

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## HF Trust - Devon DCA

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	HF Trust Limited
Registered Manager	Mr. Adrian Leonard Martin
Overview of the service	<p>HF Trust – Devon DCA is part of a larger national provider for people with learning disabilities (HF Trust) and is registered to provide personal care to people living in the community.</p> <p>The offices are based in Heathfield, close to Newton Abbot. Care is provided to people in the Chudleigh, Chudleigh Knighton, Kingsteignton and Dawlish areas.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We carried out a visit on 3 January 2014, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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On the day of our inspection the service was providing support for nine older people in their own homes and 37 people living with learning disability in 14 settings in Chudleigh, Dawlish, Chudleigh Knighton and Kingsteignton.

During our inspection we visited two of these settings. We spoke with seven people who used the service and representatives for two other people who used the service. We also spoke with a senior manager, the registered manager, a health professional and six support workers.

People who use the service told us staff treated them with respect. We saw examples of support workers respecting people's privacy and dignity.

Care plans reflected the needs of the person they related to. These contained a comprehensive personal profile which included people's social histories and set out individual needs.

Support workers received regular supervision and appraisal. The service had ensured staff development needs had been identified and addressed.

There was an effective system in place to regularly assess and monitor the quality of the service provided.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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During our previous inspection of the service in January 2013, we found that some people who were new to the service were not always given information about which staff members would be visiting them. Also people's individual preferences and choices about their care were not always recorded in sufficient detail on their care plans. We made a judgement at that time that the service was not meeting this outcome.

At this inspection on the 3rd January 2014, we saw improvements had been made to the information given to people. We saw an individual monthly calendar that was given to people which clearly indicated which support worker would be visiting. This gave people the security of knowing which support workers would be visiting and when. One person told us, "X gets a list of who will be coming, so he can get the best china out, for his favourite".

The service had also changed the format of people's care plans. People had met with the manager and completed a needs assessment. The information gathered had then been used to generate individual care plans. The plans were person centred and gave clear information and guidance to enable support workers to deliver appropriate care. We saw that people had been given the opportunity to read their care plan and make amendments where they felt necessary, prior to signing their consent.

During our inspection, we visited two of the homes where the service supports people with learning disabilities living in the community.

We observed support workers being respectful and treating people with dignity. For example when we visited people in their homes, support workers asked if they were happy for us to come in, and talk with them. We saw a support worker ask a person, if they were happy for us to look at their bedroom. This means people's views had been sought by staff and their wishes had been respected.

Support workers supported people to develop new skills. We were told by support workers, "that a person who used the service was now able to make a cup of tea when their relative visited.

Support workers supported people to make choices and decisions about their daily lives. People were able to make decisions about what interests they wished to pursue. One person happily told us about their weekly schedule which included training on how to use a computer and that they were making fish pie for supper that night.

Records showed that people decided what activities they wanted to engage in. We saw that people were supported to work and be part of their local community. For example one person worked in the local playgroup and had a very busy social schedule. The person told us, "I am very busy, I love my job working with the children".

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Part of the service provides support for nine older people living in their homes. We looked at two of these people's care files and we saw they were detailed and easy to understand. There were clear instructions for support workers to follow. Examples included information about creams, their use, properties and benefits and guidance to support individuals bathing needs.

At the time of our inspection only four support workers which include the manager, provide support to people. We were told that this meant the manager was in regular contact with people and could discuss their needs and any changes that needed to be made. People told us that they saw the manager regularly and were happy to speak with them.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw in the two files we looked at that risk assessments were in place within the needs assessment documentation. These looked at mobility risks and assessed people's environment with a premises checklist. These assessments took into account risks to support workers. We saw that the care plans generated from the needs assessments were regularly reviewed.

We looked at three care plans for people with learning disabilities supported by H F Trust in the community. These were computer based records with hard copies held in people's homes. A laptop was in each house we visited, for staff to access information and record daily logs. We were told that support workers all had their own log in details for the online records of people they supported. People also had their own log in details, so they could access their records should they wish. Staff told us, "we help them go through the records when they want to look at them".

Each file we looked at was very individual and reflected the needs of the person. They contained a comprehensive personal profile, with people's social history and set out individual needs. These included health issues, such as epilepsy and diabetes and social issues that people were dealing with.

Careplans were individual and detailed which gave support workers clear perimeters.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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The provider had suitable arrangements in place to protect people from the risk of abuse. We saw procedures were in place to help support workers recognise and report abuse. We saw that the services training matrix had recorded that all support workers had undertaken safeguarding training. The six support workers we spoke to, told us they had received training in safeguarding vulnerable adults and understood the different types of abuse and how to report concerns.

We saw that the service had a safeguarding policy and detailed safeguarding procedures documents. The policy had been regularly reviewed and updated, the last review having taken place in March 2012. We saw that the policy contained information on the different types of abuse and advised support workers on what to do in order to raise a safeguarding alert. We saw that the policy contained the contact details of the Local Authority safeguarding team, the police and the CQC.

The manager told us that safeguarding is always included as an agenda item during staff meetings. We saw the minutes of a team meeting held in December 2013 and saw that support workers had been reminded about the service's procedures with regard to reporting a concern within the company.

We looked at how people's money was managed. We saw that stronger systems had been put in place following a previous concern. These stronger systems helped prevent financial abuse and assisted in identifying discrepancies quickly. Support workers completed a daily money check, two support workers recorded and signed for all transactions. The manager told us that this system was more robust and the senior support workers had reported no further discrepancies.

People we spoke with told us they felt safe. One person told us, "I am very happy here, I can talk to any of the staff if I am not happy".

Support workers told us that they could access all operational standards on the company's intranet. This is where the safeguarding and whistleblowing policies were kept. All workers

as part of their induction have to sign to say they have read and understood the policies. This meant the service had ensured staff had access to policies and procedures.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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The service appropriately supported their support workers, so they were able to safely deliver appropriate care and treatment to the people who used the service.

We spoke with 6 support workers. They told us that they felt supported by the management team. One support worker told us, "we can talk to the manager about anything, they are a good listener".

We found that support workers received appropriate training and professional development. Training records showed that all support workers had completed the services mandatory training. This included, an introduction to HF Trust, food hygiene, safeguarding, financial side regarding abuse and manual handling. One support worker we spoke with told us about the extra support the management team had given them to enable them to complete the mandatory training. This meant the service had ensured staff had received appropriate training to carry out their role.

We saw from records that support workers had completed a comprehensive induction program. We spoke with one support worker who had recently completed the induction program. They said, "I worked for two weeks shadowing a member of staff, after that I was asked if I was happy to go by myself".

Support workers received regular supervision and appraisal. We looked at four staff files. Records showed that support workers received supervision every six to eight weeks. Supervisions were recorded and signed by the support worker and the supervisor. We saw that action plans had been agreed and that outstanding actions had been followed up. This meant that the service had ensured staff development needs had been identified and addressed.

Workers were able to obtain further qualifications and training. Senior workers we spoke with told us they had been encouraged to complete a higher qualification. We saw evidence of the qualifications they were working towards, through a visiting assessor and documentation. Records showed that one support worker had recently been signed up for a health and social care qualification. One support worker told us, "I have been told when I

complete all of the training, I can do an NVQ".

Support workers said they were able to evaluate and improve the quality of the service they provided. For example changes had been made to a person's level of time allocated for their package of care. We were told by the support worker that they had identified that there was not enough time to deliver the care required. The management had been informed and had approached the local commissioning team, who had agreed more funding to increase the support.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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The service protected people who used the service and others who may be at risk, against the risks of inappropriate or unsafe care and treatment. There was an effective system in place to regularly assess and monitor the quality of the service provided.

We saw records of monthly audits carried out by the provider's service managers. Each of the three service managers visited two different supported people each month. They discussed with people the support they receive and their quality of life, health and wellbeing, health and safety concerns and looked at their support plans. The area manager then audited these assessments before they were forwarded to higher management for approval.

The area manager completed a monthly manager's report which was sent to the executive team, to keep them informed of how the service was performing and any areas of concern.

Systems were in place to regularly seek the views of people using the service. These included, an annual family survey and, The speak out group, which some people who used the service were actively involved with.

The service also has a family representation group which met twice a year. We saw the minutes of their October 2013 meeting. The meeting was represented by four family representatives, and on behalf of the service two managers. Discussions included changes to the services name, fundraising, changes in the higher management team and feedback and discussions about each of the areas within the service.

The manager showed us how they could access the computer support plan and recording system (SPARS) as part of quality assurance program. We saw that the management team had audited the changes made to support plans and entries made by support workers. We were reassured that the system was backed up daily at the service and centrally at the head office.

The service had obtained relevant professional advice. We spoke with a health professional involved with the service. They told us, "I am very happy working with this team, I am kept informed of any changes".

The service took note of special reviews or investigations carried out by the Commission. Following the last inspection on request from the commission they completed an action plan. At this inspection we went through the action plan and found all actions had been implemented.

The provider had taken into account the complaints and comments made, as well as the views expressed by people who used the service and their representatives. We saw correspondence between people's representatives and the service. These included concerns around equipment and laundry. The service had responded promptly and had resolved the issues that had been raised.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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