

HF Trust Limited

# HF Trust - Pound Lane - Herts and Essex DCA

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on the 21 and 26 July 2016 and was unannounced. Home Farm Trust Pound Lane Essex and Herts DCA provides accommodation and support in a residential environment for people with learning disabilities, some of whom may also have physical disabilities. HF Trust also provides a domiciliary care service where people with learning disabilities receive care and support in their own homes in the community.

At the time of our inspection there were 17 people living in the residential part of the service which was split across four separate cottages. There were also 25 people receiving personal care in their own homes.

There was a registered manager in post at the time of our inspection. 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 were supported by staff who consistently displayed understanding, empathy and warmth in their interactions with people. People consistently told us and our observations confirmed that staff had developed meaningful relationships with people. Staff had an enhanced knowledge about the people they cared for and understood how to meet their needs because they had a genuine interest in getting to know the people they worked with. Feedback from people and their relatives about the care they received was exceptionally complimentary acknowledging the exemplary approach of staff. The kindness, thoughtfulness and approach from staff consistently exceeded people's expectations of how they would be cared for and supported.

Staff were passionate about their job and highly motivated to provide consistently excellent care to people. Staff found ways to support people creatively and give people the support they needed in order to achieve their own personal aspirations. People spoke about the positive impact this has on the way they are cared for, and this was reflected in the feedback we received from people living in the service.

People were treated with dignity and respect and there was a genuine ethos that people should be treated as equals. People were treated in a dignified manner with regard to personal interactions with staff, as well as having their rights upheld, such as the right to a particular religious belief, or the right to get married.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. Staff were confident in recognising and raising concerns if they felt people were at risk.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately. People were supported to make decisions for themselves and their consent was actively sought by staff.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people using the service. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care when they wanted to.

People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs. People were actively supported to pursue their interests and to make and maintain relationships.

People were listened to, respected by staff and had their views acted upon. Staff exceeded people's expectations in the caring support that they provided.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

## 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 felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink to maintain a balanced diet.

### Is the service caring?

Good ●

The service was very caring.

People were consistently treated with outstanding kindness, respect and compassion.

Staff had an enhanced knowledge and understanding of people

which was evident in their day to day interactions with the people that they supported. This meant that people's needs and preferences were consistently fully met.

Staff respected people's individuality and encouraged them to maintain and develop their independence and to live the lives they wanted.

The exceptionally caring approach of staff consistently exceeded people's expectations in relation to the care and support that they received.

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

**Good** ●

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

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

**Good** ●

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

There was a positive open, person centred culture.

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## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This inspection took place on 21 and 26 July 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who monitor the care and support of people living in their own home. Before the inspection, the provider completed a Provider Information Return (PIR) which we reviewed. 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.

During this inspection we spoke with four people living in the residential part of the service, met five people receiving personal care in their own homes and spoke with seven members of staff. We also spoke to the registered managers for this service, the regional manager and a local health and social care commissioner.

We spent time observing the care that people living in the service received to help us understand the experiences of people living in the home. We reviewed the care records of eight people that used the service and the recruitment records for seven members of staff. We also reviewed records relating to the management and quality assurance of the service. During our visits to people who were supported in their own homes we also observed the interactions between people and the staff who provided them with support.

## Is the service safe?

### Our findings

People said that they had confidence in the support that they received and that they felt safe. One person told us "I don't know what I would do without the staff. They make me feel safe."

People's medicines were managed safely and people were assured that they would receive their medicines when they were supposed to. One person told us "The staff give me my tablets every evening with a drink before I go to bed." People were encouraged to be as independent as possible in managing their medicines. One person that managed their own medicines had written their own guidelines about how they manage their medicines and how staff should support them. Staff checked this person's medicines each week to make sure that they had taken them. Staff also monitored this person's mental health and during periods when the person was noted as feeling low, staff managed their medicines for them to make sure that they received their prescribed medicines safely. This person told us "I manage my own medicines but the staff help me occasionally when I need it and check for me each week that I've taken everything that I am supposed to." People's ability to manage their medicines safely was discussed with them as part of the process of planning their care and the provider had developed a pictorial assessment to aid staff in assessing whether people were able to manage their medicines safely. Where people were unable to manage their medicines and staff administered people's medicines to them, they could be assured that they would receive them safely.

Staff had received training in how to administer people's medicines safely and had also had their competency to administer medicines assessed to ensure that they were able to apply their training effectively. One member of staff said "I have had medication training but have to administer medicines supervised at the moment because I have not been signed off as competent." An effective system of audits was in place to ensure that people's medicines were managed safely and that people received their prescribed medicines when they were supposed to.

Risks to people had been assessed and adequate steps taken to manage any risks that were identified. People were supported in a personalised manner in order to address risks to them. For example we saw that one person had been resistant to using their wheelchair lap strap or their seat belt in vehicles. Staff had developed pictorial social stories for this person in relation to using seat belts and lap straps and this had successfully supported them to use their lap strap in their wheelchair independently. Another person had been identified as being at risk of scalding from using the kettle. Staff supported this person to purchase a 'one cup kettle' that poured water directly into a cup eliminating the need for this person to lift and tip a kettle. This meant that the risk of scalding had been reduced and that this person was still able to make hot drinks independently.

Staff supported people to remain safe in the least restrictive manner possible. We saw that assistive technology was utilised effectively to keep people safe. For example one person that was in the early stages of developing dementia and had tried to leave the service at night had a sensor fitted to their bedroom door to alert staff if they left their bedroom.

Staff were knowledgeable about the steps to take if they felt people were at risk. All staff had received training in how to safeguard people from harm and were confident in applying the learning from this training. One member of staff told us "If I ever thought anyone was at risk I would tell the manager; I know they would respond to that quickly." We saw that when required alerts had been made to the local authority and that the management of the service had worked proactively and openly with other professionals to complete investigations. The learning arising from safeguarding investigations was shared with all staff through team meetings.

There were enough staff available to support people safely in all areas of the service. The care and support that people received was flexible and people were able to adapt their call times to their needs and preferences. People were able to save any care hours that they felt they did not require to use for day trips, supported holidays or to use for staff to support them to attend appointments or meetings. People told us that they had the same staff support them on a regular basis, that they knew what time staff would arrive and that staff stayed for the correct time. One person told us "The staff always arrive on time. Very occasionally if they are going to be late they always let me know." Another person told us "I always have the same staff which is good. It means that I get to know them." People were provided with a rota so that they knew which member of staff would be supporting them. One person told us "We have a board with a picture of the staff that will be coming on. It's nice knowing who is coming."

We observed that in the residential part of the service that there were enough staff to attend to people's needs in a timely manner. One member of staff told us "There are enough staff here. What is important is that we have time to stop and spend time just having a chat with people."

Appropriate recruitment practices were in place to ensure that any staff working were of a suitable character to provide people with care and support. The files we looked at had the appropriate checks and references in place. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

# Is the service effective?

## Our findings

People were supported by staff that had benefited from training and support that enabled skilled interaction between staff and people using the service. One person told us "I think the carers are well trained. They always know what they are doing."

People were supported by staff that had the knowledge and skills to carry out their role effectively in line with best practice guidance. Staff told us that they had received specialist training so that they could communicate with one person using the service through the use of Makaton. Makaton is a system of communication whereby people communicate using symbols and gestures. One member of staff told us "We had Makaton training at the same time as [person]. This meant that we were able to communicate with [person] and also learn new symbols and signs together."

Staff were able to apply their training successfully when providing support to people. We observed a number of examples of skilled interactions between staff and people using the service. One member of staff told us "I attended training about autism and it was really useful. I thought I knew everything but I learnt loads. I think it's helped me communicate with people better now."

Staff benefited from a thorough period of induction prior to providing care and support independently. One member of staff told us "When I first started I was assigned a senior member of staff as a mentor. I had plenty of support which helped me build up my confidence." All new staff were observed and assessed by senior staff and participated in professional discussion and reflection. Staff were given an induction booklet which outlined key skills and areas of development which they were required to complete. This helped ensure that new members of staff had the necessary skills and knowledge to carry out their role.

Staff were provided with regular supervision to enable them to be effective in their role. Staff told us "I have regular supervision with my manager but they are available all of the time if I need support" and "We all have a personal development plan that we review during supervisions. We can use this to request training too." This gave staff the opportunity to discuss any issues or further training and development. Records indicated that supervisions were used constructively by senior staff to discuss any performance related issues, and to discuss action that had been taken to ensure the quality of the service provided was sustained.

During this inspection we saw that people were asked to give consent for their care and support and staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to

deprive a person of their liberty were being met. We found that the registered manager had made appropriate DoLS applications to the local authority where people had been assessed as lacking capacity to be able to consent to their care.

People's care records contained information about the support they required with meal and drink preparation. Information around any special dietary requirements was also clearly outlined, for example people that required a sugar free diet, or had food intolerances. People were encouraged to prepare meals for themselves where possible and people had access at all times to drinks and snacks. People said staff offered them the support they needed to prepare meals. Their comments included, "We plan our menu every week and staff help us to go shopping" and "I always choose what I want for breakfast" and "The food here is nice, there is always something I want to eat".

People were supported to maintain a healthy diet and to have healthy portions of food. One person who struggled with portion control had been provided with pictures of healthy portions of food to guide them when preparing their meals independently. Menus were available for people in a pictorial and written format to ensure that this information was accessible to everyone within the service.

People were supported to maintain good health and had access to healthcare professionals when they needed to. People had plans of care in place to show what support they required to access health care services. One person told us "If I am poorly I tell the staff and they take me to the doctor." Another person told us "If I am unwell they phone my GP for me to book an appointment." People's healthcare needs were monitored closely and people's care was provided in line with the guidance from their healthcare professionals. Staff were knowledgeable about people's healthcare needs and pro-active in arranging appointments with people's allocated healthcare professionals.

## Is the service caring?

### Our findings

Everyone we spoke with commented upon the positive, caring relationships that they had developed with the staff supporting them. People using the service told us "They understand me, they are very good at what they do and I trust them 100%," "If I am ever unhappy I know that if I tell the staff they will sort it," The staff have a good sense of humour, we have a bit of banter and have given each other nicknames." Other comments from people were "I can trust and talk to my staff" and "The staff know us well, that is what is important to us".

Staff had a genuine focus upon supporting individuals in the way that they wished to be supported and had an interest in getting to know people holistically; not just their care and support needs. One person told us "The staff treat me as an adult; an equal. That is important to me." One member of staff told us "I am [person] keyworker. It's like being a surrogate brother really. I make sure that they are happy and get to spend time getting to really know them and making sure we do whatever they want to do." When we spoke with staff they told us about people's personalities, hobbies and what was important to them. It was evident that staff knew people well and had a genuine fondness for the people they supported. One person had been supported to have a holiday with their sister. Staff told us they supported them to have a joint holiday because "We included [person] sister because I wanted to help build a relationship between them. [Person] said they wanted to see more of their sister and I thought a holiday would be a good way to do that."

People were encouraged to make and maintain relationships with their friends, family and people they live with. For example, we saw that people were supported to arrange moving in parties when they joined the service. People were asked who they would like to invite to their party, to send invitations, shop for decorations and make food for their guests. This encouraged a relaxed social atmosphere and enabled people to build social relationships and get to know the people they lived with, their staff and introduce their family to the service.

There was a strong visible person centred culture where people were encouraged and empowered to express their views. One member of staff told us "We respect people here. Respect is very important and we treat everyone as equals." People had person centred plans in a format that was accessible to them that they had been supported to develop with staff, their relatives and other professionals involved in their care. These plans enabled people to have choice and control over their care and support. People were matched with staff that had similar interests to support them. This enabled people to have shared interests with their staff and aided the development of positive, caring and respectful relationships.

People had choice and control over which staff would be supporting them. One person told us "There was one carer who I didn't really like; just a bit of a personality clash. I told the manager and that person hasn't supported me again which is good." We saw that some people who received support for 24 hours a day in their own home had a pictorial rota available for them in their kitchen so that they knew which staff would be supporting them each day.

Staff had developed respectful relationships with people using the service and respected people's privacy

and dignity. One member of staff told us that they supported a person to attend a darts club each week. The member of staff told us "When we get to the club I just stand back. [person] is there like any one of us, [person] doesn't need a carer on his shoulder all of the time. He is able to go there, spend time with his friends and not have the stigma of being in care." On a day to day basis staff maintained people's dignity. Staff knocked on people's doors before entering. One person told us "When the staff get here they ring the buzzer and never come in until I say they can." A member of staff told us "If I am helping someone to get washed in the morning I always make sure that their bedroom door is closed as well as their curtains to maintain their privacy."

People were encouraged to make their own day to day decisions and have control over their lives. These included decisions about what they wanted to wear and how they chose to spend their day. One person said, "I choose my own clothes and then the staff help me to get dressed." Another person told us, "I have a monthly meeting with my staff and they ask me how I am getting on and if I want to change anything."

People were encouraged to develop their independence and to learn new skills. One person told us how staff supported them with their shopping. This person was given pictures of every item that they needed to purchase which meant they were able to complete their shopping independently.

People were involved in developing their support plans which were written in a way they could understand. The support plans described how people wanted to receive their support and told staff what was important to people and the things they liked to do. One person told us "I have a care plan. I know what is in it because I wrote it with the manager." Another person told us they wanted to be able to have a holiday but that they would not be able to do this on their own. The provider enabled this person to save up some of their care hours to use for a holiday. They supported this person to have a trip to Dublin on the plane. This had a positive effect on the persons view on life and their wellbeing.

Staff were dedicated to acting on people's views and going above and beyond their role to support people. For example we saw that staff had supported one couple that they support to plan their wedding. This couple told us that staff had helped them to book a venue, a member of staff was baking their wedding cake and that staff had helped to write invites, buy a the wedding dress and were supporting them on their honeymoon. This couple told us "The staff have helped us plan our wedding. Without them we wouldn't have been able to do it." People felt that staff genuinely cared for them and that they really mattered.

## Is the service responsive?

### Our findings

People's care needs were assessed before they were supported by staff. People were assured that their care and support needs were met by staff that knew them and had the knowledge and skills to support them effectively. People had the opportunity to visit the residential home, stay for meals and short stays overnight prior to moving into the home full time. People had time to get to know staff and other people living in the home which helped to aid a smooth transition to moving into the home. Staff were aware of the emotional and psychological effects of moving care homes or into a home for the first time. Staff had recorded a lot of information about people's needs and demonstrated how they helped people to settle in. The registered manager told us that they actively tried to match referrals for people looking to move into the home so that people had the opportunity to live with people who they would have shared interests with.

People had detailed plans of care in place that focussed upon their preferences, interests and individual needs. These plans of care set out the individual goals, aspirations and achievements of each person who used the service. Records were comprehensive and included descriptions of activities, health and behavioural support needs together with details of any concerns. People reported care planning as very good. One member of staff told us "The care plans are very accurate and reflective of people's needs; anyone could come in and deliver care based on what the care plan says"

People's support was focussed upon their preferences and interests and staff used this information to provide personalised care and support. One person said "I review my care plans every month with staff, they ask me what is working well and whether I want to change anything." One person who had an interest in planes was supported each weekend to visit a local airport to see the planes taking off. Another person who enjoyed bike rides was supported to go on long bike rides with staff every week. People said their care plans reflected the support they needed and how they wanted to live their lives and achieve their goals.

People were encouraged to provide feedback about the service and knew how to make a complaint. One person said "I was given a folder when the service first started that told me how to make a complaint." Another person told us "I have never needed to but I would know how to make a complaint and I know the staff would listen." Where complaints had been made about the service these had been investigated by the registered manager and a formal response had been provided to the complainant. Complaints were handled efficiently in a timely manner. Any learning arising from complaints was discussed with staff in team meetings. For example we saw that after one complaint about laundry people were provided with their own laundry baskets with a lid on to prevent items of clothing being mixed up.

## Is the service well-led?

### Our findings

People were supported by staff that had the support, guidance and supervision from the registered managers that they required to work effectively. The registered managers were supported by a management team within the provider's organisation that was accessible and visible to people and staff. We saw that people were comfortable and relaxed with the registered managers. All staff we spoke with demonstrated an excellent knowledge of all aspects of the service and the people using the service. One member of staff said "The registered manager is always available and is really approachable. This is the best place I have worked in terms of the support the staff get."

Regular staff meetings took place to inform staff of any developments to the service and for staff to contribute their views on how the service was being run. Staff meetings had a focus upon the individuals receiving care and support and reinforced a positive person centred focus. Staff meetings supported staff in enabling people to achieve their individual goals and aspirations.

We discussed the aims and values of the service with the registered managers, staff and people using the service. There was consistent feedback from people we spoke with that there was a strong person centred culture within the service with a genuine focus that was shared of promoting people's independence. One member of staff told us "We are here to support people to become more independent and provide their support in the way they want to receive it." From speaking with staff it was evident that they took pride in their work and embraced the culture to work creatively and give people using the service positive experiences.

There was an effective system of audits in place completed by the provider. The registered managers told us that they were well supported in their role by the provider. We saw that audits were completed by the provider in key areas such as care plans, health and safety and staffing. Where areas of improvement were identified by the provider actions plans were developed and these were quickly implemented by the registered managers.

We reviewed accident and incident records and where appropriate the registered manager had submitted notifications to the Care Quality Commission (CQC) and the local authority. The registered manager was aware of when notifications should be submitted to CQC and was reporting these appropriately. The provider had developed positive links with the local community and local clubs. People using the service had entered a football team into a local league and played games of cricket with the local cricket club. The provider also used these links to raise funds for the service and had recently raised funds and purchased a caravan to enable people to have supported holidays.

Staff knew how to raise concerns and whistle blow and told us that they were confident to do so if they needed to. The provider had implemented systems to enable staff to raise concerns and to ensure that these would be addressed promptly. One member of said "I could tell the provider if I had concerns or there's a number we can phone to whistle blow anonymously."