

Review of compliance

<p>HF Trust Limited HF Trust - Pound Lane - Herts and Essex DCA</p>	
Region:	East
Location address:	Bradbury Resource Centre Pound Lane, Ugley Bishops Stortford Hertfordshire CM22 6HP
Type of service:	Care home service without nursing Domiciliary care service
Date of Publication:	July 2012
Overview of the service:	HF Trust (formerly Home Farm Trust) is registered to provide accommodation for people who require nursing or personal care. On the day of our inspection, they were regulated to provide accommodation for 26 people. We were informed by the Registered Manager that the service now provides care for 18 people and that there was one

	<p>vacancy. HF Trust also runs a domiciliary care service from the location, which provides care for people in their own homes.</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 - Herts and Essex DCA was not meeting one or more essential standards. Action is 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 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 31 May 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We spoke with two relatives and one person who used the domiciliary care service. All of the feedback we received was positive. One person said, "People who look after [my relative] know [them]". Another person said that their relative was, "Wonderfully well looked after."

We spoke with two people whose relatives lived in the service which provided accommodation for people who require nursing or personal care. One person said that they are involved in the care of their relative and that the service will call them if their relative is distressed. Another person said, "Overall, they do a first class job."

What we found about the standards we reviewed and how well HF Trust - Pound Lane - Herts and Essex 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 compliant with 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 not compliant with this standard. People did not always experience 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 compliant with this standard. People who used 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 12: People should be cared for by staff who are properly qualified and able to do their job

The provider was compliant with this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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 compliant with this standard. The provider had an effective system to regularly assess and monitor the quality of service that people received.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

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.

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

When we asked whether a person felt that their relative was respected, the person replied, "Very much so. No two ways about it. When you phone you hear them knocking on [their relative's] door." They explained how well their relative's key worker knows their relative and explained how the key worker is good at getting their relative to do things that they perhaps wouldn't have been confident in doing. They said that the key worker, "Has just got that ability."

A person who used the service explained, "I prefer cooking myself. They let me do that."

Other evidence

We looked at four care plans. We saw that people expressed their views on the delivery of their care and support needs. For example, one stated "I use No More Tears bubble bath as I have sensitive skin." It went on to explain what toys the person who used the service liked at bath times.

There were Health Action Plans in the files which were in a clear font and contained pictorial aids. These were completed by the person who used the service with their doctor and contained information regarding follow up visits and details of other meetings with health professionals. They also contained health information, for example dietary needs. As these were completed with the person who used the service, people were provided with opportunities to manage their own care or treatment.

Care and treatment was provided to take into account people's relationships. In one care plan it stated, "[The person] is close to [their relative] and is to be supported to call [them] every Thursday and supported to visit alternative weekends." It explained that the person may have decided that they did not want to visit their relative and gave possible reasons for this. This provided an opportunity to promote the person's autonomy and independence as the person was given the opportunity to make choices.

Appropriate opportunities were also provided to support people to be actively involved in the community. We spoke with a member of staff who managed activities and we saw what activities were available at the location. There was a nursery in the grounds and people who used the service grew plants and sold them to the public. Also, a local nightclub ran a monthly disco evening at the location and people that we spoke with talked excitedly about the forthcoming evening planned.

There were posters around the service about 'Speak Out Advocacy'. This gave information about a group of people who used the service who met up and discussed the provider's policies and procedures. They had recently updated the provider's complaints policy. We saw that this new policy was a clear document which contained pictorial aids. This demonstrated that people were involved in decisions about the way the service was run.

Staff gave examples of how they support people and those acting on their behalf to express their views in relation to their care. One member of staff said, "[The person's relative] sets out appointments and informs us. [The relative] takes [them] and staff meet them there."

Our judgement

The provider was compliant with 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 non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

One relative said, "They are very good at involving you in what's going on." They explained that if they chose to carry out personal care for their relative, the staff were supportive of this.

Another relative said, "Any problems, they have rung up; [I am made aware of] any hospital or doctor's appointments."

Other evidence

Care plans considered all of the person's needs including communication, personal care, nutrition, mobility, health and dressing. Activity needs were included and we saw information relating to individual activity preferences such as swimming, college, basketball, football and bike riding. Social needs and personal relationships were also documented.

We saw that care plans gave information about people's medical needs and we saw records of health professionals' visits, such as doctors, opticians and chiropodists. These were presented in a Health Action Plan which was in clear language and used pictorial aids which reflected people's needs and was developed with the person and their doctor. There was also a Hospital Passport in the care plans which was again in clear language and had been developed with the person who used the service. This was evident as there was personal, detailed information in these such as family relationships and likes and dislikes.

We saw that there were some risk assessments in place to assess the needs of the person that used the service to protect against inappropriate or unsafe care. We saw

some individual and relevant risk assessments relating to cycling, manual handling and safeguarding staff in the case of challenging behaviour.

We saw that where people had challenging behaviour, there was a "Behaviour Support Plan" in place which operated a traffic light system to indicate the level of challenging behaviour that was being displayed. There was information under the heading "What to do in a Crisis" which gave information about how to mitigate the risks to the person who used the service and the people around them. In one care plan it stated that in an amber state, the person would "square up to people." It explained, "I need staff to observe from a distance. Do not ignore me." In this instance, care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We saw risk assessments that related to gas, electricity and adverse weather which were generic in nature as these were seen in all care plans and therefore, not centred on the individual. We saw risk assessments that related to going on holiday. One such risk assessment was out of date and had not been archived. This meant that the assessment was no longer relevant and no longer reflected the person's need which may have been confusing to a new member of staff caring for that individual.

In one care plan we discovered that a person was frightened of dogs and how the person would run into roads if they saw a dog. There was no risk assessment of this or information on what to do to reduce this risk. Similarly, we found that a person had risks of chest infections, skin complaints and weight concerns but in all cases, there was no risk assessment in place or information on how the risk could be reduced. We found further examples of this in another care plan where obvious risk assessments should have been carried out regarding a person's medical condition and weight concerns. This meant that care was not planned in a way to meet the person's individual needs.

We spoke with a key worker about a person that they support. They explained that they had received specific training to enable them to assist and manage the person's individual health needs. They explained how the bath at the service was better suited to the person's requirements due to the bath's sensory lights and jets. Another member of staff explained how they gave preferences to a person who was not able to communicate verbally and how they showed pictures to the person so that they were able to choose what they wanted to do.

During our inspection on 1 June 2012, we observed staff giving choices to people about what they would like to do and asking if they had finished their meal. Staff were therefore seen to be meeting the person's individual needs.

Our judgement

The provider was not compliant with this standard. People did not always experience 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

All of the people that we spoke with said that they felt safe when they or their relatives were living at the service or being looked after by staff.

A person who used the service said, "I think I am OK. Staff are always very good."

Other evidence

We found local safeguarding procedures at the service. We saw the provider's safeguarding policy on their internal intranet. All of the staff we asked about safeguarding knew where to find the provider's policy.

There had been safeguarding incidents at both the domiciliary care service and also at the residential service since our last inspection. These had all been reported to the local adult safeguarding authority. The Registered Manager had taken reasonable steps to prevent further safeguarding incidents occurring, for example by separating people, disciplining staff or looking at medication practices as relevant. In appropriate incidences, a review had or was to be conducted by an external member of staff.

In relation to the domiciliary care service, we were shown an easy read safeguarding procedure which could be found in people's homes so that staff in people's homes could respond to an allegation of abuse.

Staff that we spoke with understood what the different types of abuse were. They were aware of what they would do if they witnessed an incident of abuse. This demonstrated that staff understood the signs of abuse and would have raised this with the right person if those signs were noticed.

Our judgement

The provider was compliant with this standard. People who used 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 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

One relative said, "Everyone has a good induction. We're very pleased with that."

Another person praised the "qualified, competent people" working at the service.

Other evidence

The two staff files we looked at showed that staff had a range of identity and other checks undertaken before they commenced employment. These checks included Criminal Records Bureau (CRB) checks and photographic and address identification. We were informed by the Registered Manager that a recent applicant was found to have had an adverse entry on their CRB record and was subsequently not employed by the recruiting panel for this reason. Two references were taken before a post was offered. Interview records, application forms and offer letters were present on the files. This demonstrated that there were robust recruiting procedures in place.

We saw evidence confirming that staff had received policies and procedures. There were also records that showed that all new staff completed an induction programme and received initial training before commencing employment at the service. This approach ensured that staff were aware of what was expected of them and that they received basic training to deliver care in line with the service's policies and procedures.

Three staff members that we spoke with about their recruitment explained that they had shadowed another member of staff before starting work. One member of staff said that the Registered Manager is "an excellent communicator and supportive."

Our judgement

The provider was compliant with this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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 relative said, "We do get questionnaires. I don't think they're from HFT, I think they're independent. They are interested in how we are and how we've got on if [our relative] has been here over the weekend."

Another relative explained that they "meet them regularly. We go along to [our relative's] assessments. It's an opportunity to voice our opinions."

Other evidence

The Registered Manager informed us that they send feedback forms to relatives and the local authority every 18 months. Although we saw blank copies of these forms, we had requested the results and an analysis of the feedback received but this was not forthcoming. We were advised by the Registered Manager that the Quality Assurance forms had gone out this year and that the results were not yet available as these had not yet been analysed by the provider. The Registered Manager told us that the feedback received from the last survey said that the provider could improve communication with the families and that therefore, posts had been appointed to deal with internal and external communications. This demonstrated that the provider had regard to the comments made by people acting on behalf of people who used the service.

Some people who used the service were unable to communicate their views by completing the same feedback forms as their relatives had completed. However, we saw forms that were being developed to be sent out to people who used the domiciliary care service during the month of our inspection. These followed the Reach standards, which were standards that people with learning disabilities said that they expected from

supported living. This demonstrated that the provider sought to obtain relevant professional advice in the development of these forms. The forms asked straightforward questions, for example, 'Do support staff ever treat your house like their own home?' These were presented in a large font with suitable pictures to help the person answer. As these surveys had only been developed, we were unable to see what the responses were and how these were analysed by the provider.

We were advised by the Registered Manager that the provider has a system of looking at incidents, accidents and near misses and that these are analysed to establish patterns and trends. However, although we requested evidence of this, we were advised that due to computer problems, they were unable to send this information to us.

We were advised by the Registered Manager that there is a Quality Monitoring Manager who looks through care plans. They chose two people each month and checked that their support plan was up to date and incorporated any health care changes of the individual. As two people were picked every month, we were informed that all of the care plans of the people at the service would be audited in an 18 month cycle. We were informed that they would then send actions to the Registered Manager.

We saw an audit that was to be completed by the end of the month of our inspection. Although this had not been finalised, we could see on the form that this provided space to comment on previous actions set and the deadline for these actions to be completed. For example, one action that had been set previously and assigned to a named member of staff was to establish whether a person who used the service would benefit from additional personalised technology. This was to be reviewed at the upcoming audit. This demonstrated that the provider had taken steps to ensure the safety and welfare of the person who used the service.

Our judgement

The provider was compliant with this standard. The provider had an effective system to regularly assess and monitor the quality of service that people received.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People did not always experience care, treatment and support that met their needs and protected their rights.	
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People did not always experience care, treatment and support that met their needs and protected their rights.	

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 14 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.

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

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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