

Review of compliance

<p>HF Trust Limited HF Trust - Cheshire DCA</p>	
<p>Region:</p>	<p>North West</p>
<p>Location address:</p>	<p>18 Rossmore Business Village Inward Way Ellesmere Port Cheshire CH65 3EY</p>
<p>Type of service:</p>	<p>Domiciliary care service</p>
<p>Date of Publication:</p>	<p>February 2012</p>
<p>Overview of the service:</p>	<p>Home Farm Trust provides personal care and support services to people in their own homes. The agency provides services to adults with learning disabilities and people with mental health problems or dementia.</p> <p>The office is situated in Ellesmere Port and is close to where the people who use the service live.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

HF Trust - Cheshire DCA was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 9 January 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke with a group of people who use the service who were enjoying a music session. They were happy with the service that was provided and enjoyed getting out and about in the community. Sometimes this is on a one to one basis with a member of staff or in small groups. Some people who use the service go out and about alone in the community and also enjoy this. There was overall agreement that the staff were kind, friendly, helpful and supportive towards the people who use the service.

They said that they enjoyed the music sessions and often also had a dance whilst they were there. There was also the opportunity to sing and play along with the music. It was a very lively session and people were enjoying it.

We also spoke to some people individually and they said:

The staff are a good team, and the people I live with are my best friends"

"I have daily jobs around the house and help with the shopping and cooking"

"I am happy with the support staff give me"

"Staff explain what they are writing about me"

"Staff are very kind and considerate" and "the staff are always caring."

We spoke with relatives of the people who use the service and they commented:

"I speak with the manager on the phone on a regular basis. She is always willing to listen to me. I am very happy with the service provided. Staff are interested and helpful."

"The staff are great. I am very happy with the service provided. There have been issues in the past but they were resolved. I know my relative would like to go rock climbing as this appears to have stopped at the moment. Also it would be good if key workers would remain with the person for a while as my relative has had several different people and this

caused upset for a while and lack of continuity of care."

"On the whole the service is very good. I have had some issues recently which have been resolved following a meeting with the person in charge. My relative has improved since being supported by this agency."

We spoke with staff and they commented:

"The staff team is good and we work well together. I get good team support." This staff member also showed their knowledge and understanding of adult abuse and what they would do if they suspected abuse of a resident. They described the support that different people needed and that each person is an individual with needs that are specific to themselves.

"The manager is fair and easy to talk to. She is a good manager. The staff team are good and we work well together. I like the people we support and it's good to get out and about in the community."

"I love coming to work, and helping the people we support. The training is very good and I have been on a wide range of training including NVQ level 3. We complete mandatory training every two years."

"I enjoy my job and I like getting out and about in the community. The staff team are good and the management are very approachable."

"I have only been working here a short time. I have received a lot of support from my colleagues and from senior management. The induction was good and for the first couple of weeks I visited the service users, homes and staff. The manager has an open door policy and is always willing to listen. I really enjoy my job. I have attended a range of training and completed some E-learning training too. The staff team are good and work well together."

What we found about the standards we reviewed and how well HF Trust - Cheshire DCA was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People are encouraged to express their views and these are taken into account by the staff. People can be confident they will be treated with dignity and respect.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Staff have up to date information regarding people's care so ensuring they are able to meet those needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use this agency can be confident that their rights are upheld and they are kept safe.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People who use the service are supported by a well trained and supervised staff team.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There are monitoring processes in place, which include the people who use the service being consulted on their experiences at HF Trust Cheshire DCA.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People who use HF Trust – Cheshire DCA were asked about their experiences of how the service involved them and kept them informed. They confirmed they were encouraged to express their views and that these were taken into account so that the care they received was in line with their wishes.

People said they were given good information about the service and many of the people had received support for over twenty years.

One person who uses the service commented "staff explain what they are writing about me."

Other evidence

The personal files of four people were inspected during the visit. These contained all the necessary details to ensure that people's needs were being met. They included care plans and risk assessments that were tailored to the individual person's needs.

People who use the service were aware of the information given about their needs and support required and they agreed to this being recorded. Many people who use the service were present when staff recorded information on the computer system. A paper copy of the care plans and risk assessments were also kept within the home.

We joined a group of people who are supported by the service during a music session.

We saw the interactions between staff members and people who use the service.

People were treated with dignity and respect and staff were warm and caring when they were supporting people.

Our judgement

People are encouraged to express their views and these are taken into account by the staff. People can be confident they will be treated with dignity and respect.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with people who use the service to gain their views on how well the staff provide safe and appropriate support. They said their support needs were being met and that they were happy with the support they received from the staff.

Comments from people were positive. They said, "the staff are good", "I am happy with all the staff", "staff always knock on my door before entering", "the staff are very nice", "staff are very kind and considerate" and "the staff are always caring."

Other evidence

During the visit we looked at six care plans and found that each person had an individual plan of care. Also included in the documentation was a personal profile, summary of essential information and health care needs. A variety of risk assessments were in place dependent on each persons individual needs or support requirements. A good level of information was provided in the plan of care, which meant that staff had enough information to help them support people who use the service. On looking at the documentation it was noted that some errors had occurred. These included the use of capital letters throughout a whole paragraph of text, which made it difficult to read; use of language that is not plain English, with the possibility of staff and service users not understanding it; and some very long sentences without punctuation, making it difficult for the reader. On discussion with the manager she said that she would look into these areas to further improve the documentation.

The care plans were stored on a computer system, with paper copies available for the care plans and risk assessments. Daily records were also kept within the computer system. Staff confirmed that they had access to the computers in each house. Service

users said that they sometimes sat with the staff when the information was being written about them on the computer.

Our judgement

Staff have up to date information regarding people's care so ensuring they are able to meet those needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke to said that staff were approachable. People commented that staff would listen to any concerns they had and act on them. None of the people spoken with expressed concerns about the service.

Other evidence

The Local Authority Safeguarding team confirmed that they had no concerns regarding this service. Two safeguarding alerts had been completed by the service and appropriate action had been taken. CQC had been made aware of the two safeguarding referrals made by this service.

All of the staff team had attended training on safeguarding adults, so they were aware of the action to take in the event of a suspicion or allegation of abuse. Staff spoken with confirmed they were aware of what to do if they had any concerns about the safety or well being of people living in the home.

Our judgement

People who use this agency can be confident that their rights are upheld and they are kept safe.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People told us that they felt the staff were able to meet their care and support needs effectively.

Other evidence

During this visit we looked at the files of six staff.

Staff were well supervised on a day to day basis and hand over shifts were conducted so that staff were aware of any problems relating to any of the people living in the home. Formal supervision and some annual appraisals had been completed and staff had time to reflect on their individual work progress or their long term training needs.

The staff files contained information on training undertaken. Inductions were undertaken with new staff which covered all that was needed to do the job. The Induction covers a 12 week period of getting to know the service, staff and service users; area of work and training. This also covers training in moving and handling, safeguarding, learning disabilities; Mental Capacity Act and Deprivation of liberty awareness; fire safety; first aid; infection control' food hygiene; risk assessments; support people with their medicines and health care needs.

Other training included equality and diversity; first aid; food hygiene; dysphasia; autism; epilepsy and sexuality and relationships. All mandatory training is completed every two years and all courses were up to date.

We saw that out of 168 staff, 6 were new starters, 99 have National Vocational Qualification (NVQ) level 2 or 3 in care, or an equivalent qualification. The National Vocational Qualification (NVQ) is a nationally recognised qualification for people working in the field of care. Many of the staff had both NVQ level 2 and 3 in care. Most of the senior managers have NVQ level 4 in management and the registered manager

and registered individual has NVQ level 5 in management. This means that a well trained staff team supported people who use the service.

Staff commented, "The training was good"; "I enjoy working here" and "I enjoy the work".

Our judgement

People who use the service are supported by a well trained and supervised staff team.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke with people who use the service and they told us that they were consulted about their care and support and they felt their wishes were listened to.

Other evidence

HF Trust – Cheshire DCA had a range of ways to ensure that people who use the service and their relatives were consulted about their care and support. These included a complaints procedure copies of which were available to the people using the service. There had been one formal complaint within the last year, which was resolved and appropriate records kept. CQC had not received any complaints about this service during the last year. An informal process was also in place where service users or their relatives can discuss issues and these are often dealt with at the time and people often don't want to make a formal complaint. Details of these were currently not kept, but on discussion with the manager she agreed that brief details would be kept in future to enable her to see if any "trends" were appearing.

The last satisfaction questionnaire was completed in December 2011. A good response had been received by the service and although comments had not been published yet it was agreed that a selection of comments could be added to this report. Comments included "The staff are a good team, and the people I live with are my best friends", "I have daily jobs around the house and help with the shopping and cooking", "I am happy with the support staff give me", "Staff explain what they are writing about me." Other comments included "The staff are good", "I am happy with all the staff", "Staff always knock on my door before entering", "the staff are very nice", "Staff are very kind and considerate" and "the staff are always caring." On the whole people were

happy with the support they were getting from the service and they stated that they were treated with respect and dignity by the staff. No concerns were raised. Meetings were held with the staff groups, usually within each house or several houses together. These were held on a regular basis with minutes kept. This ensures that staff are kept up to date with changes within the service and that they have the opportunity to be involved in the future planning of the service. The last staff meeting was held in November 2011.

Tenants meetings are held within each home each month. Minutes are kept from the meeting. This gives the tenants the opportunity to discuss any issues they may have about the service that is provided.

Monthly audits are carried out in each "patch". A patch contains a group of houses. Each month a different house is visited and an audit carried out. Copies of audits were seen at the office.

Tenants are often involved in speak out groups, which feed into regional and national groups. Each group has about eight to twelve members who are people who use the service. This is a good way of getting the views of people who use the service and enabling them to influence the future of the service provided.

Our judgement

There are monitoring processes in place, which include the people who use the service being consulted on their experiences at HF Trust Cheshire DCA.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA