voice." Another person's support plan stated, "I enjoy a good conversation so sit and chat with me. I also enjoy going for a walk to make sure I get enough exercise."

The service used creative ways to help ensure people could understand important information. This enabled people to have the knowledge and skills keep themselves safe, to be actively involved with their support planning, contacting others more easily and understand potentially difficult subjects such as grief and loss. The provider had introduced various documents and guidance in an easy read format so that people who used the service would be able to understand them. We saw support plans, staff rota's, activity plans, meeting minutes and relevant policies and procedures in an easy read format.

Support plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they started to use the service. The registered manager told of an instance where art therapy had been secured for a person who had suffered a bereavement and was struggling to come to terms with their loss. The registered manager said that this had been effective in enabling staff to better understand the person's emotional support needs.

People were encouraged to make goals to aspire to and we saw that staff supported people with goal action plans. For example, a person had voiced a wish to go to a local country fair, the action plan set out that there was a need to check that staff were available, the route had to be planned, the website had to be checked to plan the day, the person had to be bathed, dressed and ready to go by a set time on the day and there must be an awareness of the money available from the person's allowance for them to spend on the day. We noted similar processes had been undertaken for such topics as buying new garden furniture, buying a new bed and visiting a Royal Horticultural Society garden. This showed that people's goals were personalised around their wishes and that staff supported people to learn how to achieve their goals.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. People told us that their daily routines were arranged around their wishes and needs.

The service encouraged people to be as independent as possible. People we spoke with were supported by staff to gain paid or voluntary employment. Some people receiving support from the service had regular jobs such as working at a local café and helping with the cleaning at a local Rugby club. Some examples of voluntary work undertaken by people who used the service included Salvation Army, dog walking, working with the advocacy group POWHER, local charity shops and the community centre. A person who used the service told us how excited they were to have found paid work and that they only achieved that because of the support staff provided for them.

People were supported to choose what activities they took part in. Staff told us that it could sometimes be a challenge to find new opportunities for people to experience but these often came from just spending time with people and watching for their reaction to such things as television programmes.

People who used the service were invited to attend the 'Voices to be heard' meetings which were held every month for all people who used Home Farm Trust services. The registered manager told us that these meetings were for people to get together and make changes that were beneficial to them. For example, people felt that the introduction of a road crossing near a local service would help to keep them safe. They had been supported to contact the relevant agencies to have their voice heard and have their suggestions considered. Another example was where a keep fit class was held at a time that was tricky for people to get to. The meeting advocated to change the times of the keep fit classes so that more people were able to attend. This showed that people were supported to have a voice about matters that affected their day to day lives.

The HF Trust Herts and Essex DCA office is based in the centre of Bishops Stortford. The office was welcoming and friendly and was a hub for people and support staff to access management support and just to pop in for a cup of tea and say hello. During our inspection four people who received support dropped into the office to say hello on their way to appointments or run errands. A further person who received support worked at the office in a voluntary capacity for a couple of hours each week answering phones, doing some light cleaning and some administrative tasks.

People had good access to community facilities such as the library, a local arts complex, a multi-screen cinema, a local night club, football training weekly and football matches arranged at a local school. A local café held various events such as art classes, flower arranging, first aid courses, day trips and helped people to arrange their holidays. Local charity shops engaged with the provider organisation to create opportunities for volunteer work. The provider hired a community hall in the local area for two days per week and various events took place such as computer courses, keep fit classes, a current affairs class to engage people with articles on the television or in the newspapers, and presentations such as horse riding and first aid. At another of the provider's sites locally people were able to access further resources such as pottery classes, the garden centre and woodwork classes.

The provider held various social events throughout the year to give people the opportunity to engage with family and friends. These included an annual summer barbecue, a Christmas tea party, a carol service and an annual Christmas dinner and dance where people dressed up for a formal night out. People also had the opportunity to engage with Bishops Stortford Carnival where the provider always took part and a 'HFT's Got Talent' show held each year at the local football club with a buffet, music and a DJ. This showed that the provider was keen to make sure people had many and varied opportunities to live their lives in the local community.

People were supported to embrace technology to help them achieve independence and manage their care needs. For example, a person who used the service used a video on a tablet computer to help make sure

they brushed their teeth for the right amount of time. The person also did regular Tai Chi exercises following a video on the tablet computer.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. The registered manager advised that there were 'grumbles books' in each of the houses to capture minor issues and concerns so that they could act on them before they turned into bigger issues.

People who used the service had a key worker assigned to them who had overall responsibility for ensuring people had all they needed, were receiving the day to day support they needed and to build a close relationship with individuals. Key workers met with people at least monthly to review past events and future plans, to check that people were satisfied with their accommodation, their housemates and all aspects of their support.

Is the service well-led?

Our findings

People, relatives and staff told us they felt well supported by the registered manager and provider. There were many positive comments about the overall leadership of the service by people and their relatives. Staff said they felt valued and their work was appreciated. One staff member said, "The registered manager and seniors are always available for support and are happy to help."

A relative told us, "I would happily recommend Home Farm Trust (Provider organisation) to anyone looking for support for a person in the same situation. ...and I have done." Another relative said, "We are getting older, we have absolute confidence that [person] will be totally provided for and will be supported to fulfil their potential as much as they can. I would absolutely recommend the service to anyone looking for this kind of support."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner. The registered manager told us they were very proud of their team and the way that they supported people to live independent and full lives.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home.

The provider had an awards incentive scheme in place whereby registered managers nominated members of the staff team for awards. These were for such areas as personal growth, specialist skills, creative solutions, choice, total communication, personalised technology, healthy safe and well and families and other partnerships. The registered manager told us they had nominated a staff member under the 'creative solutions' category for an initiative they had developed to help keep people safe in the local community. Another staff member had been nominated under the 'healthy safe and well' category for supporting a person to be able to return to their own home after a significant health concern. Staff members had undertaken additional training and worked closely with district nurses to be sure they could meet the person's needs.

There were regular management meetings held between the registered manager and the regional manager to discuss such issues as recruitment, the performance of the service and any matters arising. The registered manager advised that the provider's regional manager had recently left the service however the interim regional manager had been very supportive.

There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as medicines, health and safety checks and spot checks at people's houses to ensure they were satisfied with the support they received and they felt safe. This showed us that the registered manager and

provider were committed to providing a safe service. Monthly compliance audits were undertaken in line with CQC's key lines of enquiry. These were checked against the report of the previous month's audit to ensure that appropriate actions had been taken.

The organisational records, staff training database and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Guidance documents for staff were detailed and were kept all in one place making it easier for them to be accessed as needed. The registered manager told us that all organisational policies and procedures were also available on the provider's intranet pages for staff to access.

Feedback from people and relatives was actively encouraged. Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals. Once the completed surveys were received the responses were collated and a report of the findings was shared with the people and their relatives. For example, the report of the findings from the survey undertaken in August 2018 noted that people who used the service and their relatives were satisfied with the service provided however, one relative had said that whilst it was really great to have BBQ's and to see other families but they would also like more updates about things happening at the provider's Bradbury Resource Centre. They appreciated getting the newsletter and being informed on the wider issues but said they would welcome more information for Herts and Essex services. The registered manager had taken this forward for discussion with the new regional manager.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.