

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

## HF Trust - Cornwall DCA

Bess Park Road, Trenant Industrial Estate,  
Wadebridge, PL27 6HB

Tel: 01208815614

Date of Inspection: 28 March 2013

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2013

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 Managers	Mrs. Joanne Troup Mrs. Muriel Elsie Whittingham
Overview of the service	Home Farm Trust is a large charitable provider of support to people with a learning disability. The south Cornwall service provides domiciliary support, day care services and care for people in supported living schemes.
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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One person we visited told us how proud they were of their home and showed us their garden and the room where they enjoyed art work.

We met one person who had spoken out about someone who had sent them abusive messages on a social networking site. They showed us a presentation they had given to a large meeting encouraging people not to agree to communicate with strangers on networking sites.

We saw people using a day care service. Some people were playing music, others were painting and there was a discotheque which people told us they were enjoying.

One person told us they had recently moved house. They had been unhappy and felt socially isolated. They felt able to voice their unhappiness at a 'speak out' event which was held weekly, facilitated by staff from the trust.

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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The Trust provided different types of support for people ranging from domiciliary support packages for a few hours a week to one to one support twenty four hours a day. One person had expressed a wish to be supported to live on their own following the closure of a larger community home. They were very proud of their home and their independence.

We found that people's support plans were personalised with personal goals and objectives. They included information on the things people liked and disliked and their preferred form of communication. There was also an assessment of the things people needed help to make decisions about.

One senior carer told us they had a day a week available to use flexibly which they used to observe support and to ask people if they were happy with the support they received.

People were supported to engage in a range of activities in their community. Some people told us they were involved in 'speak out' groups which involved people championing the needs and rights of people being supported by the service. One person told us they had used this forum to voice concerns about where they lived and that they had been supported to move to alternate accommodation.

We visited a busy day care centre in Wadebridge managed by the trust . The people attending lived at home with their families or in supported living schemes. The centre ran a range of activities. Most people attended once or twice a week. On the day we visited there were art classes being held and a party with a discotheque. The people we spoke to told us that they really enjoyed attending the day centre and the disco in particular.

We saw that several people were supported to attend church regularly.

We also found that people were supported to manage their own medication with electronic reminders and prompts from staff.

**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.

People experienced care, treatment and support that met their needs and protected their rights

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**Reasons for our judgement**

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We found that people's health and welfare needs had been assessed and recorded. Support plans were up to date and reviewed annually or when a person's needs changed. We found that care was centred on people as individuals and considered their individual circumstances, immediate and longer-term needs. We found assessment and treatment plans were supplemented by detailed risk assessments.

One person's records indicated that they were able to make a decision about undergoing a surgical procedure with support from health professionals and with the aid of pictures. We saw that the person's family, social worker and staff had been involved in making the decision in the person's best interest. A further meeting was planned to discuss the person's future care and treatment needs involving family and a range of health and social care professionals aimed at reducing the risk of deterioration in the person's mental health.

We found records contained details of hospital visits and advice from healthcare professionals together with their care plan and risk assessments. This meant people received good continuity of care. Care staff were required to confirm that they had read and understood people's care plans. Copies of the plans were available in the administration office and in people's homes. Care staff recorded the care provided on a daily basis and this was checked by senior care staff and used to update people's care plans.

**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 staff we spoke with understood the signs of abuse and their responsibility for raising concerns with their manager or with on call staff out of hours. We saw that someone had been supported to make a complaint and that the complaints policy and forms contained pictures to help people describe what they were unhappy about. The staff training matrix showed that staff had received recent training in safeguarding.

All staff were required to read a 'say no to abuse' alerter's guide and to confirm that they had received and read it.

One member of staff we spoke to told us they had experience of being involved in a safeguarding situation and had worked with social workers to ensure the person was not at risk of abuse. They told us that they felt confident to contact social care staff to discuss any concerns and how to protect people.

We met one person who had spoken out about someone who had sent them abusive messages on a social networking site. They showed us a presentation they had given to a large meeting encouraging people not to agree to communicate with strangers on networking sites. The person had been supported to pursue the matter with the police.

**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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Staff told us they felt supported to carry out their responsibilities effectively. We found by reviewing the staff training matrix that staff had received appropriate training. Staff told us and we saw from their files that they had received regular supervision and appraisal. Senior carers had time available to observe the support being delivered and provide feedback as part of the supervision process. Supervision agreements were in place between the member of staff and their manager describing their respective responsibilities in the process. Risk assessments were in place for example there was a lone workers checklist.

Staff meetings took place approximately every six weeks at which staffing, training and other matters were discussed.

## 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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People's views about the service were obtained through a questionnaire which included a range of questions about ways in which support for the person could be improved. Staff also facilitated 'speak out' events every week at which people could raise issues about their support. People told us these meetings helped them feel confident to speak as they felt supported by others.

Staff views were also obtained via a staff opinion survey.

There were systems in place for monitoring the quality of service people received. An example of this was the use of a computer based quality assurance process which managers updated on a monthly basis. The system recorded performance against issues identified in quality audits. These were person centred and designed to assess the quality of the service provided to individuals. Operations managers organised the location and timing of audits. Staff also recorded incidents on to the system in the locations where support was provided which were available for managers to monitor.

A system of house meetings was in place at which people could raise issues and concerns with staff. The complaints policy was available to people where they lived. The policy contained pictures to help people describe what they were unhappy about.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

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### Essential standard

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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)

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### Regulated activity

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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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