

Review of compliance

<p>HF Trust Limited HF Trust - Cheshire DCA</p>	
Region:	North West
Location address:	18 Rossmore Business Village Inward Way Ellesmere Port Cheshire CH65 3EY
Type of service:	Domiciliary care service
Date of Publication:	November 2012
Overview of the service:	HF Trust Cheshire Domiciliary Care Agency support people with learning difficulties across the Cheshire, Wirral and Liverpool areas. The main office is situated in Ellesmere Port.

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 inspected.

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 19 October 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People we spoke with told us they were given choices as to what they needed care staff to do for them. They said that they were involved in making decisions about their care and support package. Comments included "Staff are kind and helpful", "The staff are my friends."

People told us that their support worker was involved in discussion and decisions about future care and support needs. They said they felt as if their wishes had been listened to and acted upon. They said their individual needs were catered for.

People said that information had been recorded in a care file and this was used to produce a plan of care and risk assessment to ensure the care and support provided was appropriate to need.

Comments from people included "I was asked to tell them exactly what I wanted "; "I felt I was listened to"; "Staff are good, they help me and make my life good.;" "Staff live here and support us"; "The staff have lots of training and provide good care and support". "Staff are friendly and kind and seem to like supporting us."

One person said they felt safe and secure in the company of the support workers.

One person told us they were "always asked what they thought of the service."

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

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.

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

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.

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

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.

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

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 using the service and others.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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 we spoke with told us they were given choices as to what they needed care staff to do for them. They said that they were involved in making decisions about their care and support package. Comments included "Staff are kind and helpful", "The staff are my friends."

Other evidence

We spoke with the area manager, two service managers and one support worker about how they promoted privacy and dignity for people who used the service. The area manager said that all staff had received training on maintaining privacy and dignity as part of their induction. The service managers told us as part of their spot checks they observed the support workers at their work place to ensure privacy and dignity of the individuals were maintained whilst delivering care and support. The support worker and people we spoke with confirmed this.

People told us that the staff always treated them with respect. Staff gave us examples of how they ensured that people's privacy was protected, for example, when undertaking personal care they would ensure that the door was closed and that curtains or blinds were closed to protect the person's privacy. Staff told us that they ensured that people's personal business was never passed on and staff never engaged in gossip.

Staff told us that they would use verbal and non verbal communication systems and find out how people wanted the care and support to be carried out and would be guided by them.

Staff were provided with information about privacy and dignity in their code of conduct and staff handbook. We saw that both of these were signed for by staff to say they had received and understood the documents.

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Staff were provided with information about privacy and dignity in their code of conduct and staff handbook. We saw that both of these were signed for by staff to say they had received and understood the documents.

Staff told us that the service worked in partnership with many diverse organisations and people to deliver their care and support packages. Documentation seen showed that HF Trust used a model of support which encouraged choice and personal growth. Care plans looked at held details of assessment visits being carried out prior to commencement of services. During these visits a care plan would be agreed with the individual. Staff told us that if a person requested a change in their support then this would be discussed with them as to how it could be achieved. The service managers told us they had regular contact with all the people who used the service and the care package was discussed monitored, reviewed and updated as and when required.

People who used the service confirmed that their care was reviewed with them on a regular basis and amended as appropriate based on the needs of the individual.

The provider told us about procedures to ensure that people's choice was acted upon. These included the use of a computer programme that records client information; monitoring of care records at the person's home; regular meetings with the staff team and information received through client feedback.

One staff member told us that the service had greatly improved as they now used more personalised technology to enhance people's lives. They said this system enabled staff

and the people they supported to draw up interactive life stories, access education and benefit in inclusion, independence and leisure.

Our judgement

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.

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

People told us that their support worker was involved in discussion and decisions about future care and support needs. They said they felt as if their wishes had been listened to and acted upon. They said their individual needs were catered for.

People said that information had been recorded in a care file and this was used to produce a plan of care and risk assessment to ensure the care and support provided was appropriate to need.

Comments from people included "I was asked to tell them exactly what I wanted "; "I felt I was listened to"; "Staff are good, they help me and make my life good."

Other evidence

During this review we looked at four people's care files. The content confirmed what people had told us about the assessment of needs and care planning. The care plans were assessed on a regular basis and monitored, reviewed and amended as required.

We looked at the care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a reasonable idea of what help and assistance someone needed at a particular time. The plans were up to date and held information about peoples past lifestyle and wishes for the future. All plans held a need to know summary which held clear information about care delivery to ensure all assessed needs and goals were met.

Risk assessments were completed and agreed with the person using the service. We saw people's care folders when we visited them in their homes. They held all necessary information to ensure the person using the service and their representatives could identify exactly what services should be provided.

Staff told us that information about individuals was cascaded to the staff team on an individual basis and via diary records and discussions and updates. Changes in circumstances were also shared with the social worker or other professionals so they were up to date on any actions that may have been needed to support changing needs.

We asked the service managers how the agency ensured the support offered by care workers met current good practice guidelines. She said that they attended conferences and accessed electronic information on good practices within the care industry. They also told us that they had regular contact with other organisations to discuss areas of practice to ensure they met the requirements expected of them in respect of good quality care.

The service managers told us that they checked the quality of care delivery through direct observation and supervision of the support workers.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

One person said they felt safe and secure in the company of the support workers.

Other evidence

Staff told us that they had received training in safeguarding vulnerable adults. They were able to describe different types of abuse and how they would explain it to a person using the service if they needed to. One person said "There are many types of abuse and we have received training to identify anything that may be detrimental to the wellbeing of the people who use our service."

The service managers clearly demonstrated their understanding of how the safeguarding policy worked. They gave examples of how they had followed the policy and ensured people were protected from harm.

The staff we spoke with told us that there was a policy on whistle blowing. We found they had a good understanding of what whistle blowing was and who they would report any concerns to. The agency had a clear safeguarding policy and the manager and staff had access to Wirral and Liverpool local authority safeguarding policy and also the whistle blowing policy and the signs of abuse document.

Our judgement

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.

Outcome 14: Supporting workers

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 workers

Our findings

What people who use the service experienced and told us

People we spoke with said they felt fully supported by the care staff. One person told us that the service was wonderful.

Comments from people included "Staff live here and support us"; "The staff have lots of training and provide good care and support", "Staff are friendly and kind and seem to like supporting us."

Other evidence

All new staff members had completed an induction training programme so they had the skills they needed to do their jobs effectively and competently. This induction also included an introduction to the job they would be doing and as part of it they shadowed existing staff members and were not allowed to work unsupervised, [shadowing is where a new staff member works alongside either a senior or experienced staff member].

Staff had regular supervision and appraisals with their line manager. Four staff files were seen and showed that supervision took place on a regular basis and that appraisals occurred each year. Records of staff supervision sessions identified that the service used supervision as an effective tool in which to carefully monitor the suitability of staff in carrying out their various roles. For example if a probation period should be extended or extra training provided.

Staff confirmed that they received regular supervision and that if they wanted to discuss

any issues or area of concern an extra session would be arranged. Staff said they felt supported by their lines managers. They told us they were provided with excellent training and support and were encouraged to maximise their potential.

Staff had access to a wide range of training. All staff undertook training to include moving and handling; risk assessment, professional practice and decision making, safeguarding and challenging behaviour.

All staff had a learning and development plan that was discussed during supervision. The staff members we asked said that they were receiving regular training.

Staff spoken with said they felt supported in the role and felt they were valued for their input. Staff said the managers were always available and approachable and staff were treated well.

Our judgement

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.

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

One person told us they were "always asked what they thought of the service."

Other evidence

The agency had a variety of quality assurance systems available to assess the quality of the service it was providing to people. This included a complaints procedure a copy of which was provided for everyone who used the service.

A satisfaction questionnaire was also sent out to people who used the service and their representatives. The last completed questionnaire survey was completed in December 2011. A good response had been received and comments about the service were positive.

Comments included "The staff are a good team, and the people I live with are my best friends", "The staff are good, they are kind and considerate. "Staff are always caring". No concerns were raised.

Meetings were held with the staff group to update them about any changes within the service and to give them the opportunity to be involved in future planning.

Monthly tenants meetings were held to enable people to discuss any issues they may have about staff or service provision.

The service managers told us they spoke with people who used the service on a regular basis. This was undertaken by making frequent visits to their homes for

discussions and observations and holding regular care reviews with people who used the service and their representatives to ensure they could have their say about the staff and management of the agency.

They told us they also attended reviews with placing social workers to ensure good standards were maintained. Care files looked at confirmed this practice occurred.

We spoke with the area manager, service managers and support staff to find out how the day to day activities of identifying the risk relating to care delivery was managed. Staff told us they carried out a risk assessment of the environment and if changes were needed they were carried out immediately. They said they carried out a daily living review from the computer system if they noticed any areas of risk they took immediate action to minimise the risk.

Our judgement

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 using the service and others.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

Document purpose	Review of compliance report
Author	Care Quality Commission
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