

# Review of compliance

<p>HF Trust Limited          HF Trust – Pound Lane – (Dove 1,2 &amp; 3 and Pear Tree Cottage)</p>	
<b>Region:</b>	East
<b>Location address:</b>	Bradbury Resource Centre Pound Lane Ugley Bishop's Stortford Hertfordshire CM22 6HP
<b>Type of service:</b>	Care home service without nursing Domiciliary care service
<b>Date of Publication:</b>	November 2011
<b>Overview of the service:</b>	Dove Cottages 1, 2 and 3 and Pear Tree Cottage are part of Home Farm Trust at Pound Lane which is located in a rural setting. The four residential homes provide purpose built accommodation for up to 26 people with learning disabilities and autism. There is

	<p>also a domiciliary care agency which is run from this location and provides supported living to a range of people with learning disabilities in their own tenancies across Essex and Hertfordshire.</p>
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**HF Trust – Pound Lane – (Dove 1,2 & 3 and Pear Tree Cottage) was not meeting one or more essential standards. Improvements are needed.**

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 because concerns were identified in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 10 - Safety and suitability of premises
- Outcome 12 - Requirements relating to workers
- Outcome 13 - Staffing
- Outcome 16 - Assessing and monitoring the quality of service provision

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 1 September 2011.

### What people told us

We talked with a number of people who use the service and staff at Pound Lane which included observing them together at the time of the visit. We also visited a tenant in the community who has assistance from support workers to live independently.

Some people using the service were not able to communicate with us verbally. They shared their views through gestures, facial expressions and body language wherever possible. During our visit people were engaged in a range of activities, relaxed and comfortable with staff and other people using the service. One person with whom we spoke told us "I tell the staff if I don't like doing something and they change it." Another person with whom we spoke told us "The staff check with us if things are alright. We have to do things ourselves but they are here to help us to live in our house."

### What we found about the standards we reviewed and how well HF Trust – Pound Lane – (Dove 1,2 & 3 and Pear Tree Cottage) was meeting them

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

The provider is compliant with this outcome. People using the service receive appropriate care and support that meets their needs.

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

The provider is compliant with this outcome. People using the service are protected from the risk of abuse and their human rights are respected.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The provider is compliant with this outcome. People live in a safe, clean and well maintained environment.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

The provider is compliant with this outcome. People using the service are cared for by a staff team that has been safely recruited.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider is compliant with this outcome. People are supported by sufficient numbers of staff throughout the day and night

**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 is not compliant with this outcome. The service does some internal monitoring but does not have a formal quality assurance system in place. Therefore, it cannot provide sufficient evidence that people receive a good quality service.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**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 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

Some people using the service were not always able to communicate with us verbally. They shared their views through gestures, facial expressions and body language wherever possible. People with whom we spoke showed us that they were engaged and interacting positively with staff and people around them. We saw people engaged in a range of activities and some people laughing and joking with staff.

People told us that they do a range of activities at the resource centre, at college and in the community. Amongst the favourites are karaoke, jewellery making, night clubs, downloading music and gardening. They told us that they don't have to do anything if they don't want to and have choices about what they do, when they get up and when they go to bed. One person with whom we spoke said "It's my life."

##### Other evidence

The provider told us in their application for registration in July 2010 that they were fully compliant and meeting this outcome. No concerns were identified by our review carried out at that time.

During our visit we looked at a number of paper and electronic files of people using the service which included their care plans, risk assessments and health plans. These were clear, person centred, and provided up to date information about all aspects of a person's care needs, wishes and aspirations including their end of life wishes and how they express their emotional and sexual needs. Each person had an accessible support plan so the staff knew how to support them in their daily life.

The service used a Support Planning and Recording System (SPARS) where they keep all the records and information about people using the service on computer. This measures outcomes for people using the service and if their needs are being met. They can access this system and update their own files and daily records with support from the staff.

It was clear from the files that relatives and professionals had been involved in various reviews, meetings and communication about the care and support that was in the best interests of the individual concerned.

**Our judgement**

The provider is compliant with this outcome. People using the service receive appropriate care and support that meets their 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

Some people using the service were not able to communicate with us verbally. They shared their views through gestures, facial expressions and body language wherever possible. They showed us through their body language and expressions that they were relaxed and comfortable in the company of staff and visitors. We also observed staff communicating gently, clearly and respectfully with people who use the service during our visit.

##### Other evidence

The provider told us in their application for registration in July 2010 that they were fully compliant and meeting this outcome. No concerns were identified by our review carried out at that time.

A number of safeguarding concerns had been raised in the past 12 months. These had been dealt with appropriately in accordance with the organisation's policy and procedure and the Southend, Essex and Thurrock Safeguarding Guidelines.

Best interest assessments under the Mental Capacity Act 2005 had been undertaken as undertaken in the care plans that we looked at and information recorded appropriately about an individual's ability to make decisions. Risk assessments and strategies to manage behaviour which could be challenging were in place for individuals as needed to ensure they and people around them were kept safe.

During our visit in September 2011, the staff with whom we spoke showed good

knowledge of how to recognise and report any safeguarding incidents and told us they had recently completed e-learning safeguarding training. The manager told us that all staff had received training in safeguarding adults from abuse and the files of three staff we looked at confirmed that they had all received safeguarding training.

**Our judgement**

The provider is compliant with this outcome. People using the service are protected from the risk of abuse and their human rights are respected.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

Some people using the service were not able to communicate with us verbally. They shared their views through gestures, facial expressions and body language wherever possible.

Three people with whom we spoke showed us their bedrooms and around their home. With the support of staff, they told us that they liked where they lived and told us about their hobbies and the things they liked to do. One person with whom we spoke told us "I really liked planting the rose bushes and it takes a lot of my time to keep the garden nice. The staff say I do a good job."

##### Other evidence

The provider told us in their application for registration in July 2010 that they were fully compliant and meeting this outcome. No concerns were identified by our review carried out at that time.

During our visit we spent time with people in Dove 1,2, 3 and Pear Tree Cottage at Pound Lane.

The four bungalows at Pound Lane were maintained and furnished to a high standard. The communal rooms are warm, bright and welcoming. Three people showed us their bedrooms in three different bungalows. All bedrooms were personalised to their own taste and style. Some rooms had their own bathrooms. In some bungalows we saw menus in the kitchen in pictures so people knew what they could have for dinner. A staff member assisted a person using the service to show us their work on the

computer. In other bungalows, we saw a range of information and activity boards in picture form and jewellery on display which people had made.

The manager told us that people were in the process of choosing new colours and decoration for their bedrooms. One person showed us a poster they had made about what colours and furnishings they wanted in their room.

There was a call bell system in place and each bedroom had a large handset buzzer pad. This can be used in the bedroom as well as the bathroom. We saw that staff placed the buzzer next to people when they were in their bedroom and the staff with whom we spoke told us that everyone can use the buzzer if they need to.

All the bungalows had gardens which had been planted with flowers, shrubs and some vegetables. These were looked after by the people at the service with support from staff. There is also a garden centre on site where people work.

**Our judgement**

The provider is compliant with this outcome. People live in a safe, clean and well maintained environment.

## Outcome 12: Requirements relating to 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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

Some people using the service were not able to communicate with us verbally. They shared their views through gestures, facial expressions and body language wherever possible. People did not express any views on requirements relating to workers. Staff told us that the Support Planning and Recording System (SPARS) was very good at providing them with an overview and plenty of information about the changing needs of the people using the service.

##### Other evidence

The provider told us in their application for registration in July 2010 that they were fully compliant and meeting this outcome. No concerns were identified by our review carried out at that time.

The service had a recruitment policy and procedure in place and staff were recruited appropriately. We looked at a random sample of staff files. These files were all up to date and records were well organised. The files listed all the documentation required when recruiting new staff members and included Criminal Records Bureau (CRB) checks, appropriate references, photo ID, notes from the interview and job description. In addition, these contained supervision session notes which were signed by both manager and staff member and annual appraisals. Supervision took place every two months.

The staff showed us the Support Planning and Recording System (SPARS) computer system for recording and monitoring people's changing needs and outcomes and

thought it was a useful system which was easy to learn and use. They told us they had received full training on it as part of their induction and that the induction they had received was very good.

Staff with whom we spoke told us that induction training takes place over two days. Induction also includes shadowing members of staff for two weeks to get to know the people using the service and the systems and processes. We saw in the staff training file that a range of new staff had undergone a two day induction training course in July 2011.

The manager told us that they undertake lone working risk assessments for staff who work with individuals in the community. Team meetings were also held with the support workers working in the community so they can share issues and concerns and feel part of the workforce.

We saw that a range of training had taken place over the past six months including medication, first aid, finance for supported living, goal planning, health management, manual handling, health and safety, food hygiene and a series of programmes to develop the skills of senior support workers.

We saw that the staff engaged physically and verbally with people who use the service in a respectful, open, encouraging and friendly way.

**Our judgement**

The provider is compliant with this outcome. People using the service are cared for by a staff team that has been safely recruited.

## Outcome 13: Staffing

### 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 sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

Some people using the service were not able to communicate with us verbally. They shared their views through gestures, facial expressions and body language wherever possible. We saw staff working with people who use the service in their homes, at the resource centre and going out to appointments.

##### Other evidence

The provider told us in their application for registration in July 2010 that they were fully compliant and meeting this outcome. No concerns were identified by our review carried out at that time.

During our visit in September 2011 we looked at the staff rotas over a four week period for both the services at Pound Lane and the domiciliary care agency. These showed that there had been sufficient staff on duty at all times. However, the manager told us that they sometimes have to bring in staff from another agency to cover for people in the community but many of those workers know the tenants very well.

The staff with whom we spoke told us that there are two different day shifts; 7.30am to 3pm and 3pm to 10.30pm. They told us there are enough staff to be able to go out with people to different activities and appointments. There were two waking night staff, one person sleeping in and one senior on call to respond to the needs at night of 18 people in four bungalows. Only one staff member sleeps in at the houses where the tenants live in the community.

Staff with whom we spoke told us that they do a lot of e-learning courses and the most recent training included safeguarding adults, the SPARS system, medication and first aid. One staff member told us that they had just completed a course on whistleblowing.

The manager told us that there was a supervision process in place as well as regular weekly team meeting with the senior support workers which are all recorded.

**Our judgement**

The provider is compliant with this outcome. People are supported by sufficient numbers of staff throughout the day and night

## 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

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

Some people using the service were not able to communicate with us verbally. They shared their views through gestures, facial expressions and body language wherever possible. People provided a positive response when asked about the quality of the service. One person with whom we spoke told us "I tell them if I don't like doing something and they change it." Another person with whom we spoke told us "The staff check with us if things are alright. We have to do things ourselves but they are here to help us to live in our house."

##### Other evidence

The provider told us in their application for registration in July 2010 that they were fully compliant and meeting this outcome. No concerns were identified by our review carried out at that time.

The manager told us that a system of monthly audits is in place where particular themes are looked at and a person from each service is asked their views. We viewed a copy of one that looked at support and quality of life. There are monthly key worker and senior support worker meetings to ensure communication and good practice. In preparation for the staff yearly appraisals, people who use the service were asked their views about members of staff. We saw some of these completed. House meetings were held with people using the service and notes in picture form were written up. The last meeting was held in August 2011. An accessible complaints form was available and was displayed in the hallway of one of the bungalows.

The manager told us that whilst they do have some systems in place in-house to monitor and assess quality, there is no formal quality assurance system in place at present. They told us that the provider, Home Farm Trust, is piloting a new system across the organisation. Therefore, there is no formal process for gaining and learning from the views of people who use the service, relatives or professionals.

**Our judgement**

The provider is not compliant with this outcome. The service does some internal monitoring but does not have a formal quality assurance system in place. Therefore, it cannot provide sufficient evidence that people receive a good quality service.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<b>How the regulation is not being met:</b> The provider is not compliant with this outcome. The service does some internal monitoring but does not have a formal quality assurance system in place. Therefore, it cannot provide sufficient evidence that people receive a good quality service.	
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<b>How the regulation is not being met:</b> The provider is not compliant with this outcome. The service does some internal monitoring but does not have a formal quality assurance system in place. Therefore, it cannot provide sufficient evidence that people receive a good quality service.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# 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

<b>Document purpose</b>	Review of compliance report
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